

# Evaluation & Management (E/M) Coding Calculator



Essentials for Determining Evaluation & Management (E/M) Codes

## Standard Codes for Evaluation & Management (E/M)

### Step 1: Determine Whether Patient Has a Diagnosis or Symptom

- If the patient is not sick, use codes for preventive services (99381–99397), counseling (99401–99412), disability evaluation (99450–99456), or evaluation of newborn (99460–99463)
- If patient is sick, use any E/M codes except those listed above. Follow steps 2–7 to determine the correct code

### Step 2: Determine the Location of the Service

- **Office or other outpatient services (99201–99215):** Physician's office, walk-in clinic, ambulatory health-care center, etc.
- **Hospital services (99221–99239):** Inpatient, acute care facility
- **Observation services (99217–99226 and 99234–99236):** Patient admitted to hospital under "observation status"
- **Emergency department services (99281–99285):** A hospital-based facility, open 24 hours a day, providing unplanned services to patients requiring immediate medical attention
  - **Critical care/intensive care services (99291–99292 and 99477–99480):** Direct delivery of medical care for patients with a high likelihood of an impending or life-threatening decline of their condition
- **Nursing facility services (99304–99318):** Skilled nursing facility (SNF); intermediate care facility (ICF); long-term care facility (LTCF); psychiatric residential treatment center
- **Domiciliary, rest home, or custodial care services (99324–99340):** Assisted living facility or any other facility providing room, board, and personal assistance services
- **Home Services (99341–99350):** Physician visited patient at his or her home (private residence)

### Step 3: Determine the Relationship Between Physician & Patient

- **New or established:** An established patient has received professional services from this physician, or another physician of the same specialty within the same practice, during the last three years. A new patient has never seen this physician/another physician of the same specialty in this practice or was last seen by this physician/another physician of same specialty in this practice more than three years ago
- **Initial or subsequent:** An initial visit is the first date of service this physician sees this patient and a subsequent visit is one on a later date during this course of treatment
  - These terms are used for services provided for patients in observation care, inpatient care, and nursing facilities
  - Services are reported by the completed day (calendar date) of service

- **Consultation services:** These services require a requesting physician and a consulting physician. One physician sends a patient to see another physician with a request for advice or recommendations on the patient's case. The services may be inpatient (99251–99255) or outpatient (99241–99245)

**NOTE:** Medicare will not pay for any consultation codes. For Medicare patients, use other E/M visit codes (such as outpatient or inpatient codes)

### Step 4: Determine the Level of History from Documentation

*Remember, if it is not documented, it didn't happen!*

- History includes four components (not all levels of service include all four components):
  - **Chief complaint (CC):** The patient's description of why he/she felt the need to see this physician for this visit—could be a sign, symptom, condition, diagnosis, or other health-related concern
  - **History of present illness (HPI):** Series of questions asked by a physician or ancillary staff about the patient's condition. This includes seven elements: location, quality, severity, timing, context, modifying factors, and associated signs and symptoms

**NOTE:** Medicare includes an eighth element: duration  
**EX:** Location (where is the pain?), quality (is the pain sharp or dull?), severity (is the patient bedridden due to the pain?), timing (is the pain constant?), context (is the pain worse when the patient is lying down?), modifying factors (does the pain lessen when the patient takes over-the-counter drugs?), associated signs and symptoms (is the patient nauseated due to the pain?), and duration (how long has the pain been present?)

- **Review of systems (ROS):** Series of questions to identify signs and/or symptoms the patient may be experiencing now or has experienced in the past. The systems reviewed may include:
  - Constitutional symptoms (fever, weight loss, etc.)
  - Eyes
  - Ears, nose, mouth, and throat
  - Cardiovascular
  - Respiratory
  - Gastrointestinal
  - Genitourinary
  - Musculoskeletal
  - Integumentary (skin and/or breast)
  - Neurological
  - Psychiatric
  - Endocrine
  - Hematologic/Lymphatic
  - Allergic/Immunologic
- **Past/Family/Social history (PFSH):** Series of questions concerning the patient's personal and family background. This includes:
  - **Patient's history**
    - Prior major illnesses and injuries, surgical procedures, and hospitalizations

- Current medications and allergies (drug, food, inhalant, etc.)
- Immunization status (age-appropriate) and dietary/nutritional status (feeding, eating, etc.)

