

**EVALUATION AND MANAGEMENT
(E/M) CODING FOR CHILD AND
ADOLESCENT PSYCHIATRIC
OUTPATIENTS**

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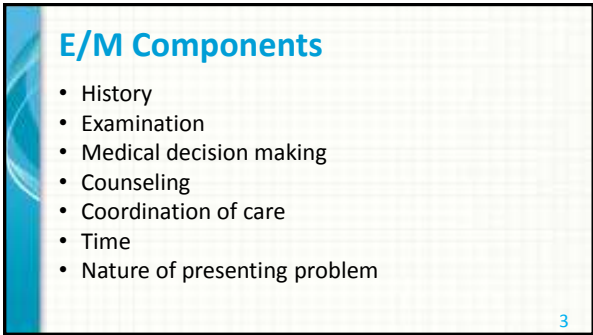
AMERICAN ACADEMY OF
CHILD & ADOLESCENT
PSYCHIATRY

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OVERVIEW

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E/M Components

- History
- Examination
- Medical decision making
- Counseling
- Coordination of care
- Time
- Nature of presenting problem

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History

- Chief complaint (CC)
- History of present illness (HPI)
 - Elements: location, quality, severity, duration, timing, context, modifying factors, associated signs and symptoms
 - Chronic or inactive problems
- Past, Family, Social History (PFSH)
- Review of systems (ROS): 14 organ systems

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HPI Levels

- Brief
 - 1-3 elements OR
 - Status of 1-2 chronic or inactive conditions
- Extended
 - 4 or more elements OR
 - Status of at least 3 chronic or inactive conditions

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Past, Family and/or Social History (PFSH)

- Pertinent
 - Item from 1 area
- Complete
 - Item each from 2 areas (established patient)
 - Item each from all 3 areas (new patient)

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Review of Systems

- Constitutional
- Eyes
- Ears, Nose, Mouth, and Throat
- Cardiovascular
- Respiratory
- Genitourinary
- Musculoskeletal
- Gastrointestinal
- Integumentary (skin and/or breast)
- Neurological
- Psychiatric
- Endocrine
- Hematologic and Lymphatic
- Allergic/Immunologic

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Review of Systems

- *Problem pertinent:* System directly related to the problem(s) identified in the HPI
- *Extended:* 2-9 systems
- *Complete:* 10 or more systems
 - Document individually systems with positive or pertinent negative responses
 - “All other systems reviewed and are negative” is permissible
 - In the absence of such a notation, at least 10 systems must be individually documented

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History Type

HPI	PFSH	ROS	Type
Brief	N/A	N/A	<i>Problem focused</i>
Brief	N/A	Problem pertinent	<i>Expanded problem focused</i>
Extended	Pertinent*	Extended	<i>Detailed</i>
Extended	Complete	Complete	<i>Comprehensive</i>

*No PFSH required with subsequent hospital visits

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History Type

HPI	PFSH	ROS	Type
1-3 elements or 1-2 chronic	N/A	N/A	<i>Problem focused</i>
1-3 elements or 1-2 chronic	N/A	1 system	<i>Expanded problem focused</i>
4 elements or 3 chronic	1 element*	2-9 systems	<i>Detailed</i>
4 elements or 3 chronic	3 elements**	10-14 systems	<i>Comprehensive</i>

*No PFSH required with subsequent hospital visits
**2 elements for established patients

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- ### Physical Examination
- Psychiatric single system examination
 - Constitutional
 - Musculoskeletal
 - Psychiatric (mental status)
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- ### Psychiatric Exam
- #### Constitutional (shaded box)
- Three vital signs:
 - Sitting or standing blood pressure
 - Supine blood pressure
 - Pulse rate and regularity
 - Respiration
 - Temperature
 - Height
 - Weight
 - General appearance of patient, e.g.:
 - Development
 - Nutrition
 - Body habitus, deformities
 - Attention to grooming
- 12

Psychiatric Exam
Musculoskeletal (unshaded box)

- Assessment of muscle strength and tone (e.g., flaccid, cog wheel, spastic) with notation of any atrophy and abnormal movements
- Examination of gait and station

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Psychiatric Exam
Mental Status (shaded box)

- Speech
- Thought process
- Associations
- Abnormal or psychotic thoughts
- Judgment and insight
- Orientation
- Recent and remote memory
- Attention span and concentration
- Language
- Fund of knowledge
- Mood and affect

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Psychiatric Single System Examination

Level of Exam	Perform and Document
Problem Focused	1-5 elements identified by a bullet
Expanded Problem Focused	At least 6 elements identified by a bullet
Detailed	At least 9 elements identified by a bullet
Comprehensive	Perform all elements identified by a bullet; document every element in each box with a shaded border and at least one element in each box with an unshaded border

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Medical Decision Making

- Number of diagnoses or management options
- Risk of complications and/or morbidity or mortality
- Amount and/or complexity of data to be reviewed

2/3 elements must be met or exceeded

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Problem Points

Category of Problems/Major New symptoms	Points per problem
Self-limiting or minor (stable, improved, or worsening) (max=2)	1
Established problem (to examining physician); stable or improved	1
Established problem (to examining physician); worsening	2
New problem (to examining physician); no additional workup or diagnostic procedures ordered (max=1)	3
New problem (to examining physician); additional workup planned*	4

*Additional workup does not include referring patient to another physician for future care

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Number of Diagnoses or Management Options

Level	Total Problem Points
Minimal	0-1
Limited	2
Multiple	3
Extensive	4+

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Data Points

Categories of Data to be Reviewed (max=1 for each)	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 report)	2

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Amount and/or Complexity of Data to be Reviewed

Level	Total Data Points
Minimal or None	0-1
Limited	2
Moderate	3
Extensive	4+

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Risk of Significant Complications, Morbidity, and/or Mortality

