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Inpatient/Facility Evaluation and Management Codes

Selecting and Documenting Appropriate Levels of Service

Key Components of Inpatient E/M Codes

There are 3 key components to inpatient E/M codes: history, exam, and medical decision making.

History and exam are still needed but are documented based on physician's discretion. Physicians can choose from either (1) time OR (2) medical decision making to determine code selection.

The documentation maintained in the medical record is the deciding factor as to the appropriate level of service to bill. Proper documentation of the patient encounter will enable physicians to avoid "upcoding," thus limiting their audit liability. It will also enable them to avoid "under coding," ensuring the maximum reimbursement to which they are entitled.

Time*

Physician's billing Medicare may use total time on the day of the patient encounter to determine the level of outpatient E/M coding to bill. This includes total face-to-face and non-face-to-face time spent on the date of the patient encounter by the physician or other qualified health professionals. The following activities count toward total time:

- preparing to see the patient (reviewing tests, etc.)
- obtaining and/or reviewing separately obtained history
- performing a medically appropriate examination and/or evaluation
- counseling and educating the patient/family/caregiver
- ordering medications, tests, or procedures
- referring and communicating with other health care professionals (when not separately reported)
- documenting clinical information in the electronic or other health record
- independently interpreting results (not separately reported) and communicating results to the patient/family/caregiver
- coordinating care (not separately reported)

Medical Decision Making*

Physician's billing Medicare may use medical decision making to determine E/M code selection which involve the following three elements:

- the number and complexity of problem(s) that are addressed during the encounter,
- the amount and/or complexity of data to be reviewed and analyzed, and
- the risk of complications, morbidity, and/or mortality of patient management decisions made at the visit, associated with the patient's problem(s), the diagnostic procedure(s), and treatment(s).

***For inpatient E/M codes only**
*For the most up-to-date information, please refer to the current year CPT Codebook

CPI1001-1

Nursing Facility Services

	Initial nursing facility care			*Annual Assessment*	*Subsequent Nursing Care Facility*				*Discharge Services*	
	99304	**99305**	**99306**	**99318**	**99307**	**99308**	**99309**	**99310**	**99315***	**99316***
History	D/C	C	C	D	PF	EPF	D	C	—	—
Examination	D/C	C	C	C	PF	EPF	D	C	—	—
Medical Decision Making	SF/LC	MC	HC	LC/MC	SF	LC	MC	HC	—	—
Typical Time	25	35	45	30	10	15	25	35	minutes 30 or less	More than 30 minutes
	All 3 Key Components				2 out of 3 components					

* Code according to total duration of time spent for final nursing facility discharge

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

	New Patient					*Established Patient*			
	99324	**99325**	**99326**	**99327**	**99328**	**99334**	**99335**	**99336**	**99337**
History	PF	EPF	D	C	C	PF	EPF	D	C
Examination	PF	EPF	D	C	C	PF	EPF	D	C
Medical Decision Making	SF	LC	MC	MC	HC	SF	LC	MC	MC/HC
Typical Time	20	30	45	60	75	15	25	40	60
	All 3 Key Components					2 out of 3 components			

Hospital Inpatient Services

	Initial Hospital Care			*Subsequent Hospital Care*			*Hospital Discharge Services*	
	99221	**99222**	**99223**	**99231**	**99232**	**99233**	**99238***	**99239***
History	D/C	C	C	PF	EPF	D	—	—
Examination	D/C	C	C	PF	EPF	D	—	—
Medical Decision Making	SF/LC	MC	HC	SF/LC	MC	HC	—	—
Typical Time	30	50	70	15	25	35	30 minutes or less	More than 30 minutes
	All 3 Key Components			2 of 3 Key Components			*Code according to total duration of time spent for final hospital discharge	

Hospital Observation Services

	Observation Discharge Day	*Initial Observation Care Services on the same date)*			*Observation or Inpatient Care (Including Admission & Discharge*		
	99217	**99218**	**99219**	**99220**	**99234**	**99235**	**99236**
History	—	D/C	C	C	D/C	C	C
Examination	—	D/C	C	C	D/C	C	C
Medical Decision Making	—	SF/LC	MC	HC	SF/LC	MC	HC
Typical Time		30	50	70			
		All 3 Key Components			All 3 Key Components		

Subsequent Observation Services

	99224	**99225**	**99226**
History	PF	EPF	D
Exam	PF	EPF	D
Medical Decision Making	SF/LC	MC	HC
Typical Time	15	25	35
	2 out of 3 Key Components		

PF=Problem-focused
EPF=Expanded problem-focused
D=Detailed
C=Comprehensive

SF=Straightforward
LC=Low complexity
MC=Moderate complexity
HC=High complexity
*Minimal problems

History

Type of History	History of Present Illness (HPI)	Review of Systems (ROS)	Past, Family, Social and/or Military Hisotry (PFSMH)
Problem-Focused	**Brief:** 1 to 3 HPI elements	Not required	Not required
Expanded Problem- Focused	**Brief:** 1 to 3 HPI elements	**Problem pertinent:** Positive and pertinent negative responses about the system directly related to the problem(s) identified in the HPI.	Not required
Detailed	**Extended:** 4 or more HPI elements or 3 chronic conditions	**Extended:** The above, plus positive responses for 2–9 systems.	**Pertinent:** At least 1 specific item from PFSH must be documented.
Comprehensive	**Extended:** 4 or more HPI elements or 3 chronic conditions	**Complete:** Positive and pertinent negative responses about at least 10 systems, including the one directly related to the problem identified in the HPI. Systems with positive or pertinent negative responses must be documented individually. For the remaining system, a notation indicating that all other systems are negative is permissible.	**Complete:** At least 1 item from each of 2 areas must be documented for most services to established patients (at least 1 item for each of the 3 areas must be documented for most services to new patients).

