

E & M Codes

National surveys indicate that the majority of physicians under code their services because of fear of being audited by the government. The reality is that very precise standards have been established to guide healthcare providers in determining the value of their services. These standards are complex and difficult to always keep in mind, therefore, most providers simply reduce their coding to accommodate for this problem.

Unfortunately, as reimbursements continue to be decreased, this compounds the financial pressure on private healthcare providers to sustain their practices and to continue to provide care to patients who are insured by government programs which are subject to the political caprice of election promises.

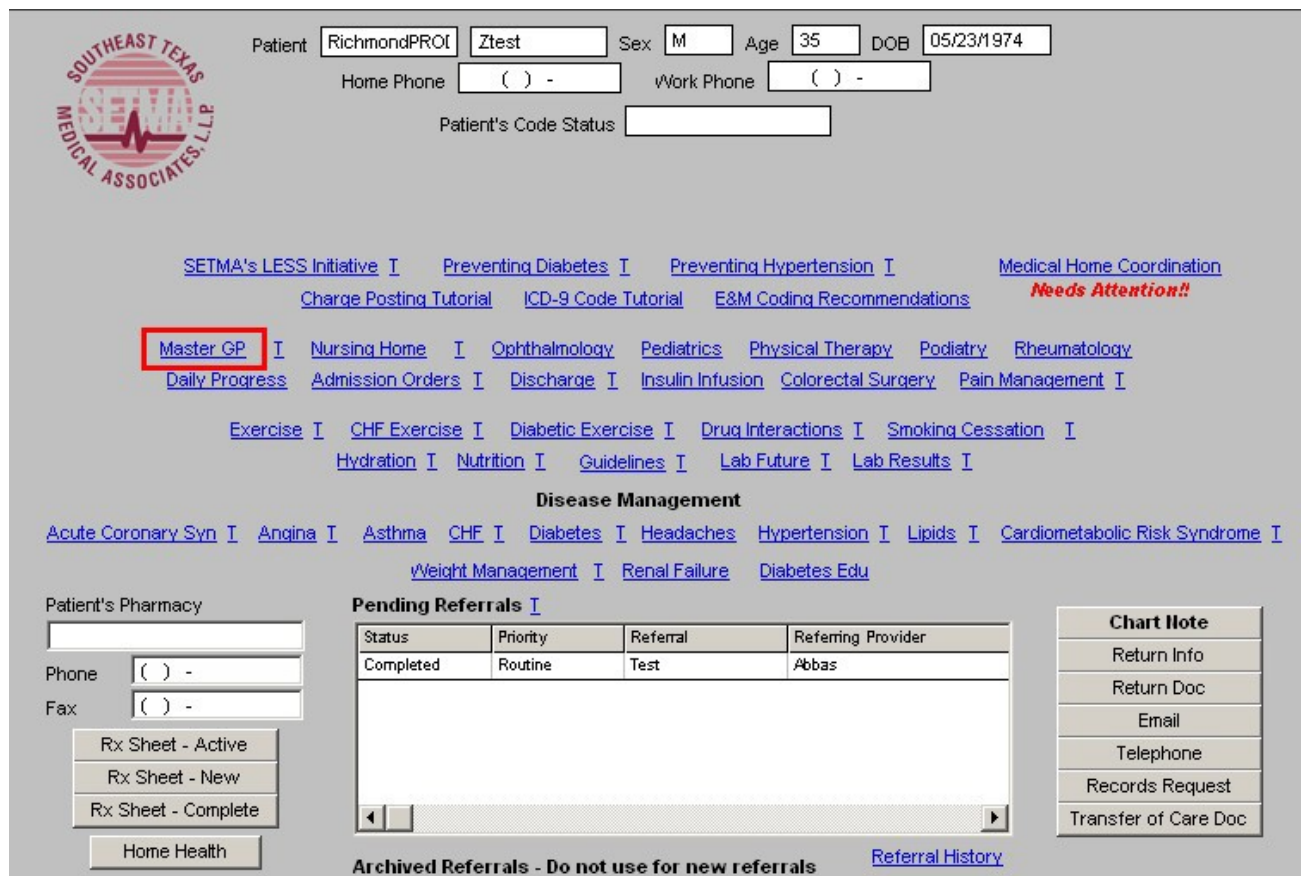
SETMA's **E&M Coding Recommendations** function is our answer to this dilemma, i.e., the desire to remain in compliance with government regulations while at the same time being able to remain in practice.