- Based on risks associated with the presenting problem, diagnostic procedure, and the possible management options
- The highest level of risk in any one of these categories determines the overall risk

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Table of Risk

Level of risk	Presenting problem(s)	Diagnostic procedure(s) ordered	Management options selected
Minimal	One self-limited or minor problem	Venipuncture; EKG; urinalysis	Rest
Low	Two or more self-limited or minor problems; One stable chronic illness; Acute uncomplicated illness	Arterial puncture	OTC drugs
Moderate	One or more chronic illnesses with mild exacerbation, progression, or side effects; Two or more stable chronic illnesses; Undiagnosed new problem with uncertain prognosis; Acute illness with systemic symptoms		Prescription drug management
High	One or more chronic illnesses with severe exacerbation, progression, or side effects; Acute or chronic illnesses that pose a threat to life or bodily function		Drug therapy requiring intensive monitoring for toxicity

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Medical Decision Making

2/3 elements must be met or exceeded:

Number of diagnoses or management options	Amount and/or complexity of data	Risk	Complexity of medical decision making
Minimal	Minimal or None	Minimal	<i>Straightforward</i>
Limited	Limited	Low	<i>Low</i>
Multiple	Multiple	Moderate	<i>Moderate</i>
Extensive	Extensive	High	<i>High</i>

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Medical Decision Making

2/3 elements must be met or exceeded:

Problem Points	Data Points	Risk	Complexity of Medical Decision Making
0-1	0-1	Minimal	<i>Straightforward</i>
2	2	Low	<i>Low</i>
3	3	Moderate	<i>Moderate</i>
4	4	High	<i>High</i>

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“Typical” Time

- Guide when code level is determined by key components
- Actual time may be more or less
- This system rewards efficiency
- No need to track or document

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Counseling and/or Coordination of Care Exception

- Counseling and/or coordination of care are more than 50% of the time of the encounter
- Time becomes the controlling factor
 - Face-to-face time for office visits
 - Unit time for facility visits
- Document
 - Length of time of the encounter and of the time spent in counseling and coordination of care
 - The counseling and/or coordination of care activities

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Code by Type of Visit

- Driven by complexity of medical decision making
 - Acute medical problems
 - Managing chronic conditions
- Exceptions
 - “Check up”
 - After gap in treatment
 - Stable patient requires careful monitoring
 - Counseling and/or coordination of care are greater than 50% of the time of the visit

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New and Established Patient

- New patient
 - Not seen within the past 3 years
- Established patient
 - Seen within the past 3 years

- “Seen”
 - **Exact** same specialty **and subspecialty**
 - Same group practice.
 - Covering same as covered

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**ESTABLISHED
OUTPATIENT:
99211-99215**

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Established Outpatient: Reimbursement and Utilization

Code	Medicare	Utilization
99211	\$19.74	5%
99212	\$42.55	4%
99213	\$70.46	49%
99214	\$104.16	37%
99215	\$139.89	5%

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Established Outpatient

Best 2/3 components:

Code	History	Examination	Medical Decision Making	Typical Time (minutes)
99211	N/A	N/A	N/A	5
99212	Problem-focused	Problem-focused	Straightforward	10
99213	Expanded Problem-focused	Expanded Problem-focused	Low	15
99214	Detailed	Detailed	Moderate	25
99215	Comprehensive	Comprehensive	High	40

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99211

- Does not require contact with the physician
- Activity must be medically meaningful

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99211 Example

- 10 year-old male comes to office and sees nurse
- Prescription is renewed
- Appointment made with physician for next week

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Established Outpatient

Best 2/3 components:

Code	History	Examination	Medical Decision Making
99211	N/A	N/A	N/A
99212	Problem-focused	Problem-focused	Straightforward
99213	Expanded Problem-focused	Expanded Problem-focused	Low
99214	Detailed	Detailed	Moderate
99215	Comprehensive	Comprehensive	High

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99212 Example

- 15 year-old female with a history of depression is stable on an SSRI for the past 4 months and reports no depressive symptoms.
- No treatment changes; medication is prescribed at the same dose.

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Medical Decision Making

- Number of diagnoses and management options: problem points
- Amount and/or complexity of data to be reviewed: data points
- Risk related to presenting problem, diagnostic tests, or management options considered

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99212 Example: Problem Points

Category of Problems/Major New symptoms	Points per problem
Self-limiting or minor (stable, improved, or worsening) (max=2)	1
Established problem (to examining physician); stable or improved	1
Established problem (to examining physician); worsening	2
New problem (to examining physician); no additional workup or diagnostic procedures ordered (max=1)	3
New problem (to examining physician); additional workup planned*	4

*Additional workup does not include referring patient to another physician for future care

99212 Example: Data Points

Categories of Data to be Reviewed (max=1 for each)	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 report)	2

99212 Example: Table of Risk

Level of risk	Presenting problem(s)	Diagnostic procedure(s) ordered	Management options selected
Minimal	One self-limited or minor problem	Venipuncture; EKG; urinalysis	Rest
Low	Two or more self-limited or minor problems; One stable chronic illness; Acute uncomplicated illness	Arterial puncture	OTC drugs
Moderate	One or more chronic illnesses with mild exacerbation, progression, or side effects; Two or more stable chronic illnesses; Undiagnosed new problem with uncertain prognosis; Acute illness with systemic symptoms		Prescription drug management
High	One or more chronic illnesses with severe exacerbation, progression, or side effects; Acute or chronic illnesses that pose a threat to life or bodily function		Drug therapy requiring intensive monitoring for toxicity

99212 Example: Medical Decision Making

2/3 elements must be met or exceeded:

Problem Points	Data Points	Risk	Complexity of Medical Decision Making
0-1	0-1	Minimal	Straightforward
2	2	Low	Low
3	3	Moderate	Moderate
4	4	High	High

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Established Outpatient

Best 2/3 components:

