

## Coding of Evaluation and Management Codes for New and Established Patient Examinations

A very elaborate system of rules exists for CPT coding of patient examinations. In theory, the system and its rules are intended to assure proper coding and reimbursement for services. In real life, the system is difficult to follow and impractical. The system does not work regardless of the field of practice and most practitioners don't follow the system.

The system originated with the insurance industry. Their intent was to be able to establish the content of patient examinations to assure the reimbursement they provide is for the appropriate code. Carriers are justified in this regard as they should not be required to pay when there is a deficiency in examination content for a code used in a claim.

Carriers are not justified however, in the disproportioned use of the systems rules. Although the system is designed primarily for medical use, insurance carriers do little to assure compliance by medical practitioners. They actually seem disinterested in medical practitioners' compliance. They do seem interested in compliance by chiropractic practitioners.

It is easy to use the system against chiropractors as most chiropractors have not made the effort to learn the system. Many don't even know the system exists. The result, the claim that chiropractic documentation is substandard and does not justify the level of coding used for examinations. All too often they are correct. Chiropractic examinations usually do not meet the systems requirements. There are two reasons for this, ignorance on behalf of the chiropractors and the system is designed for medical doctors. Ignorance of the system is the chiropractic profession's fault but, there is the other factor. The system does not take chiropractic examination procedures into consideration. Chiropractors are forced to pick and choose from the procedures listed for orthopedic and neurological medical practitioners. There is some overlap between medical and chiropractic exam procedures but, as with the majority of coding issues, chiropractors are playing another man's game.

When a doctor of chiropractic studies the system and realizes its complexity, his first thought will be of his last visit to a medical doctor. The examination probably consisted of a nurse assessing vital signs, the doctor looking at EENT structures and then auscultating the heart and lungs. The code billed was probably 99204. With the new understanding of the E/M coding system the doctor will quickly realize that the extent of the exam does not come close to the requirements for this code.

How do they get away with this? As stated earlier the coding system originated with the insurance carriers but, they have a partner in their crimes, the medical profession. The carriers and the MD's developed the system together. They don't play by their own rules. Everyone else is expected to, but not them.

Regardless of the systems fairness, we are stuck with it. With this in mind the information presented here is to assist the practitioner in understanding the coding system and compliance. It does not replace the need to study the actual system as presented in coding books. The charts that follow are summaries of the actual information.

The system has been considered extensively in the development of the examination principles and procedures described on this website and in the author's writings. All efforts to comply with the rules have been made assure the patient examination and coding are consistent and in the best interest of the patient and doctor.

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## Evaluation and Management New Patient 99201

New Patient		3 Key Components			Contributory Components		
Code	Description	History	Examination	Decision Making	Coordination of Care	Nature of the Presenting Problem	Time
99201	<p>Problem Focused</p> <p>All Three Key Components must be Documented</p>	<p>Problem Focused</p> <p>*Brief HPI</p> <p>1-3 #Elements</p>	<p>Single Organ-System</p> <p>Problem Focused</p> <p>1-5 #Elements</p> <p>Shaded or Unshaded Boxes</p> <hr/> <p>General Multi-System</p> <p>Problem Focused</p> <p>1-5 Elements</p> <p>in One or More Organ System(s) or Body Area(s)</p>	<p>Straight Forward</p>	<p>Consistent with the Nature of the Problem</p>	<p>Self Limiting or Minor</p>	<p>10 Minutes</p>

\*Problem Focused History = History of the Present Illness (HPI)

# Elements are equivalent to Bullets

## Evaluation and Management New Patient 99202

New Patient		3 Key Components			Contributory Components		
Code	Description	History	Examination	Decision Making	Coordination of Care	Nature of the Presenting Problem	Time
99202	<p>Expanded Problem Focused</p> <p>All Three Key Components must be Documented</p>	<p>Problem Focused Brief HPI 1-3 Elements</p> <p>-----</p> <p>ROS of the System Related to the HPI</p>	<p>Single Organ-System Expanded Problem Focused At Least 6 Elements Shaded or Unshaded Boxes</p> <hr/> <p>General Multi-System Expanded Problem Focused At Least 6 Elements in One or More Organ System(s) or Body Area(s)</p>	Straight Forward	Consistent with the Nature of the Problem	Low to Moderate Severity	20 Minutes