#### ■ Family history

- Health status (or cause of death) of parents, siblings, and children
- Specific diseases of family members related to problems identified in the chief complaint, history of present illness (HPI), and/or system review
- Diseases of family members that may be hereditary or place the patient at risk

#### ■ Social history

- Marital status and/or living arrangements
- Current employment
- Occupational, military, and sexual history
- Use of drugs, alcohol, and/or tobacco
- Level of education
- Other relevant social factors

- Histories are often provided by the patient using a form filled out before seeing the physician or by a nurse. The physician must note that the form was reviewed
- A patient's review of systems (ROS) is not the same as an examination
- The physician may indicate that an organ system's history is **unrelated** or **non-contributory**—these terms (and similar ones) document that the physician addressed or discussed this with the patient or family member. This area can be counted toward the history

The levels of history are:

#### Problem-Focused History

- **Chief complaint (CC) required**
- **Brief HPI:** Documentation of a limited number (usually 1–3) of elements
- **ROS:** No ROS is required
- **PFSH:** No PFSH is required

#### Expanded Problem-Focused History

- **Chief complaint (CC) required**
- **Brief HPI:** Documentation of a limited number (usually 1–3) of elements
- **ROS:** Review of system related to the chief complaint
- **PFSH:** No PFSH is required

#### Detailed History

- **Chief complaint (CC) required**
- **Extended HPI:** Documentation of extended (usually 4 or more) elements
- **ROS:** Review of an extended number (usually 2–9) of systems directly related to the chief complaint or present illness plus a limited history of additional related systems
- **PFSH:** One item from past, family, or social history related to patient's current condition

# E And M Coding Cheat Sheet

**Roman Wölfel**



## **E And M Coding Cheat Sheet:**

Medical Billing & Coding For Dummies Karen Smiley, 2024-09-24 The essential guide for medical billing professionals updated for ICD 11 standards Medical Billing Coding For Dummies will set you up for success in getting started as a medical biller and coder To ensure data accuracy and efficient data processing medical offices need professionally trained coders to handle records This book provides prospective allied health professionals with everything they need to know to get started in medical billing and coding as a career In addition to an introduction to the basics of medical coding you ll get information on how to find a training course meet certification requirements and deal with government agencies and insurance companies Learn about the standard practices in the medical billing industry and get up to speed on the ethical and legal issues you re likely to face on the job This accessible guide is a great entry point and a great refresher for anyone interested in the medical billing and coding profession Get a primer on your career options in the field of medical billing Learn coding practices for telehealth viral outbreaks and other emerging issues Update your knowledge of the changes between ICD 10 and ICD 11 coding systems Find training programs and explore your options for certification This Dummies guide is an accessible entry point for prospective professionals looking get a jump on their new career and current professionals intent on staying up to date in this flexible and growing field

Handling the Medical Claim Catherine Cochran, 2017-07-27 When a doctor sees a patient how does the doctor s office get paid If a claim for a service or procedure provided is denied how does the doctor s office get the patient s insurance company to pay Handling the Medical Claim An 8 Step Guide on How To Correct and Resolve Claim Issues explains from beginning to end how to bill and collect on cla

**Diagnosis of Diseases of the Breast** Lawrence Wayne Bassett, 2005 The 2nd Edition of this well received reference takes a comprehensive multidisciplinary approach to the evaluation of benign and malignant breast disease Internationally recognized specialists address the technical interpretive and diagnostic aspects of mammography They also offer expanded coverage of all of the other imaging modalities available to identify diseases of the breast This unique resource also addresses histopathology surgery epidemiology clinical and historical issues as well as today s hot topics such as sentinel node biopsy Correlates radiologic findings with pathologic considerations Provides detailed richly illustrated reviews of the techniques and procedures involved with mammography Covers all breast imaging modalities from digital mammography and MR to image guided needle biopsy and galactography Features internationally renowned Editors and contributors Provides the latest scholarship on imaging techniques and interpretation of breast imaging studies Offers expanded coverage on all of the imaging modalities available to identify breast disease Incorporates state of the art diagnostic images