Code	History	Examination	Medical Decision Making
99211	N/A	N/A	N/A
99212	Problem-focused	Problem-focused	Straightforward
99213	Expanded Problem-focused	Expanded Problem-focused	Low
99214	Detailed	Detailed	Moderate
99215	Comprehensive	Comprehensive	High

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99212 Example: History Type

HPI	PFSH	ROS	Type
1-3 elements or 1-2 chronic	N/A	N/A	<i>Problem focused</i>
1-3 elements or 1-2 chronic	N/A	1 system	<i>Expanded problem focused</i>
4 elements or 3 chronic	1 element*	2-9 systems	<i>Detailed</i>
4 elements or 3 chronic	3 elements**	10-14 systems	<i>Comprehensive</i>

*No PFSH required with subsequent hospital visits
**2 elements for established patients

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99212 Example: Psychiatric Single System Examination

Level of Exam	Perform and Document
Problem Focused	1-5 elements identified by a bullet
Expanded Problem Focused	At least 6 elements identified by a bullet
Detailed	At least 9 elements identified by a bullet
Comprehensive	Perform all elements identified by a bullet; document every element in each box with a shaded border and at least one element in each box with an unshaded border

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99212 Example: Progress Note

- CC: 15 yo female. Follow up visit for treatment of depression.
- HPI: Mood euthymic.
- PE: Speech: normal rate and tone
- Impr: Doing well for diagnosis of major depression, recurrent, unspecified
- Plan: Continue same medication dose, wrote script for _____. Return visit in 3 months.

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99212 Example: Unusual?

Any of the following would have brought the visit to 99213:

- Possibility 1
 - Separate history from mother
 - Total data points = 2, risk low, therefore MDM low
 - 6 MSE elements
 - Examination EPF

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99212 Example:
Medical Decision Making
2/3 elements must be met or exceeded:

Problem Points	Data Points	Risk	Complexity of Medical Decision Making
0-1	0-1	Minimal	<i>Straightforward</i>
2	2	Low	<i>Low</i>
3	3	Moderate	<i>Moderate</i>
4	4	High	<i>High</i>

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99212 Example: Data Points

Categories of Data to be Reviewed (max=1 for each)	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 report)	2

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99212 Example:
Medical Decision Making
2/3 elements must be met or exceeded:

Problem Points	Data Points	Risk	Complexity of Medical Decision Making
0-1	0-1	Minimal	<i>Straightforward</i>
2	2	Low	<i>Low</i>
3	3	Moderate	<i>Moderate</i>
4	4	High	<i>High</i>

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99212 Example: Psychiatric Single System Examination

Level of Exam	Perform and Document
Problem Focused	1-5 elements identified by a bullet
Expanded Problem Focused	At least 6 elements identified by a bullet
Detailed	At least 9 elements identified by a bullet
Comprehensive	Perform all elements identified by a bullet; document every element in each box with a shaded border and at least one element in each box with an unshaded border

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Established Outpatient

Best 2/3 components:

Code	History	Examination	Medical Decision Making
99211	N/A	N/A	N/A
99212	Problem-focused	Problem-focused	Straightforward
99213	Expanded Problem-focused	Expanded Problem-focused	Low
99214	Detailed	Detailed	Moderate
99215	Comprehensive	Comprehensive	High

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99212 Example: Unusual?

Any of the following would have brought the visit to 99213:

- Possibility 1
 - Separate history from mother
 - Total data points = 2, risk low, therefore MDM low
 - 6 MSE elements
 - Examination EPF
- Possibility 2
 - Evaluation and management for a second problem
 - E.g., broke up with boyfriend, conflict with parents
 - Total problem points = 2, risk low, therefore MDM low
 - 6 MSE elements
 - Examination EPF

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99212 Example: Problem Points

Category of Problems/Major New symptoms	Points per problem
Self-limiting or minor (stable, improved, or worsening) (max=2)	1
Established problem (to examining physician); stable or improved	1
Established problem (to examining physician); worsening	2
New problem (to examining physician); no additional workup or diagnostic procedures ordered (max=1)	3
New problem (to examining physician); additional workup planned*	4

*Additional workup does not include referring patient to another physician for future care

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99212 Example: Medical Decision Making

2/3 elements must be met or exceeded:

Problem Points	Data Points	Risk	Complexity of Medical Decision Making
0-1	0-1	Minimal	<i>Straightforward</i>
2	2	Low	<i>Low</i>
3	3	Moderate	<i>Moderate</i>
4	4	High	<i>High</i>

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Established Outpatient

Best 2/3 components:

Code	History	Examination	Medical Decision Making
99211	N/A	N/A	N/A
99212	Problem-focused	Problem-focused	Straightforward
99213	Expanded Problem-focused	Expanded Problem-focused	Low
99214	Detailed	Detailed	Moderate
99215	Comprehensive	Comprehensive	High

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99212 Example: Unusual?

Any of the following would have brought the visit to 99213:

- Possibility 1
 - Separate history from mother
 - total data points = 2, risk low, therefore MDM low
 - 6 MSE elements
 - Examination EPF
- Possibility 2
 - Evaluation and management for a second problem
 - E.g., broke up with boyfriend, conflict with parents
 - Total problem points = 2, risk low, therefore MDM low
 - 6 MSE elements
 - Examination EPF
- Possibility 3
 - Pertinent negatives for the psychiatric system
 - History EPF
 - 6 MSE elements
 - Examination EPF

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99212 Example: History Type

HPI	PFSH	ROS	Type
1-3 elements or 1-2 chronic	N/A	N/A	<i>Problem focused</i>
1-3 elements or 1-2 chronic	N/A	1 system	<i>Expanded problem focused</i>
4 elements or 3 chronic	1 element*	2-9 systems	<i>Detailed</i>
4 elements or 3 chronic	3 elements**	10-14 systems	<i>Comprehensive</i>

*No PFSH required with subsequent hospital visits
**2 elements for established patients

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Established Outpatient

Best 2/3 components:

Code	History	Examination	Medical Decision Making
99211	N/A	N/A	N/A
99212	Problem-focused	Problem-focused	Straightforward
99213	Expanded Problem-focused	Expanded Problem-focused	Low
99214	Detailed	Detailed	Moderate
99215	Comprehensive	Comprehensive	High

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When coding based on just level of history and examination, be cognizant that the history and examination performed are medically necessary.