## Evaluation and Management New Patient 99203

New Patient		3 Key Components			Contributory Components		
Code	Description	History	Examination	Decision Making	Coordination of Care	Nature of the Presenting Problem	Time
99203	Detailed  All Three Key Components must be Documented	<p>Extended Problem Focused 4 or More Elements</p> <p>-----</p> <p>ROS Extended 2-9 Systems</p> <p>-----</p> <p>One Specific Item from any of Past, Family, Social Histories Must be Pertinent to the HPI</p>	<p>Single Organ-System Detailed At Least 12 Elements</p> <p>-----</p> <p>General Multi-System Two elements from at least six organ systems or body areas or Detailed At Least 12 Elements In Two or More Organ Systems or Body Areas</p>	Low Complexity	Consistent with the Nature of the Problem	Moderate Severity	30 Minutes

## Evaluation and Management New Patient 99204

New Patient		3 Key Components			Contributory Components		
Code	Description	History	Examination	Decision Making	Coordination of Care	Nature of the Presenting Problem	Time
99204	Comprehensive  All Three Key Components must be Documented	<p>Extended Problem Focused 4 or More Elements</p> <p>-----</p> <p>ROS Complete 10 or More Systems</p> <p>-----</p> <p>Past, Family, Social Histories Complete or For Specialists One Specific Item form Two of the Three</p>	<p>Single Organ-System Comprehensive All Elements</p> <hr/> <p>General Multi-System Comprehensive All Elements in at Least Nine Organ Systems or Body Areas or For Specialists Content May Be Limited to at Least Two Elements form each System or Area</p>	Moderate Complexity	Consistent with the Nature of the Problem	Moderate to High Severity	45 Minutes

## Evaluation and Management New Patient 99205

New Patient		3 Key Components			Contributory Components		
Code	Description	History	Examination	Decision Making	Coordination of Care	Nature of the Presenting Problem	Time
99205	Comprehensive  All Three Key Components must be Documented	<p>Extended Problem Focused 4 or More Elements</p> <p>-----</p> <p>ROS Complete 10 or More Systems</p> <p>-----</p> <p>Past, Family, Social Histories Complete or For Specialists One Specific Item form All Three</p>	<p>Single Organ-System Comprehensive All Elements</p> <hr/> <p>General Multi-System Comprehensive All Elements in at Least Nine Organ Systems or Body Areas or If Specified, Content May Be Limited to at Least Two Elements form Each System or Body Area</p>	High Complexity	Consistent with the Nature of the Problem	Moderate to High Severity	60 Minutes

## Evaluation and Management Established Patient 99211

Established Patient		3 Key Components			Contributory Components		
Code	Description	History	Examination	Decision Making	Coordination of Care	Nature of the Presenting Problem	Time
99211	<p>A problem that may not require the presence of a physician</p> <p>No Key Components Required</p>	Not Applicable	Not Applicable	Not Applicable	Consistent with the Nature of the Problem	Self Limiting, Minor, Minimal	5 Minutes

## Evaluation and Management Established Patient 99212

Established Patient		3 Key Components			Contributory Components		
Code	Description	History	Examination	Decision Making	Coordination of Care	Nature of the Presenting Problem	Time
99212	<p>Problem Focused</p> <p>Two of Three Key Components must be Documented</p>	<p>Problem Focused Brief HPI</p> <p>1-3 Elements</p>	<p>Single Organ-System Problem Focused</p> <p>1-5 Elements</p> <hr/> <p>General Multi-System Problem Focused</p> <p>1-5 Elements in One or More Organ Systems or Body Areas</p>	<p>Straight Forward</p>	<p>Consistent with the Nature of the Problem</p>	<p>Self Limiting or Minor</p>	<p>10 Minutes</p>