**Health Promotion and Disease Prevention for Advanced Practice: Integrating Evidence-Based Lifestyle Concepts** Loureen Downes, Lilly Tryon, 2023-09-29 As healthcare shifts from fee for service to value based care clinicians need to be adequately prepared to provide evidence based and cost effective preventative care using an interprofessional approach This textbook emphasizes an evidence based

approach to health promotion and disease prevention by applying environmental behavioral and motivational concepts to the management of health problems related to lifestyle behaviors **California Physician**, 1984 **How to Start a Private Practice** Bertrand Liang, MD, PhD, Mitchell Liester, MD, 2025-12-26 Starting a private medical practice offers physicians and other allied health professionals unparalleled autonomy over clinical decisions practice management and work life balance This independence allows practitioners to develop personalized treatment approaches and stronger patient relationships without corporate constraints often resulting in higher satisfaction for both medical professionals and patients Financially private practices can be more lucrative through direct control of revenue streams and business operations Beyond personal benefits private practices are vital to healthcare ecosystems by providing community centered care increasing access in underserved areas and fostering innovation through a nimble adaptation to emerging healthcare needs In an era of increasing healthcare consolidation independent practices preserve the essential doctor patient relationship that forms the foundation of quality healthcare delivery How to Start a Private Practice is a comprehensive guide for physicians dentists mental health professionals physical therapists and other allied health practitioners seeking to transition from residency fellowship or corporate practice into a private practice setting Written by experienced physicians Bertrand Liang MD PhD and Mitchell Liester MD this practical guidebook provides a road map for establishing managing and growing a successful private practice in today's complex healthcare landscape This book provides physicians and other allied health practitioners with a step by step guide to establishing and managing a successful private practice The authors combine business fundamentals with healthcare specific knowledge to help medical practitioners navigate the complexities of practice ownership This comprehensive approach from addressing psychological barriers to providing detailed guidance on coding and billing ensures that readers will have the tools they need to succeed in today's challenging healthcare environment

**1998 Hospital and Payor ICD-9** J A Majors Publishing, OptumInsight, Incorporated, Medicode, 1997 Here are 14 reasons why Medicode's 1998 Hospital ICD 9 is coder tested and coder approved 1 Guaranteed accuracy Medicode has integrated all 1998 changes into this volume In fact they guarantee that if you make a coding error based on an outdated code while using their 1998 ICD 9 they'll give you next year's edition free 2 Color coding to make fourth and fifth digits easy to find 3 Easy to understand code definitions 4 Color illustrations 5 Color coded index for ease of use 6 Exclusive note save system that gives you room to write and a system to save important coding for next year's edition 7 Coding tips 8 Thumb index tabs 9 Spiral bound design 10 Index checkmarks that identify invalid codes 11 Medicare edits 12 References to AHA's Coding Clinic 13 Hospital revenue codes for supplies and services 14 A useful self test **ICD-9-CM**, 1996 *Ham's Primary Care Geriatrics* Richard J. Ham, Philip D. Sloane, 2013-12-01 Employing a unique case based approach Ham's Primary Care Geriatrics continues to be your comprehensive source of clinical solutions for this challenging population This gerontology medical reference book features an interdisciplinary perspective that empowers you with team oriented knowledge on the best

diagnosis treatment and management strategies available to address the complex needs of older adults Overall this is a useful well written practical elderly medicine book ideal for use in primary care It is reasonable priced and an excellent addition to the bookshelf virtual or real Reviewed by Dr Harry Brown July 2014 Effectively treat your geriatric patients and provide helpful guidance to their families through engaging geriatric case studies that illustrate the principles and key clinical information you need Form a definitive diagnosis and create the best treatment plans possible using the evidence based medicine guidelines throughout Find the information you need quickly and efficiently with a 2 color layout and consistent format and test your knowledge with USMLE style questions in every chapter Offer your geriatric patients the most up to date treatment options available with six new chapters addressing Principles of Primary Care of Older Adults Interprofessional Team Care Billing and Coding Frailty Pressure Ulcers and Anemia Access the complete geriatric text online anytime anywhere at Expert Consult along with an online Cognitive Status Assessment with four tests and patient teaching guides a dermatology quiz and informative videos on Gait and Balance and Dizziness *Colorado Medicine* ,1992 Ham's Primary Care Geriatrics E-Book Gregg A. Warshaw,Jane F. Potter,Ellen Flaherty,Matthew K. McNabney,Mitchell T. Heflin,Richard J. Ham,2021-01-05 Selected for Doody s Core Titles 2024 in Geriatrics Written with first line primary care providers in mind Ham s Primary Care Geriatrics A Case Based Approach 7th Edition is a comprehensive easy to read source of practical clinical guidance for this rapidly growing population Using a unique case based approach it covers the patient presentations you re most likely to encounter offering key clinical information expert advice and evidence based medical guidelines throughout This highly regarded text uses a consistent format and an enjoyable writing style to keep you informed engaged and up to date in this increasingly important field Uses a case study format that is ideal for learning retention and rapid recall All case studies are thoroughly up to date with current references Features an interdisciplinary perspective to provide team oriented knowledge on the best diagnosis treatment and management strategies available to address the complex needs of older adults Contains a new chapter on Lesbian Gay Bisexual Transgender LGBT Medicine in Older Adults as well as completely revised or rewritten chapters on rehabilitation infectious disease and urinary incontinence Provides up to date information on key topics such as opioid management and polypharmacy the geriatric emergency room cultural humility in the care of older adults and the five signs of problematic substance abuse Includes key learning objectives and USMLE style questions in every chapter Online extras include dizziness gait and balance video resources a dermatology quiz and a Cognitive Status Assessment with tests and patient teaching guides Enhanced eBook version included with purchase Your enhanced eBook allows you to access all of the text figures and references from the book on a variety of devices