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Established Outpatient
Best 2/3 components:

Code	History	Examination	Medical Decision Making
99211	N/A	N/A	N/A
99212	Problem-focused	Problem-focused	Straightforward
99213	Expanded Problem-focused	Expanded Problem-focused	Low
99214	Detailed	Detailed	Moderate
99215	Comprehensive	Comprehensive	High

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99213 Example

- 9 year-old male, accompanied by mother, with a history of ADHD and oppositional behavior, overall doing well but still having some focus difficulties.
- Increase stimulant dose.

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99213 Example: Problem Points

Category of Problems/Major New symptoms	Points per problem
Self-limiting or minor (stable, improved, or worsening) (max=2)	1
Established problem (to examining physician); stable or improved	1
Established problem (to examining physician); worsening	2
New problem (to examining physician); no additional workup or diagnostic procedures ordered (max=1)	3
New problem (to examining physician); additional workup planned*	4

*Additional workup does not include referring patient to another physician for future care

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99213 Example: Data Points

Categories of Data to be Reviewed (max=1 for each)	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 report)	2

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99213 Example: Table of Risk

Level of risk	Presenting problem(s)	Diagnostic procedure(s) ordered	Management options selected
Minimal	One self-limited or minor problem	Venipuncture; EKG; urinalysis	Rest
Low	Two or more self-limited or minor problems; One stable chronic illness; Acute uncomplicated illness	Arterial puncture	OTC drugs
Moderate	One or more chronic illnesses with mild exacerbation, progression, or side effects; Two or more stable chronic illnesses; Undiagnosed new problem with uncertain prognosis; Acute illness with systemic symptoms		Prescription drug management
High	One or more chronic illnesses with severe exacerbation, progression, or side effects; Acute or chronic illnesses that pose a threat to life or bodily function		Drug therapy requiring intensive monitoring for toxicity

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99213 Example: Medical Decision Making

2/3 elements must be met or exceeded:

Problem Points	Data Points	Risk	Complexity of Medical Decision Making
0-1	0-1	Minimal	Straightforward
2	2	Low	Low
3	3	Moderate	Moderate
4	4	High	High

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Established Outpatient

Best 2/3 components:

Code	History	Examination	Medical Decision Making
99211	N/A	N/A	N/A
99212	Problem-focused	Problem-focused	Straightforward
99213	Expanded Problem-focused	Expanded Problem-focused	Low
99214	Detailed	Detailed	Moderate
99215	Comprehensive	Comprehensive	High

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99213 Example: History Type

HPI	PFSH	ROS	Type
1-3 elements or 1-2 chronic	N/A	N/A	<i>Problem focused</i>
1-3 elements or 1-2 chronic	N/A	1 system	<i>Expanded problem focused</i>
4 elements or 3 chronic	1 element*	2-9 systems	<i>Detailed</i>
4 elements or 3 chronic	3 elements**	10-14 systems	<i>Comprehensive</i>

*No PFSH required with subsequent hospital visits
**2 elements for established patients

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99213 Example: Psychiatric Single System Examination

Level of Exam	Perform and Document
Problem Focused	1-5 elements identified by a bullet
Expanded Problem Focused	At least 6 elements identified by a bullet
Detailed	At least 9 elements identified by a bullet
Comprehensive	Perform all elements identified by a bullet; document every element in each box with a shaded border and at least one element in each box with an unshaded border

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99213 Example: Progress Note

- CC: 9 yo male. Follow up visit for treatment of ADHD and oppositional behavior.
- HPI: Keeping up academically; focus is better but still impaired. Little oppositional behavior either at home or at school.
- ROS: Psychiatric - No symptoms of depression or anxiety.
- PE: Appearance: appropriately dressed, verbal and cooperative; Speech: normal rate and tone; Mood and affect: euthymic, full and appropriate; Thought: process logical, associations intact, no SI/HI
- Impr: ADHD, oppositional behavior; overall doing well
- Plan: Increase _____. Wrote script. Return visit in 1 month.

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Established Outpatient

Best 2/3 components:

Code	History	Examination	Medical Decision Making
99211	N/A	N/A	N/A
99212	Problem-focused	Problem-focused	Straightforward
99213	Expanded Problem-focused	Expanded Problem-focused	Low
99214	Detailed	Detailed	Moderate
99215	Comprehensive	Comprehensive	High

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99214 Example 1

- 16 year-old female, accompanied by mother, with a history of depression and anorexia nervosa, has had onset of panic with 3 attacks in the past week.
- Increase SSRI dose, refer for psychotherapy, order labs.