## Evaluation and Management Established Patient 99213

Established Patient		3 Key Components			Contributory Components		
Code	Description	History	Examination	Decision Making	Coordination of Care	Nature of the Presenting Problem	Time
99213	Expanded Problem Focused  Two of Three Key Components must be Documented	Problem Focused Brief HPI 1-3 Elements  ----- ROS of the System Related to the HPI	Single Organ-System Expanded Problem Focused At Least 6 Elements  ----- General Multi-System Expanded Problem Focused At Least 6 Elements in One or More Organ Systems or Body Areas	Low Complexity	Consistent with the nature of the problem	Low to Moderate Severity	15 Minutes

## Evaluation and Management Established Patient 99214

Established Patient		3 Key Components			Contributory Components		
Code	Description	History	Examination	Decision Making	Coordination of Care	Nature of the Presenting Problem	Time
99214	Detailed Two of Three Key Components must be Documented	<p>Extended Problem Focused 4 or More Elements</p> <p>-----</p> <p>ROS Extended 2-9 Systems</p> <p>-----</p> <p>One Specific Item form any of Past, Family, Social Histories Must be Pertinent to the HPI</p>	<p>Single Organ-System Detailed At Least 12 Elements</p> <hr/> <p>General Multi-System Two Elements from at Least Six Organ Systems or Body Areas or Detailed At Least 12 Elements In Two or More Organ Systems or Body Areas</p>	Moderate Complexity	Consistent with the nature of the problem	Moderate to High Severity	25 Minutes

## Evaluation and Management Established Patient 99215

Established Patient		3 Key Components			Contributory Components		
Code	Description	History	Examination	Decision Making	Coordination of Care	Nature of the Presenting Problem	Time
99215	Comprehensive  Two of Three Key Components must be Documented	<p>Extended Problem Focused 4 or More Elements</p> <p>-----</p> <p>ROS Complete 10 or More Systems</p> <p>-----</p> <p>Past, Family, Social Histories Complete or For Specialists One Specific Item form Two of the Three</p>	<p>Single Organ-System Comprehensive All Elements</p> <hr/> <p>General Multi-System Comprehensive All Elements in at Least Nine Organ Systems or Body Areas or For Specialists Content May Be Limited to at Least Two Elements form each System or Area</p>	High Complexity	Consistent with the nature of the problem	Moderate to High Severity	40 Minutes

## Side By Side Comparison of New and Established Patient Examination Codes

New		Established
*		99211
99201	=	99212
99202	=	99213
99203	=	99214
99204	=	99215
99205		*

\*Note: The five new patient examination codes and the five established patient codes do not match equally when compared side by side. The established patient examinations have lower content requirements and levels of complexity. The codes are offset by one level as it is assumed that the doctor already has knowledge of the established patient's health history and less work will be required to evaluate the patient. .

# History Categories

## Problem Focused History - Eight Components

1. Location
2. Quality
3. Severity
4. Duration
5. Timing
6. Context
7. Modifying Factors
8. Associated Signs and Symptoms

## Review of Systems – Fourteen Systems

1. Constitutional Symptoms
2. Musculoskeletal
3. Neurological
4. Eyes
5. Ears, Nose, Mouth, Throat
6. Cardiovascular
7. Respiratory
8. Gastrointestinal
9. Genitourinary
10. Integumentary
11. Psychiatric
12. Endocrine
13. Hematological/lymphatic
14. Allergic/immunologic

## Additional Histories

1. Past History
2. Family History
3. Social History

## Examination Bullet Categories

Constitutional  
Eyes  
Ears, Nose, Mouth and Throat  
Neck  
Respiratory  
Cardiovascular  
Chest (Breasts)  
Gastrointestinal (abdomen)  
Genitourinary Male  
Genitourinary Female  
Lymphatic  
Musculoskeletal  
Skin  
Neurologic  
Psychiatric

