National Government Services
A CMS Contracted Agent

Medicare

Evaluation & Management Documentation Training Tool

1—History

Refer to the data section (below) in order to quantify. After referring to data, circle the entry farthest to the RIGHT in the table, which best describes the history of present illness (HPI), review of system (ROS), and past medical, family, social history (PFSH). If one column contains three circles, draw a line down that column to the bottom row to identify the type of history. If no column contains three circles, the column containing a circle farthest to the LEFT, identifies the type of history. After completing this tabCle which classifies the history, circle the type of history within the appropriate grid in Section 5. Minimum requirements for each level of history are listed directly above each level in the grid. CHIEF COMPLAINTS REQUIRED FOR ALL HISTORY LEVELS.

HPI Elements				**Calculation**			
☐ Location ☐ Quality	☐ Severity ☐ Duration	☐ Timing ☐ Context	☐ Modifying factors ☐ Associated signs and symptoms	☐ **Brief** (1–3)	☐ **Brief** (1–3)	☐ **Extended (4 or more)**	☐ **Extended** (4 or more)
HPI: Status of Chronic Conditions ☐ 3 conditions				☐ **N/A**	☐ **N/A**	☐ **Status of 3 chronic conditions**	☐ **Status of 3 chronic conditions**
ROS: (Review of Systems)				☐ **None**	☐ **Pertinent to Problem** (1 system)	☐ **Extended** (2–9)	☐ **Complete** **Complete ROS**: Ten or more systems, or some systems with statement "all others negative."
☐ Constitutional (weight loss, etc.) ☐ Eyes	☐ Ears, nose, mouth, and throat ☐ Card/Vascular ☐ Respiratory	☐ GI ☐ GU ☐ Musc\Skeletal ☐ Integumentary *(Skin, breast)*	☐ Neuro ☐ Psych ☐ Endo ☐ Hem Lymph ☐ All/immuno ☐ All others negative				
PFSH (past medical, family, social history) areas ☐ Past history *(patient's past experiences with illnesses, operations, injuries and treatments)* ☐ Family history *(a review of medical events in the patient's family, including diseases which may be hereditary or place the patient is at risk)* ☐ Social history *(an age-appropriate review of past and current activities)* **Note**: For subsequent hospital and nursing facility E/M services, only an interval history is necessary. It is not necessary to record information about the PFSH.				☐ **None**	☐ **None**	☐ **Pertinent to problem** (1 history area)	☐ **Complete (2 or 3 history area)** Complete PFSH **Two history areas**: a) Established patients – office (outpatient) care; b) Emergency dept. **Three history areas**: a) New patients – office (outpatient) care, domiciliary care, home care; b) Initial hospital care; c) Hospital observation; d) Initial nursing facility care.
			Final Results	**Problem Focused**	**Expanded Problem Focused**	**Detailed**	**Comprehensive**

2—Examination

Refer to data section (table below) in order to quantify. After referring to data, identify the type of examination. Circle the type of examination within the appropriate grid in Section 5.
Note: Choose 1995 or 1997 rules, but not both.

Examination	**Calculation – Choose either 1995 or 1997 rules to calculate result**			
Body areas: ☐ Head, including face ☐ Chest, including breast and axillae ☐ Abdomen ☐ Neck ☐ Back, including spine ☐ Genitalia, groin, buttocks ☐ Each extremity Organ systems: ☐ Constitutional (e.g., vitals, gen app) ☐ Ears, nose. mouth, throat ☐ Respiratory ☐ GI ☐ GU ☐ Cardiovascular ☐ Musculoskeletal ☐ Skin ☐ Neuro ☐ Psych ☐ Hem/lymph/imm ☐ Eyes	**1995**			
	☐ One body area or system	☐ 2–7 areas or systems (Minimal detail for areas and/or systems examined; check list type documentation without any expansion of documentation of findings)	☐ 2–7 areas or systems (Expanded documentation of the areas and/or systems examined; requires more than checklists; needs to have normal/abnormal findings expanded upon)	☐ 8 or more *systems only*
	1997			
	☐ 1–5 bullets (1 or more body areas or system)	☐ 6 bullets (1 or more body areas or system)	☐ 12 bullets in 2 or more body areas/systems or 2 bullets in 6 or more body areas/ systems (except eye and psych exams, which are 9 bullets)	☐ 2 bullets in 9 or more body areas or systems; or complete single organ system
Final Results	**Problem Focused**	**Expanded Problem Focused**	**Detailed**	**Comprehensive**

3—Medical Decision Making

Number of Diagnoses or Treatment Options

Identify each problem or treatment option mentioned in the record. Enter the number in each of the categories in Column B in the table below. (There is a maximum number in two categories.)