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99214 Example 1: Problem Points

Category of Problems/Major New symptoms	Points per problem
Self-limiting or minor (stable, improved, or worsening) (max=2)	1
Established problem (to examining physician); stable or improved	1
Established problem (to examining physician); worsening	2
New problem (to examining physician); no additional workup or diagnostic procedures ordered (max=1)	3
New problem (to examining physician); additional workup planned*	4

*Additional workup does not include referring patient to another physician for future care

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99214 Example 1: Data Points

Categories of Data to be Reviewed (max=1 for each)	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 report)	2

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Evaluation and Management (E/M) Coding for Child and Adolescent Psychiatric Outpatients

99214 Example 1: Table of Risk

Level of risk	Presenting problem(s)	Diagnostic procedure(s) ordered	Management options selected
Minimal	One self-limited or minor problem	Venipuncture; EKG; urinalysis	Rest
Low	Two or more self-limited or minor problems; One stable chronic illness; Acute uncomplicated illness	Arterial puncture	OTC drugs
Moderate	One or more chronic illnesses with mild exacerbation, progression, or side effects; Two or more stable chronic illnesses; Undiagnosed new problem with uncertain prognosis; Acute illness with systemic symptoms		Prescription drug management
High	One or more chronic illnesses with severe exacerbation, progression, or side effects; Acute or chronic illnesses that pose a threat to life or bodily function		Drug therapy requiring intensive monitoring for toxicity

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99214 Example 1: Medical Decision Making

2/3 elements must be met or exceeded:

Problem Points	Data Points	Risk	Complexity of Medical Decision Making
0-1	0-1	Minimal	Straightforward
2	2	Low	Low
3	3	Moderate	Moderate
4	4	High	High

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Established Outpatient

Best 2/3 components:

Code	History	Examination	Medical Decision Making
99211	N/A	N/A	N/A
99212	Problem-focused	Problem-focused	Straightforward
99213	Expanded Problem-focused	Expanded Problem-focused	Low
99214	Detailed	Detailed	Moderate
99215	Comprehensive	Comprehensive	High

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99214 Example 1: History Type

HPI	PFSH	ROS	Type
1-3 elements or 1-2 chronic	N/A	N/A	<i>Problem focused</i>
1-3 elements or 1-2 chronic	N/A	1 system	<i>Expanded problem focused</i>
4 elements or 3 chronic	1 element*	2-9 systems	<i>Detailed</i>
4 elements or 3 chronic	3 elements**	10-14 systems	<i>Comprehensive</i>

*No PFSH required with subsequent hospital visits
**2 elements for established patients

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99214 Example 1: Psychiatric Single System Examination

Level of Exam	Perform and Document
Problem Focused	1-5 elements identified by a bullet
Expanded Problem Focused	At least 6 elements identified by a bullet
Detailed	At least 9 elements identified by a bullet
Comprehensive	Perform all elements identified by a bullet; document every element in each box with a shaded border and at least one element in each box with an unshaded border

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99214 Example 1: Progress Note

- CC: 16 yo female. Recent panic attacks.
- HPI: History obtained from patient and mother. New onset of 3 panic episodes, lasting 20-30 min each and consisting of moderate to severe anxiety accompanied by fear of losing control and sweating, started 1 week ago with no obvious trigger.
- PFSH: No use of drugs or alcohol
- ROS: Psychiatric - anxiety but no depression, or bingeing, purging or restricting. Neurologic - no headaches or weakness. Cardiac - no c/p, SOB, palpitations.

- PE: Appearance: appropriately dressed, verbal and cooperative; Speech: normal rate and tone; Mood and affect: euthymic, full and appropriate; Thought: process logical, associations intact, no SI/H; O3; recent and remote memory: good; J&I: good.
- Imp: r/o new onset panic disorder; MDD and Anorexia stable
- Plan: Increase SSRI. CBC, CMP, TFTs. Wrote script. Return visit in 1 week. Refer back to therapist.

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Established Outpatient

Best 2/3 components:

Code	History	Examination	Medical Decision Making	Typical Time (minutes)
99211	N/A	N/A	N/A	5
99212	Problem-focused	Problem-focused	Straightforward	10
99213	Expanded Problem-focused	Expanded Problem-focused	Low	15
99214	Detailed	Detailed	Moderate	25
99215	Comprehensive	Comprehensive	High	40

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99214 Example 2

- 13 year-old male, accompanied by father, with a history of depression. Stable for the past month.
- Address considerable concern about continuation of medication.
- Continue SSRI dose, write script.

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99214 Example 2: Progress Note

- CC: 13 yo male, accompanied by father. Follow up visit for depression.
- HPI: Both have considerable concern about continuation of the medication, particularly with patient doing well over the past month. Education regarding potential for adverse effects, potential for relapse, and roadmap for treatment.
- Face-to-face time with patient and father = 25 min, including greater than 50% time spent with counseling and coordination of care.
- Impr: stable MDD
- Plan: Continue SSRI. Wrote script. Return visit in 1 month.

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Established Outpatient

Best 2/3 components:

Code	History	Examination	Medical Decision Making
99211	N/A	N/A	N/A
99212	Problem-focused	Problem-focused	Straightforward
99213	Expanded Problem-focused	Expanded Problem-focused	Low
99214	Detailed	Detailed	Moderate
99215	Comprehensive	Comprehensive	High

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99215 Example 1

- 14 year-old male, accompanied by parents, and with a history of depression, anxiety, and ADHD, brought in after stating that he is much more depressed and anxious and has considered suicide.
- Increase SSRI dose, refer for hospital day program; call PCP.

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99215 Example 1: Problem Points

Category of Problems/Major New symptoms	Points per problem
Self-limiting or minor (stable, improved, or worsening) (max=2)	1
Established problem (to examining physician); stable or improved	1
Established problem (to examining physician); worsening	2
New problem (to examining physician); no additional workup or diagnostic procedures ordered (max=1)	3
New problem (to examining physician); additional workup planned*	4

*Additional workup does not include referring patient to another physician for future care

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99215 Example 1: Data Points

Categories of Data to be Reviewed (max=1 for each)	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 report)	2

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99215 Example 1: Table of Risk

Level of risk	Presenting problem(s)	Diagnostic procedure(s) ordered	Management options selected
Minimal	One self-limited or minor problem	Venipuncture; EKG; urinalysis	Rest
Low	Two or more self-limited or minor problems; One stable chronic illness; Acute uncomplicated illness	Arterial puncture	OTC drugs
Moderate	One or more chronic illnesses with mild exacerbation, progression, or side effects; Two or more stable chronic illnesses; Undiagnosed new problem with uncertain prognosis; Acute illness with systemic symptoms		Prescription drug management
High	One or more chronic illnesses with severe exacerbation, progression, or side effects; Acute or chronic illnesses that pose a threat to life or bodily function		Drug therapy requiring intensive monitoring for toxicity