The calculations which are built into the E&M Coding Recommendations take into account the following:

1. The evaluation and updating of the status of chronic conditions. See the Tutorial on [Chronic Conditions](#).
2. The use of any or all of SETMA's disease management tools.
3. Your assessment of the complexity of medical decision making.

Remember, this coding recommendation is a recommendation, special circumstances may warrant a different code, either higher or lower, but in general this will give you a good estimation as to whether the code you chose would survive a Medicare audit.

The **E&M Coding Recommendation** is launched from the **Master GP Evaluation and Management (E&M) Charge Posting Template**.



SOUTHEAST TEXAS MEDICAL ASSOCIATES, LLP

Patient: Sex: Age: DOB:
 Home Phone: Work Phone:
 Patient's Code Status:

[SETMA's LESS Initiative](#) | [Preventing Diabetes](#) | [Preventing Hypertension](#) | [Medical Home Coordination](#)
[Charge Posting Tutorial](#) | [ICD-9 Code Tutorial](#) | [E&M Coding Recommendations](#) ***Needs Attention!!***

Master GP | [Nursing Home](#) | [Ophthalmology](#) | [Pediatrics](#) | [Physical Therapy](#) | [Podiatry](#) | [Rheumatology](#)
[Daily Progress](#) | [Admission Orders](#) | [Discharge](#) | [Insulin Infusion](#) | [Colorectal Surgery](#) | [Pain Management](#) |

[Exercise](#) | [CHF Exercise](#) | [Diabetic Exercise](#) | [Drug Interactions](#) | [Smoking Cessation](#) |
[Hydration](#) | [Nutrition](#) | [Guidelines](#) | [Lab Future](#) | [Lab Results](#) |

Disease Management
[Acute Coronary Syn](#) | [Angina](#) | [Asthma](#) | [CHF](#) | [Diabetes](#) | [Headaches](#) | [Hypertension](#) | [Lipids](#) | [Cardiometabolic Risk Syndrome](#) |
[Weight Management](#) | [Renal Failure](#) | [Diabetes Edu](#)

Patient's Pharmacy

 Phone:
 Fax:

Pending Referrals

Status	Priority	Referral	Referring Provider
Completed	Routine	Test	Abbas

Archived Referrals - Do not use for new referrals [Referral History](#)

Chart Note

PDM				NURSE				HISTORIES				HEALTH				QUIZES				HPI				ROS				P.E.				X-RAY				ASSESS				PLAN				PROCS																																																																			
RichmondPROD		Ztest		35 Years		M		Visit Type		Facility		Payor		PCP																																																																																																	
Chief Complaints								Comment								BP								Pulse Pressure								Temp								Pulse								Resp								Wt. lbs								BMI								Body Fat								BMR								Cardiac Risk Ratio																							
1																								0																																																																																							
2																																																																																																															
3																																																																																																															
4																																																																																																															
5																																																																																																															
6																																																																																																															
Chronic Conditions								HCC Risk Category								HCC Last Evaluated								HPI-1,2								Fall Risk Assessment								Functional Assessment								Pain Assessment								Alert								<input type="checkbox"/> Allergies								Comments								E-Mail Note								Telephone								Vitals/Time								<input type="checkbox"/> Nursing Home Patient							
1																/ /								HPI-3,4								/ /								/ /								HPI-5,6								/ /								/ /								/ /								/ /								/ /								/ /															
2																/ /								HPI-7,8								/ /								/ /								HPI-9,10								/ /								/ /								/ /								/ /								/ /								/ /															
3																/ /								HPI-11,12								/ /								/ /								HPI-13,14								/ /								/ /								/ /								/ /								/ /								/ /															
4																/ /								HPI-15,16								/ /								/ /								HPI-17,18								/ /								/ /								/ /								/ /								/ /								/ /															
5																/ /								HPI-19,20								/ /								/ /																																																																							
6																/ /																																																																																															
7																/ /																																																																																															
8																/ /																																																																																															
9																/ /																																																																																															
10																/ /																																																																																															
11																/ /																																																																																															
12																/ /																																																																																															
13																/ /																																																																																															
14																/ /																																																																																															
15																/ /																																																																																															
16																/ /																																																																																															
17																/ /																																																																																															
18																/ /																																																																																															
19																/ /																																																																																															
20																/ /																																																																																															

