

Sheet1

LEVELS	HX (Includes CC/ROS/HPI)	EXAM	MED DECISION
99201	1-3 PROBLEM STATUS	1 SYS	1 DX-MIN RISK
99211	Must document eval was done, ie vitals	N/A	N/A
99202	1-3 PROB./& 1 SYS REV	2 SYS	1-2 DX-LOW RISK
99212	1-3 PROB./& 1 SYS REV	1 SYS	1-2 DX-LOW RISK
99203	4+ PROB./& <b>PERTINENT P/F/S HX</b>	5-7 SYS	1-2 DX-LW/MD RISK
99213	1-3 PROB./& 1 SYS REV	2-4 SYS	1-2 DX-LW/MD RISK
99204	4 + PROB./& <b>COMPRE. P/F/S/ HX</b>	8+ SYS	2+ DX- MODT RISK
99214	4+ PROB./& <b>PERTINENT P/F/S HX</b>	5-7 SYS	2+ DX- MODT RISK
99205	4 + PROB./& <b>COMPRE. P/F/S/ HX</b>	8+ SYS	2+ DX-HIGH RISK
99215	4 + PROB./& <b>COMPRE. P/F/S/ HX</b>	8+ SYS	2+ DX- MODT RISK
<b>PHYS &amp; SICK :</b>	E/M codes billed along w/a physical, must have the "sick" problem documented with the above requirements. (E/M code must "be able" to stand on it's own)		
<b>TIME</b>	Time doc for counseling can contribute 50% of an E/M level's Med. Dec. score.		

When documenting a visit including a surgical procedure: Document how procedure was performed AND document necessity of E/M level (99201-99215), Eval. Ex: "Examined & measured wart for size, shape, color."

Accidents require E code secondary DX and date of accident.

Consider "Prolonged Svc." Codes for Pt.s tx in office, then admitted.

Choose the correct DX and justify it's use by documentation.

If unsure of DX or DX has not been confirmed, code symptoms.

*Note: This card is for educational purposes only and is in no way aiming to lead a Provider to any predetermined level of coding.*