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99215 Example 1: Medical Decision Making

2/3 elements must be met or exceeded:

Problem Points	Data Points	Risk	Complexity of Medical Decision Making
0-1	0-1	Minimal	Straightforward
2	2	Low	Low
3	3	Moderate	Moderate
4	4	High	High

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Established Outpatient

Best 2/3 components:

Code	History	Examination	Medical Decision Making
99211	N/A	N/A	N/A
99212	Problem-focused	Problem-focused	Straightforward
99213	Expanded Problem-focused	Expanded Problem-focused	Low
99214	Detailed	Detailed	Moderate
99215	Comprehensive	Comprehensive	High

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99215 Example 1: History Type

HPI	PFSH	ROS	Type
1-3 elements or 1-2 chronic	N/A	N/A	<i>Problem focused</i>
1-3 elements or 1-2 chronic	N/A	1 system	<i>Expanded problem focused</i>
4 elements or 3 chronic	1 element*	2-9 systems	<i>Detailed</i>
4 elements or 3 chronic	3 elements**	10-14 systems	<i>Comprehensive</i>

*No PFSH required with subsequent hospital visits
**2 elements for established patients

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99215 Example 1: Psychiatric Single System Examination

Level of Exam	Perform and Document
Problem Focused	1-5 elements identified by a bullet
Expanded Problem Focused	At least 6 elements identified by a bullet
Detailed	At least 9 elements identified by a bullet
Comprehensive	Perform all elements identified by a bullet; document every element in each box with a shaded border and at least one element in each box with an unshaded border

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99215 Example 1: Progress Note

- CC: 14 year-old male, accompanied by parents, stating that he has considered suicide
- History obtained from patient and parents.
- HPI: Upset and severely anxious after being ridiculed by peers on the internet 3 weeks ago. Depressed and hopeless over the past week with thoughts of suicide (no intent or plan) and poor sleeping and concentration. No evident ADHD symptoms beyond poor concentration associated with depression and anxiety.
- PFSH: No use of drugs or alcohol, no family history of suicidality
- ROS: Psychiatric - anxious and depressed, no psychosis or mania. Neurologic – no headaches or weakness. All other systems reviewed and are negative.

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99215 Example 1: Progress Note

- PE: VS: BP 120/80, pulse 90 and regular, R20; Appearance: appropriately dressed, verbal and cooperative; Speech: normal rate and tone; Mood and affect: euthymic, full and appropriate; Thought: process logical, associations intact, SI, no HI, no hall. or delusions; Ox3; recent and remote memory: good; J&I: fair; Gait and station: wnl; attention and concentration impaired; language: good; fund of knowledge: good.
- Impr: relapse of MDD and Anxiety NOS; suicide can be safely managed with intense outpatient services. ADHD stable.
- Plan: Increase SSRI. Start day program at _____. Case discussed with PCP.

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99215 Example 2

- 10 year-old female, accompanied by mother, last seen 2 years ago for ADHD, brought in for treatment reevaluation for poor grades and disruptive behaviors.
- Change stimulant; Connor's forms sent to teacher; call PCP.

93

99215 Example 2: Problem Points

Category of Problems/Major New symptoms	Points per problem
Self-limiting or minor (stable, improved, or worsening) (max=2)	1
Established problem (to examining physician); stable or improved	1
Established problem (to examining physician); worsening	2
New problem (to examining physician); no additional workup or diagnostic procedures ordered (max=1)	3
New problem (to examining physician); additional workup planned*	4

*Additional workup does not include referring patient to another physician for future care

99215 Example 2: Data Points

Categories of Data to be Reviewed (max=1 for each)	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 report)	2

99215 Example 2: Table of Risk

Level of risk	Presenting problem(s)	Diagnostic procedure(s) ordered	Management options selected
Minimal	One self-limited or minor problem	Venipuncture; EKG; urinalysis	Rest
Low	Two or more self-limited or minor problems; One stable chronic illness; Acute uncomplicated illness	Arterial puncture	OTC drugs
Moderate	One or more chronic illnesses with mild exacerbation, progression, or side effects; Two or more stable chronic illnesses; Undiagnosed new problem with uncertain prognosis; Acute illness with systemic symptoms		Prescription drug management
High	One or more chronic illnesses with severe exacerbation, progression, or side effects; Acute or chronic illnesses that pose a threat to life or bodily function		Drug therapy requiring intensive monitoring for toxicity

99215 Example 2: Medical Decision Making

2/3 elements must be met or exceeded:

Problem Points	Data Points	Risk	Complexity of Medical Decision Making
0-1	0-1	Minimal	Straightforward
2	2	Low	Low
3	3	Moderate	Moderate
4	4	High	High

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Established Outpatient

Best 2/3 components:

Code	History	Examination	Medical Decision Making
99211	N/A	N/A	N/A
99212	Problem-focused	Problem-focused	Straightforward
99213	Expanded Problem-focused	Expanded Problem-focused	Low
99214	Detailed	Detailed	Moderate
99215	Comprehensive	Comprehensive	High

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99215 Example 2: History Type

HPI	PFSH	ROS	Type
1-3 elements or 1-2 chronic	N/A	N/A	<i>Problem focused</i>
1-3 elements or 1-2 chronic	N/A	1 system	<i>Expanded problem focused</i>
4 elements or 3 chronic	1 element*	2-9 systems	<i>Detailed</i>
4 elements or 3 chronic	3 elements**	10-14 systems	<i>Comprehensive</i>

*No PFSH required with subsequent hospital visits
**2 elements for established patients