- [illegible]

- Tutorial

Acute Dx

Chronic Dx

Evaluation and Management

☐ Clear Diagnosis Fields

E-mail

Recommendations

In order to see the SUMBIT button, you MUST select one of the E-Prescribing codes.

New Patients

☐ 99201 Brief
 ☐ 99202 Problem Focused
 ☐ 99203 Expanded Problem
 ☐ 99204 Detailed Problem
 ☐ 99205 Comprehensive Problem

Established

☐ 99211 Brief
 ☐ 99212 Problem Focused
 ☐ 99213 Expanded Problem
 ☐ 99214 Detailed Problem
 ☐ 99215 Comprehensive Problem
 ☐ Observation/Discharge Management

Nursing Home

☐ 99304 Annual Limited
 ☐ 99305 Annual Extended
 ☐ 99306 Annual Comprehensive
 ☐ 99307 Subsequent Limited
 ☐ 99308 Subsequent Extended
 ☐ 99309 Subsequent Comprehensive
 ☐ 99310 High Complexity, Imm Att Req
 ☐ 99315 NH Discharge
 ☐ 99316 NH Discharge, 30+ mins
 ☐ 99318 Nursing Facility Care, Annual
 ☐ 99324 Domicil, New Pt, Prob Focus
 ☐ 99325 Domicil, New Pt, Expanded
 ☐ 99326 Domicil, New Pt, Detailed
 ☐ 99327 Domicil, New Pt, Mod Comp
 ☐ 99328 Domicil, New Pt, High Comp
 ☐ 99334 Domicil, Est Pt, Prob Focus
 ☐ 99335 Domicil, Est Pt, Expanded
 ☐ 99336 Domicil, Est Pt, Detailed
 ☐ 99337 Domicil, Est Pt, Comprehensive

New Patients

Commercial Insurance only

☐ 99381 Preventive Visit, Infant
 ☐ 99382 Preventive Visit, Age 1 to 4
 ☐ 99383 Preventive Visit, Age 5 to 11
 ☐ 99384 Preventive Visit, Age 12 to 17
 ☐ 99385 Preventive Visit, Age 18 to 39
 ☐ 99386 Preventive Visit, Age 40 to 64
 ☐ 99387 Preventive Visit, Age 65+

Established

Commercial Insurance only

☐ 99391 Preventive Visit, Infant
 ☐ 99392 Preventive Visit, Age 1 to 4
 ☐ 99393 Preventive Visit, Age 5 to 11
 ☐ 99394 Preventive Visit, Age 12 to 17
 ☐ 99395 Preventive Visit, Age 18 to 39
 ☐ 99396 Preventive Visit, Age 40 to 64
 ☐ 99397 Preventive Visit, Age 65+

Consultation

Referring

☐ 99241 Brief
 ☐ 99242 Problem Focused
 ☐ 99243 Expanded Problem
 ☐ 99244 Comprehensive Problem

Suture Removal

☐ 99024 Suture Removal/Packing Rem
 ☐ G0402 Medicare Beneficiary Exam

E-Prescribing

☐ G8443 All Rx Electronically
 ☐ G8445 No Rx Electronically
 ☐ G8446 Rx - Controlled Sub or Pt Req

Comments (Insert special instructions here then click email button.)

[Tutorial](#)

Evaluation and Management

Acute Dx ☐ Clear Diagnosis Fields Recommendations

Em Cpt Rec X

E&M Coding Recommendations

Please respond to the highlighted question below before clicking "Calculate."

Chief Complaint
You have listed chief complaints for this visit.

History of Present Illness
You have sufficiently documented the HPI for of the chief complaints and chronic conditions.