**Medical Insurance** Joanne Valerius,Cynthia Newby,Nenna Bayes,2004-07 Designed for the one semester medical insurance course Medical Insurance provides clear focused and authoritative instruction on medical insurance and reimbursement with an emphasis on electronic processing All types of medical insurance are covered and examples in the

text represent a realistic mix of managed care and fee based plans The program teaches basic medical coding and coding compliance because this knowledge is essential for ensuring maximum appropriate reimbursement for reported healthcare services A new chapter on HIPAA features the rules on transactions and code with detailed coverage of claim transmission and remittance advice     Glencoe Medical Insurance Nenna L. Bayes,Cindy Keller,Joanne Valerius,2002 Glencoe Medical Insurance provides focused coverage of the knowledge and skills necessary for successful medical insurance processing including in depth coverage of medical insurance the claims process HCFA 1500 and UB 92 It covers all types of medical insurance including Blue Cross Blue Shield HMOs PPOs Medicare Medicaid and other plans Managed care is integrated throughout the text including discussion of contract law as it relates to managed care There is an emphasis on practice management and patient finance Optional exploratory computer activities use MediSoft for Windows Advanced The focus in the text is on electronic claims filing but paper claims are covered as well Unique to this text is an entire chapter emphasizing how crucial correct coding is to reimbursement and compliance with federal regulations     **MGMA Connexion** ,2004     **National Trade and Professional Associations of the United States and Canada and Labor Unions** ,1972     **Certified List of Domestic and Foreign Corporations for the Year ...** ,1972     **Directory of National Trade and Professional Associations of the United States** ,1970     **Consumer Reports** ,1991     **Newsweek** ,1967     *The National Union Catalog, Pre-1956 Imprints* Library of Congress,American Library Association. Committee on Resources of American Libraries. National Union Catalog Subcommittee,1968

The book delves into E And M Coding Cheat Sheet. E And M Coding Cheat Sheet is a crucial topic that must be grasped by everyone, ranging from students and scholars to the general public. This book will furnish comprehensive and in-depth insights into E And M Coding Cheat Sheet, encompassing both the fundamentals and more intricate discussions.

1. This book is structured into several chapters, namely:

- Chapter 1: Introduction to E And M Coding Cheat Sheet
- Chapter 2: Essential Elements of E And M Coding Cheat Sheet
- Chapter 3: E And M Coding Cheat Sheet in Everyday Life
- Chapter 4: E And M Coding Cheat Sheet in Specific Contexts
- Chapter 5: Conclusion

2. In chapter 1, this book will provide an overview of E And M Coding Cheat Sheet. This chapter will explore what E And M Coding Cheat Sheet is, why E And M Coding Cheat Sheet is vital, and how to effectively learn about E And M Coding Cheat Sheet.
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4. In chapter 3, this book will examine the practical applications of E And M Coding Cheat Sheet in daily life. The third chapter will showcase real-world examples of how E And M Coding Cheat Sheet can be effectively utilized in everyday scenarios.
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6. In chapter 5, the author will draw a conclusion about E And M Coding Cheat Sheet. This chapter will summarize the key points that have been discussed throughout the book.

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