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99215 Example 2: Psychiatric Single System Examination

Level of Exam	Perform and Document
Problem Focused	1-5 elements identified by a bullet
Expanded Problem Focused	At least 6 elements identified by a bullet
Detailed	At least 9 elements identified by a bullet
Comprehensive	Perform all elements identified by a bullet; document every element in each box with a shaded border and at least one element in each box with an unshaded border

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99215 Example 2: Progress Note

- CC: 10 year-old female, accompanied by mother, for re-evaluation of ADHD treatment; history obtained from patient and mother.
- HPI: diagnosed with ADHD 4 years ago and last seen 2 years ago with care since then from patient's PCP. Did well in 4th grade, last year, but in 5th grade patient has been moderately inattentive and talkative in school and forgetful of homework. No med side effects. Does fine when likes the subject.
- PFSH: no cardiac history, lives with parents and attends 5th grade.
- ROS: Psychiatric - no significant anxiety or depression. Neurologic - no headaches or weakness. Cardiac - no c/p, palpitations, SOB. All other systems reviewed and are negative.

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99215 Example 2: Progress Note

- PE: VS: BP 110/70, pulse 85 and regular, Ht 4'10" Wt 80 lbs; Appearance: appropriately dressed, verbal and cooperative; Speech: normal rate and tone; Mood and affect: euthymic, full and appropriate; Thought: process logical, associations intact, no SI/HI, no hall. or delusions; O&S: Recent and remote memory: good; J&I: good; Gait and station: wnl; Attention and concentration impaired; Language: good; Fund of knowledge: good.
- Impr: worsening ADHD symptoms
- Plan: Increase stimulant. Connor's forms to teacher. Call PCP.

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**NEW OUTPATIENT:
99201-99205**

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**New Outpatient:
Reimbursement and Utilization**

Code	Medicare	Utilization
99201	\$41.11	1%
99202	\$71.01	6%
99203	\$102.95	29%
99204	\$158.33	43%
99205	\$197.06	21%

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New Outpatient
3/3 components:

Code	History	Examination	Medical Decision Making	Typical Time (minutes)
99201	Problem focused	Problem focused	Straightforward	10
99202	Expanded problem focused	Expanded problem focused	Straightforward	20
99203	Detailed	Detailed	Low	30
99204	Comprehensive	Comprehensive	Moderate	45
99205	Comprehensive	Comprehensive	High	60

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New Outpatient

3/3 components:

Code	History	Examination	Medical Decision Making
99201	Problem focused	Problem focused	Straightforward
99202	Expanded problem focused	Expanded problem focused	Straightforward
99203	Detailed	Detailed	Low
99204	Comprehensive	Comprehensive	Moderate
99205	Comprehensive	Comprehensive	High

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99204 Example

- 15 year-old female, accompanied by parents, reporting increasing counting and hand-washing rituals as well as intermittent mild to moderate depression.
- Start SSRI, refer for psychotherapy.

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99204 Example: Problem Points

Category of Problems/Major New symptoms	Points per problem
Self-limiting or minor (stable, improved, or worsening) (max=2)	1
Established problem (to examining physician); stable or improved	1
Established problem (to examining physician); worsening	2
New problem (to examining physician); no additional workup or diagnostic procedures ordered (max=1)	3
New problem (to examining physician); additional workup planned*	4

*Additional workup does not include referring patient to another physician for future care

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99204 Example: Data Points

Categories of Data to be Reviewed (max=1 for each)	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 report)	2

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99204 Example: Table of Risk

Level of risk	Presenting problem(s)	Diagnostic procedure(s) ordered	Management options selected
Minimal	One self-limited or minor problem	Venipuncture; EKG; urinalysis	Rest
Low	Two or more self-limited or minor problems; One stable chronic illness; Acute uncomplicated illness	Arterial puncture	OTC drugs
Moderate	One or more chronic illnesses with mild exacerbation, progression, or side effects; Two or more stable chronic illnesses; Undiagnosed new problem with uncertain prognosis; Acute illness with systemic symptoms		Prescription drug management
High	One or more chronic illnesses with severe exacerbation, progression, or side effects; Acute or chronic illnesses that pose a threat to life or bodily function		Drug therapy requiring intensive monitoring for toxicity

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99204 Example: Medical Decision Making

2/3 elements must be met or exceeded:

Problem Points	Data Points	Risk	Complexity of Medical Decision Making
0-1	0-1	Minimal	Straightforward
2	2	Low	Low
3	3	Moderate	Moderate
4	4	High	High

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New Outpatient

3/3 components:

Code	History	Examination	Medical Decision Making
99201	Problem focused	Problem focused	Straightforward
99202	Expanded problem focused	Expanded problem focused	Straightforward
99203	Detailed	Detailed	Low
99204	Comprehensive	Comprehensive	Moderate
99205	Comprehensive	Comprehensive	High

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99204 Example: History Type

HPI	PFSH	ROS	Type
1-3 elements or 1-2 chronic	N/A	N/A	<i>Problem focused</i>
1-3 elements or 1-2 chronic	N/A	1 system	<i>Expanded problem focused</i>
4 elements or 3 chronic	1 element*	2-9 systems	<i>Detailed</i>
4 elements or 3 chronic	3 elements**	10-14 systems	<i>Comprehensive</i>

*No PFSH required with subsequent hospital visits
**2 elements for established patients

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99204 Example: Psychiatric Single System Examination

Level of Exam	Perform and Document
Problem Focused	1-5 elements identified by a bullet
Expanded Problem Focused	At least 6 elements identified by a bullet
Detailed	At least 9 elements identified by a bullet
Comprehensive	Perform all elements identified by a bullet; document every element in each box with a shaded border and at least one element in each box with an unshaded border

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99204 Example: Progress Note

- CC: 15 year-old female, accompanied by parents, reporting increasing counting and hand-washing rituals as well as intermittent mild to moderate depression; history obtained from patient and parents.
- HPI: Fear of germs, repeated hand-washing and counting, and intermittent sadness started 2 years ago, now interferes with completion of schoolwork and home tasks, leading to tension with parents. Rituals worse when stressed.
- PFSH: No prior mental health treatment, no family history of mental health problems, no use of drugs or alcohol
- ROS: Psychiatric - depression, ritualistic behavior. Neurologic - no headaches or weakness. All other systems reviewed and are negative.