Elements are documented at the judgment of the physician

Examination

Type of Exam	Description
Problem-Focused	A limited exam of 1–5 elements in the affected body area(s) or organ system(s).
Expanded Problem-Focused	A limited exam of at least 6 elements in the affected body area or organ system and other symptomatic or related organ system(s).
Detailed	An extended exam of at least 2 elements from 6 areas/systems or 12 elements in 2 or more affected body area(s) and other symptomatic or related organ system(s).
Comprehensive	A complete general multi-system of all elements in 9 or more body areas/organ systems, with documentation required of at least 2 elements in each. Examination or a complete single organ system specialty examination (not shown).

Elements are documented at the judgment of the physician

Quantifying risk of complications, morbidity, mortality

Clinical examples are included to help determine the level of risk. The assessment of risk of the presenting problem(s) is based on the risk related to the disease process anticipated between the present encounter and the next one.

The assessment of risk when selecting diagnostic procedures and management options is based on risk during and immediately following any procedures or treatment. The highest level of risk in any one category determines the overall risk.

Risk level	Examples
Minimal	**Problems:** One self-limited/minor problem **Dx procedures:** Venipuncture, CXR, EKG, UA, US, echo, KOH prep **Mx options:** Rest, gargles, elastic bandages, superficial dressings
Low	**Problems:** Two or more self-limited/minor problem, 1 stable chronic illness, acute uncomplicated illness/injury **Dx procedures:** Pulmonary function tests, barium enema, superficial needle biopsy, arterial puncture, skin biopsy **Mx options:** OTC drugs, minor surgery w/ no risk factors, PT, OT, IV fluids w/o additives
Moderate	**Problems:** 1+ chronic illnesses w/ mild Rx side effects; two or more stable chronic illnesses, new problem, no Dx (e.g., breast lump); acute illness w/ systemic Sx (e.g., pyelonephritis); acute complicated injury (e.g., head injury/brief loss of consciousness) **Dx procedures:** Cardiac stress test, fetal contraction stress test, Dx endoscopy w/ no risk factors, deep needle or incisional biopsy, arteriogram, lumbar puncture, thoracentesis **Mx options:** Minor surgery w/ risk factors, Rx drugs, IV fluids w/ additives, closed Mx of fracture/dislocation w/o manipulation
High	**Problems:** One or more chronic illnesses w/ severe Rx side effects; potentially life-threatening problems (e.g., acute MI, progressive severe RA, potential threat of suicide); abrupt neuro. change (e.g., seizure, TIA, weakness, or sensory loss) **Dx procedures:** Dx endoscopy w/ risk factors **Mx options:** Parenteral conrolled substances, Rx needing intensive monitoring for toxicity, DNR decision

Decision Making *(for outpatient only)*

Type of Medical Decision Making	Number of Diagnosis or Management Options	Amount and/or Complexity of Data To Be Reviewed	Risk of Complications and/or Morbidity or Mortality
Straightforward	Minimal	Minimal or none	Minimal
Low	Limited	Limited	Low
Moderate	Multiple	Moderate	Moderate
High	Extensive	Extensive	High

Types of Medical Decision Making (MDM):

The complexity of medical decision making is dependent upon:

- the number of diagnoses or management options,
- the amount and/or complexity of data to be reviewed, and
- the risk of complications and/or morbidity or mortality.

For a service to qualify as involving a certain type of medical decision making, 2 of the 3 descriptions listed after each type of decision making in the chart above must be met or exceeded.

Advance Care Planning (ACP) Codes	
Code	**Descriptor**
99497	Advance care planning including the explanation and discussion of advance directives such as standard forms (with completion of such forms when performed), by the physician or other qualified health care professional; first 30 minutes, face-to-face with the patient, family member(s), and/or surrogate
99498	Each additional 30 minutes
Note: There are no limits on the number of times you can report ACP for a given patient in a given time period.	

Prolonged Services Code	
Prolonged Visits With Direct Patient Contact	
99354	Outpatient setting requiring direct patient contact beyond the usual time of service; first hour
99355	Each additional 30 minutes
99356	Inpatient setting requiring direct patient contact beyond the usual service; first hour of additional time
99357	Each additional 30 minutes after the first hour of additional time
Prolonged Visits Without Direct Patient Contact	
99358	Prolonged E/M service before and/or after direct patient care; first hour
99359	Each additional 30 minutes
Prolonged Clinical Staff Services With Physician/Qualified Health Care Professional Supervision	
99415	Service during an E/M service in the office or outpatient setting, direct patient contact with physician supervision; first hour
99416	Each additional 30 minutes
Prolonged Service With or Without Direct Patient Contact on the Date of an Office/Other Outpatient Service	
99417	Prolonged office or other outpatient evaluation and management service(s) beyond the minimum required time of the primary procedure which has been selected using total time on the date of the primary service; each additional 15 minutes by the physician or qualified healthcare professional, with or without direct patient contact (List separately in addition to CPT codes 99205, 99215 for office or other outpatient evaluation and management services)
G2212	Each additional 15 minutes

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