Table 3A

A—Problem(s) Status	B—Number	C—Points	D—Results
Self-limited or minor (stable, improved, or worsening)	Max = 2	1	
Est. problem (to examiner); stable, improved		1	
Est. problem (to examiner); worsening		2	
New problem (to examiner); no additional workup planned	Max = 1	3	
New problem (to examiner); add workup planned		4	
		Total	

Multiply the number in columns B—Number and C—Points and put the product in column D—Results. Enter a total for column D, then **bring total to line A in the "Final Result for Complexity" table below.**

Amount and/or Complexity of Data Reviewed

For each category or reviewed data identified, circle the number in the **Points** column. Total the points.

Table 3B

Reviewed Data	Points
Review and/or order of clinical lab tests	1
Review and/or order of tests in the radiology section of CPT	1
Review and/or order of tests in the medicine section of CPT	1
Discussion of test results with performing physician	1
Decision to obtain old records and/or obtain history from someone other than patient	1
Review and summarization of old records and/or obtaining history from someone other than patient and/or discussion of case with another health care provider.	2
Independent visualization of image, tracing or specimen itself (not simply review of report)	2
Total	

Bring total to line C in final "Result for Complexity" table below.

Risk of Complications and/or Morbidity or Mortality

Use the risk table below as a guide to assign risk factors. It is understood that the table below does not contain all specific instances of medical care; the table is intended to be used as a guide. Circle the most appropriate factor(s) in each category. The overall measure of risk is the highest level circled. **Enter the level of risk identified in "Final Result for Complexity" table below.**

Table 3C

Level of Risk	Presenting Problem(s)	Diagnostic Procedure(s) Ordered	Management Options Selected
Minimal	• One self-limited or minor problem, e.g., cold insect bite, tinea corporis	• Laboratory tests requiring venipuncture • Chest X-rays • EKG/ EEG • Urinalysis • Ultrasound, e.g., echo • KOH prep	• Rest • Gargles • Elastic bandages • Superficial dressings
Low	• Two or more self-limited or minor problems • One stable chronic illness, e.g., well controlled hypertension or • noninsulin dependent diabetes, cataract, BPH • Acute uncomplicated illness or injury, e.g., cystitis, allergic rhinitis, simple sprain	• Physiologic tests not under stress, e.g., pulmonary function tests • Noncardiovascular imaging studies with contrast, e.g., barium enema • Superficial needle biopsies • Clinical laboratory tests requiring arterial puncture • Skin biopsies	• Over-the-Counter drugs • Minor surgery with no identified risk factors • Physical therapy • Occupational therapy • IV fluids without additives
Moderate	• One or more chronic illness with mild exacerbation, progression, or side effects of treatment • Two or more stable chronic illnesses • Undiagnosed new problem with uncertain prognosis, e.g., lump in breast • Acute illness with systemic symptoms, e.g., pyelonephritis, pneumonitis, colitis • Acute complicated injury, e.g., head injury with brief loss of consciousness	• Physiologic tests under stress, e.g., cardiac stress test, fetal contraction stress test • Diagnostic endoscopies with no identified risk factors • Deep needle or incisional biopsy • Cardiovascular imaging studies with contrast and no identified risk factors, e.g., arteriogram cardiac catheter • Obtain fluid from body cavity, e.g., lumbar puncture, thoracentesis, culdocentesis	• Minor surgery with identified risk factors • Elective major surgery (open, percutaneous or endoscopic with no identified risk factors) • Prescription drug management (continuation & new prescription) • Therapeutic nuclear medicine • IV fluids with additives • Closed treatment of fracture or dislocation without manipulation
High	• One or more chronic illnesses with severe exacerbation, progression, or side effects of treatment • 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 • An abrupt change in neurologic status, e.g., seizure, TIA, weakness or sensory loss	• Cardiovascular imaging studies with contrast with identified risk factors • Cardiac electrophysiological tests • Diagnostic endoscopies with identified risk factors • Discography	• Elective major surgery (open, percutaneous or endoscopic with identified risk factors) • Emergency major surgery (open, percutaneous or endoscopic) • Parental controlled substances • Drug therapy requiring intensive monitoring for toxicity • Decision not to resuscitate or to de-escalate care because of poor prognosis

Final Result for Complexity

Table 3D

A	**Number diagnoses or treatment options**	**≤ 1 Minimal**	**2 Limited**	**3 Multiple**	**≥ 4 Extensive**
B	**Amount and Complexity of Data**	**≤ 1 Minimal**	**2 Limited**	**3 Moderate**	**≥ 4 Extensive**
C	**Highest Risk**	**Minimal**	**Low**	**Moderate**	High
	Type of decision making	**Straight Forward**	**Low Complexity**	**Moderate Complexity**	**High Complexity**

Draw a line down any column with 2 or 3 circles to identify the type of decision making in that column. Otherwise, draw a line down the column with the second circle from the left. After completing this table, circle the type of decision making within the appropriate grid in Section 5.