## Examination Bullet Categories Related to General Chiropractic Examinations

Category	Suggested Bullets
<p>Constitutional</p>	<p>Measurement of any three of the following seven vital signs: 1) sitting or standing blood pressure, 2) supine blood pressure, 3) pulse rate and regularity, 4) respiration, 5) temperature, 6) height, 7) weight (May be measured and recorded by ancillary staff)                      General appearance of patient (e.g., development, nutrition, body habitus, deformities, attention to grooming)</p>
<p>Musculoskeletal</p> <p>*Note: These findings are consistent with findings required for Medicare P.A.R.T. documentation</p>	<p>Examination of gait and station                      Inspection and/or palpation of digits and nails (e.g., clubbing, cyanosis, inflammatory, conditions, petechiae, ischemia infections, nodes)</p> <p>Examination of joints, bones and muscles of one or more of the following six areas: 1) head and neck; 2) spine, ribs and pelvis; 3) right upper extremity; 4) left upper extremity; 5) right lower extremity; 6) left lower extremity.</p> <p>The examination of the given area includes:</p> <p>Inspection and/or palpation with notation of presence of any misalignment*, asymmetry*, crepitation, defects, tenderness*, masses, effusions                      Assessment of range of motion* with notation of any pain* crepitation or contracture                      Assessment of stability with notation of any dislocation (luxation), subluxation*, or laxity                      Assessment of muscle strength and tone* (e.g., flaccid, cog wheel, spastic) with notation of any atrophy or abnormal movements</p>
<p>Neurologic</p>	<p>Test cranial nerves with notation of any deficits                      Examination of deep tendon reflexes with notation of pathological reflexes (e.g., Babinski)                      Examination of sensation (e.g., by touch, pin, vibration, proprioception)</p>

Note: \* = As indicated the final four bullets under the musculoskeletal category are consistent with the Medicare requirements for identifying subluxation.

**P**ain = tenderness and pain

**A**symmetry = misalignment and asymmetry

**R**ange of Motion = range, crepitus and pain

**T**issue/Tone = muscle tone

The benefit for doctors of chiropractic is requirements which are typical for chiropractic examinations, count toward the coding content.

## P.A.R.T. Examination Techniques

<p><b>P</b>=Pain, Tenderness</p>	<p>Observation of Facial Expressions            Observation of Antalgic Postures            Observation of Antalgic Movements            Observation of Grooming            Observation of Mood            Observation of Overt Pain Behavior (189)            Pain Scales            Pain Drawing            Functional Questionnaires            Static Palpation            Motion Palpation            Pain Reported During Regional and/or Segmental Range of Motion            Pain Reported During Physical, Orthopedic, Neurological and/or                Chiropractic Tests            Algometry</p>
<p><b>A</b>=Asymmetry</p>	<p>Observable Regional Asymmetry: Posture/Scoliosis Screening            Observed Localized Asymmetry            Antalgic Posturing            Gait Abnormalities            Palpable Localized Asymmetry            Leg Length (anatomical)            Muscle Atrophy</p>
<p><b>R</b>=Range of Motion</p>	<p>Decreased and/or Aberrant Regional Range of Motion (Active, Passive,                Resisted)            Decreased and/or Aberrant Segmental Range of Motion (Joint Play)            Joint Fixation: Hypomobility            Joint Laxity: Hypermobility            Joint Crepitus</p>

<b>T</b> =Tissue Tone, Texture & Temperature	Observable Hypertonicity, Spasm, Hypotonicity, Atrophy Muscle Fasciculations Edema/Discoloration Palpable Hypertonicity, Spasm, Hypotonicity, Atrophy Heat (Palpable) Muscle-Tendon Crepitus Muscle Weakness Heat (Heat Sensitive Instrument)
<b>S</b> =Special Tests  Physical	Physical Examination Procedures Orthopedic Tests Neurological Tests Technique Related Tests (Leg Length, Muscle Testing)

## Consultations: 99241-99245

In many occupations the term consultation implies a discussion between a professional and a client. This is not true in health care. A consultation is an examination performed by one doctor at the request of another doctor or healthcare provider. The examination is followed by a written report from the examining doctor to the provider that requested the examination. The procedure is not limited to a conversation and it is not performed by the treating doctor.

The contents of consultations are consistent with the contents of new patient examinations with similar numeric levels. The three key components and the three contributing components are required just as they are in new and established patient examinations.

In short, a doctor cannot perform or bill for a consultation on his own patient.