Chronic Conditions
You have FULLY documented of the patient's chronic conditions.

Review of Symptoms
You have accessed the ROS for systems.

History
You have accessed elements of the patient's history.

Physical Exam
You have documented elements from a total of systems.

Disease Management
You have sufficiently documented disease management tools for this patient.

Medical Decision Making
☐ Straight Forward ? ☐ Low Complexity ? ☐ Moderate Complexity ? ☐ High Complexity ?

Based on eight items addressed above, you may bill UP TO a or equivalent.
*Please note that this is only a recommendation which is based upon the areas you have accessed.
Other factors may justify a higher OR lower level of billing.*

Content of the E&M Coding Recommendations Template

In red, an instruction is give, “**Please respond to the highlighted questions below before clicking ‘Calculate’.**”

The following five data points are automatically counted and the results displayed.

Chief Complaint -- You have listed _____ chief complaints for this visit.

History of Present Illness -- You have sufficiently documented the HPI for _____ of the chief complaints.

Review of Systems -- You have accessed the ROS for _____ systems

History -- You have accessed _____ elements of the patient’s history

Physical Exam -- You have accessed physical exam for _____

systems.

Em Cpt Rec

E&M Coding Recommendations

Please respond to the highlighted question below before clicking "Calculate."

Chief Complaint
You have listed chief complaints for this visit.

History of Present Illness
You have sufficiently documented the HPI for of the chief complaints and chronic conditions.

Chronic Conditions
You have FULLY documented of the patient's chronic conditions.

Review of Symptoms
You have accessed the ROS for systems.

History
You have accessed elements of the patient's history.

Physical Exam
You have documented elements from a total of systems.

Disease Management
You have sufficiently documented disease management tools for this patient.

Medical Decision Making
☐ Straight Forward ? ☐ Low Complexity ? ☐ Moderate Complexity ? ☐ High Complexity ?

<< Calculate >>

Based on eight items addressed above, you may bill UP TO a or equivalent.
Please note that this is only a recommendation which is based upon the areas you have accessed.
Other factors may justify a higher OR lower level of billing.

At this point there are two questions which you must answer in order to get an E&M Recommendation for this visit:

1. Did you document at LEAST 2 elements from EACH of the physical exam areas that you accessed?
2. Medical Decision Making:

Level of Risk	Presenting Problem(s)	Diagnostic Procedure(s) ordered	Management option(s) selected
Minimal	1. One self-limited or minor problem (e.g. cold, insect bite, tinea corporis)	<ol style="list-style-type: none"> 1. Laboratory tests requiring venipuncture 2. Chest X-Ray 3. ECG/EGG 4. Urinalysis 5. Ultrasound(e.g.echocardiography) 6. KOH prep 	<ol style="list-style-type: none"> 1. Rest 2. Gargles 3. Elastic bandages 4. Superficial dressings
Low	<ol style="list-style-type: none"> 1. Two or more self-limited or minor problems 2. One stable chronic illness (e.g. well-controlled hypertension, non-insulin dependent diabetes, cataract, BPH) 3. Acute uncomplicated illness or injury (e.g. cystitis, allergic rhinitis, simple sprain) 	<ol style="list-style-type: none"> 1. Physiologic tests not under stress(e.g. pulmonary function tests) 2. Non-cardiovascular imaging studies with contrast (e.g. barium enema) 3. Superficial needle biopsies 4. Clinical laboratory tests requiring arterial puncture. 5. Skin biopsies 	<ol style="list-style-type: none"> 1. Over-the-counter drugs 2. Minor surgery with no identified risk factors. 3. Physical therapy 4. Occupational therapy 5. I.V. fluids w/o additives