4—Time

If the physician documents total time *and* indicates that counseling or coordinating care dominates (more than 50%) the encounter, time **may determine level of service**. Documentation may refer to: prognosis, differential diagnosis, risks, benefits of treatment, instructions, compliance, risk reduction and/or discussion with another health care provider

Question	Answer	
Does documentation reveal total time?	☐ Yes	☐ No
Does documentation describe the content of counseling or coordinating care?	☐ Yes	☐ No
Does documentation reveal that more than half of the time was counseling or coordinating care?	☐ Yes	☐ No

If all answers are "yes," you may select level based on time.

5—Level of Service

Outpatient and Emergency Room (ER)

	New Office/ER—Requires three components within shaded area					**Established Office**—Requires two components within shaded area				
History	PF ER: PF	EPF ER: EPF	D ER: EPF	C ER: D	C ER: C	Minimal problem that may not require presence of physician	PF	EPF	D	C
Examination	PF ER: PF	EPF ER: EPF	D ER: EPF	C ER: D	C ER: C		PF	EPF	D	C
Complexity of medical decision	SF ER: SF	SF ER: L	L ER: M	M ER: M	H ER: H		SF	L	M	H
Average time (minutes) (ER has no average time)	10 New (99201) ER (99281)	20 New (99202) ER (99282)	30 New (99203) ER (99283)	45 New (99204) ER (99284)	60 New (99205) ER (99285)	5 (99211)	10 (99212)	15 (99213)	25 (99214)	40 (99215)
Level	I	II	III	IV	V	I	II	III	IV	V

Inpatient

	Initial Hospital/Observation—Requires three components within shaded area			**Subsequent Hospital**—Requires two components within shaded area		
History	D/C	C	C	PF interval	EPF interval	D interval
Examination	D/C	C	C	PF	EPF	D
Complexity of medical decision	SF/L	M	H	SF/L	M	H
Average time (minutes) (Initial observation care has no average time)	30 Init hosp (99221) Observation care (99218)	50 Init hosp (99222) Observation care (99219)	70 Init hosp (99223) Observation care (99220)	15 Subsequent (99231) Observation (99224)	25 Subsequent (99232) Observation (99225)	35 Subsequent (99233) Observation (99226)
Level	I	II	III	I	II	III

Nursing Facility Care

	Initial Nursing Facility—Requires three components within shaded areas			**Subsequent Nursing Facility**—Requires two components within shaded areas				**Other Nursing Facility** (Annual Assessment)—Requires three components within shaded areas
History	D/C	C	C	PF interval	EPF interval	D interval	C interval	D interval
Examination	D/C	C	C	PF	EFP	D	C	C
Complexity of medical decision	SF/L	M	H	SF	L	M	H	L/M
Average time (minutes) (Initial observation care has no average time)	25 (99304)	35 (99305)	45 (99306)	10 (99307)	15 (99308)	25 (99309)	35 (99310)	30 (99318)
Level	I	II	III	I	II	III	IV	

Domiciliary, Rest Home (e.g., Boarding Home), or Custodial Care and Home Care

	New—Requires 3 components within shaded area					**Established**—Requires 2 components within the shaded area			
History	PF	EPF	D	C	C	PF interval	EPF interval	D interval	C interval
Examination	PF	EPF	D	C	C	PF	EPF	D	C
Complexity of medical decision	SF	L	M	M	H	SF	L	M	M/H
Average time (minutes)	20 Domiciliary (99324) Home Care (99341)	30 Domiciliary (99325) Home Care (99342)	45 Domiciliary (99326) Home Care (99343)	60 Domiciliary (99327) Home Care (99344)	75 Domiciliary (99328) Home Care (99345)	15 Domiciliary (99334) Home Care (99347)	25 Domiciliary (99335) Home Care (99348)	40 Domiciliary (99336) Home Care (99349)	60 Domiciliary (99337) Home Care (99350)
Level	I	II	III	IV	V	I	II	III	IV

PF = Problem Focused | EPF = Expanded Problem Focused | D = Detailed | C = Comprehensive | SF = Straightforward | L = Low M = Moderate H = High

Medical necessity of a service is the overarching criterion for payment in addition to the individual requirements of a CPT code. It would not be medically necessary or appropriate to bill a higher level of evaluation and management service when a lower level of service is warranted. The volume of documentation should not be the primary influence upon which a specific level of service is billed. Documentation should support the level of service reported.

Resource: Centers for Medicare & Medicaid Services (CMS) Internet-Only Manual (IOM) Publication 100-04, *Medicare Claims Processing Manual*, Chapter 12, Section 30.6.1

References

- Current Procedural Terminology, American Medical Association
- CMS IOM Publication 100-04, *Medicare Claims Processing Manual*, Chapter 12, Section 30.6: http://www.cms.gov/manuals/downloads/clm104c12.pdf
- Evaluation and Management Services Guide: http://www.cms.gov/MLNProducts/downloads/eval_mgmt_serv_guide-ICN006764.pdf