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99204 Example: Progress Note

- PE: VS: BP 110/70, pulse 70 and regular, R18; Appearance: appropriately dressed, verbal and cooperative; Speech: normal rate and tone; Mood and affect: euthymic, full and appropriate; Thought: process logical, associations intact, no SI/HI, no hall. or delusions; O&3; recent and remote memory: good; J&I: fair; Gait and station: wnl; attention and concentration good; language: good; fund of knowledge: good.
- Impr: OCD, MDD
- Plan: Start SSRI and CBT.

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New Outpatient

3/3 components:

Code	History	Examination	Medical Decision Making
99201	Problem focused	Problem focused	Straightforward
99202	Expanded problem focused	Expanded problem focused	Straightforward
99203	Detailed	Detailed	Low
99204	Comprehensive	Comprehensive	Moderate
99205	Comprehensive	Comprehensive	High

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99205 Example

- 8 year-old male, accompanied by parents, with poor attentiveness and disruptive behavior in school.
- Connor's form for teacher, order CBC, CMP, TFTs, EKG, send for pediatric records.

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99205 Example: Problem Points

Category of Problems/Major New symptoms	Points per problem
Self-limiting or minor (stable, improved, or worsening) (max=2)	1
Established problem (to examining physician); stable or improved	1
Established problem (to examining physician); worsening	2
New problem (to examining physician); no additional workup or diagnostic procedures ordered (max=1)	3
New problem (to examining physician); additional workup planned*	4

*Additional workup does not include referring patient to another physician for future care

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99205 Example: Data Points

Categories of Data to be Reviewed (max=1 for each)	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 report)	2

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Evaluation and Management (E/M) Coding for Child and Adolescent Psychiatric Outpatients

99205 Example: Table of Risk

Level of risk	Presenting problem(s)	Diagnostic procedure(s) ordered	Management options selected
Minimal	One self-limited or minor problem	Venipuncture; EKG; urinalysis	Rest
Low	Two or more self-limited or minor problems; One stable chronic illness; Acute uncomplicated illness	Arterial puncture	OTC drugs
Moderate	One or more chronic illnesses with mild exacerbation, progression, or side effects; Two or more stable chronic illnesses; Undiagnosed new problem with uncertain prognosis; Acute illness with systemic symptoms		Prescription drug management
High	One or more chronic illnesses with severe exacerbation, progression, or side effects; Acute or chronic illnesses that pose a threat to life or bodily function		Drug therapy requiring intensive monitoring for toxicity

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99205 Example: Medical Decision Making

2/3 elements must be met or exceeded:

Problem Points	Data Points	Risk	Complexity of Medical Decision Making
0-1	0-1	Minimal	Straightforward
2	2	Low	Low
3	3	Moderate	Moderate
4	4	High	High

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New Outpatient

3/3 components:

Code	History	Examination	Medical Decision Making
99201	Problem focused	Problem focused	Straightforward
99202	Expanded problem focused	Expanded problem focused	Straightforward
99203	Detailed	Detailed	Low
99204	Comprehensive	Comprehensive	Moderate
99205	Comprehensive	Comprehensive	High

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99205 Example: History Type

HPI	PFSH	ROS	Type
1-3 elements or 1-2 chronic	N/A	N/A	<i>Problem focused</i>
1-3 elements or 1-2 chronic	N/A	1 system	<i>Expanded problem focused</i>
4 elements or 3 chronic	1 element*	2-9 systems	<i>Detailed</i>
4 elements or 3 chronic	3 elements**	10-14 systems	<i>Comprehensive</i>

*No PFSH required with subsequent hospital visits
**2 elements for established patients

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99205 Example: Psychiatric Single System Examination

Level of Exam	Perform and Document
Problem Focused	1-5 elements identified by a bullet
Expanded Problem Focused	At least 6 elements identified by a bullet
Detailed	At least 9 elements identified by a bullet
Comprehensive	Perform all elements identified by a bullet; document every element in each box with a shaded border and at least one element in each box with an unshaded border

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99205 Example: Progress Note

- CC: 8 year-old male, accompanied by parents, with poor attentiveness and disruptive behavior in school; history obtained from patient and parents.
- HPI: Has always been active, gradually more problems in school, now to the point of significant disruption. Behavior has been manageable at home.
- PFSH: No prior mental health treatment, no family history of mental health problems, attends 3rd grade
- ROS: Psychiatric - inattentive and disruptive, no significant depression or anxiety. Neurologic – no headaches or weakness. Cardiac – no heart murmur, palpitations. All other systems reviewed and are negative.

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99205 Example: Progress Note

- PE: VS: BP 100/60, pulse 80 and regular, Ht 48", Wt 60 lbs; Appearance: appropriately dressed, verbal and very fidgety; Speech: normal rate and tone; Mood and affect: euthymic, full and appropriate; Thought: process logical, associations intact, no SI/HI, no hallucinations or delusions; O&X3; recent and remote memory: good; J&I: fair; Gait and station: wnl; attention and concentration fair; language: good; fund of knowledge: good.
- Impr: ADHD
- Plan: Connor's form for teacher, order CBC, CMP, TFTs, EKG, send for pediatric records

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That's It for Now!

- Please view other AACAP presentations for other CPT coding topics
- Questions sent to Jennifer Medicus at jmedicus@aacap.org will be passed on to the AACAP CPT Coding Subcommittee.

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