Level of Risk	Presenting Problem(s)	Diagnostic Procedure(s) ordered	Management option(s) selected
Moderate	<ol style="list-style-type: none"> 1. One or more chronic illness or injury with mild exacerbation, progression, or side-effects of treatment 2. Two or more stable chronic illnesses. 3. Undiagnosed new problem with uncertain prognosis(e.g., head injury with brief loss of consciousness) 	<ol style="list-style-type: none"> 1. Physiologic tests under stress test. 2. Non-cardiovascular imaging studies with no identified risk factors 3. Deep needle or incisional biopsy 4. Cardiovascular imaging studies with contrast and no identified risk factors (e.g., arteriogram, cardiac catheterization) 5. Obtain fluid from body cavity (e.g. lumbar puncture, thoracentesis,culdocentesis) 	<ol style="list-style-type: none"> 1. Minor surgery with identified risk factors 2. Elective major surgery (open, percutaneous, or endoscopic) with no identified risk factors. 3. Prescription drug management 4. Therapeutic nuclear medicine 5. I.V. fluids with additives 6. Closed treatment of fracture or dislocation without manipulation)

Level of Risk	Presenting Problem(s)	Diagnostic Procedure(s) ordered	Management option(s) selected
High	<ol style="list-style-type: none"> 1. One or ore chronic illnesses with severe exacerbation, progression or side effects of treatment. 2. Acute or chronic illnesses or injuries that may pose a threat to life or bodily function (e.g., multiple trauma, acute MI, pulmonary embolus, severe respiratory distress, progressive severe rheumatoid arthritis, psychiatric illness with potential threat to self or others, peritonitis, acute renal failure) 3. An abrupt change in neurologic status (e.g., seizures, TIA, weakness, or sensory loss) 	<ol style="list-style-type: none"> 1. Cardiovascular imaging studies with contrast with identified risk factors 2. Cardiac electrophysiological tests 3. Diagnostic endoscopies with identified risk factors 4. Discography 	<ol style="list-style-type: none"> 1. Elective major surgery (open, percutaneous, or endoscopic) with identified risk factors. 2. Emergency major surgery (open, percutaneous, or endoscopic) 3. Parenteral controlled substances. 4. Drug therapy requiring intensive monitoring for toxicity 5. Decision not to resuscitate or to deescalate care because of poor prognosis.

An explanation of each of the levels of medical decision making is given by clicking on the name.

Once these two question are answered, depress the **Calculate** button

Em Cpt Rec

E&M Coding Recommendations

Please respond to the highlighted question below before clicking "Calculate."

Chief Complaint
You have listed chief complaints for this visit.

History of Present Illness
You have sufficiently documented the HPI for of the chief complaints and chronic conditions.

Chronic Conditions
You have FULLY documented of the patient's chronic conditions.

Review of Symptoms
You have accessed the ROS for systems.

History
You have accessed elements of the patient's history.

Physical Exam
You have documented elements from a total of systems.

Disease Management
You have sufficiently documented disease management tools for this patient.

Medical Decision Making

☐ Straight Forward ? ☐ Low Complexity ? ☐ Moderate Complexity ? ☐ High Complexity ?

<< Calculate >>

Based on eight items addressed above, you may bill UP TO a or equivalent.
*Please note that this is only a recommendation which is based upon the areas you have accessed.
Other factors may justify a higher OR lower level of billing.*

The box, surrounded by the following text, “Based on six items addressed above, you may bill UP TO a _____ or equivalent.” will then display the E&M Code which is recommended that you use.

Em Cpt Rec

E&M Coding Recommendations

Please respond to the highlighted question below before clicking "Calculate."

Chief Complaint
You have listed chief complaints for this visit.

History of Present Illness
You have sufficiently documented the HPI for of the chief complaints and chronic conditions.

Chronic Conditions
You have FULLY documented of the patient's chronic conditions.

Review of Symptoms
You have accessed the ROS for systems.

History
You have accessed elements of the patient's history.

Physical Exam
You have documented elements from a total of systems.

Disease Management
You have sufficiently documented disease management tools for this patient.

Medical Decision Making
☐ Straight Forward ? ☐ Low Complexity ? ☐ Moderate Complexity ? ☐ High Complexity ?

<< Calculate >>

Based on eight items addressed above, you may bill UP TO a or equivalent.
*Please note that this is only a recommendation which is based upon the areas you have accessed.
Other factors may justify a higher OR lower level of billing.*

X

The template is concluded with the following comment which is very important, “***Please note that this is only a recommendation which is based upon the areas you have accessed. Other factors may justify a higher OR lower level of billing.***”

[illegible]