

E/M worksheet

Evaluation and management (E/M) services refer to visits furnished by physicians. Billing Medicare for a patient visit requires the selection of the code that best represents the level of E/M service performed. The purpose of this worksheet is to assist providers with identifying the appropriate E/M code based upon **either** the 1995 or 1997 *Documentation Guidelines for Evaluation and Management Services*.

Since the 1995 and 1997 guidelines each specify different criteria to determine the level of E/M service performed, only one set of guidelines may be used to document a specific patient visit.

Patient Information

First Name:	<input type="text"/>	Last Name:	<input type="text"/>
Date of Birth:	<input type="text"/>	Date of Service	<input type="text"/>
Chief Complaint:	<input type="text"/>		

Determining Level of E/M Services

To determine the appropriate level of service for a patient's visit, it is necessary to first determine whether the patient is new or already established. The physician then uses the presenting illness as a guiding factor and his or her clinical judgment about the patient's condition to determine the extent of service to be performed. The key components of this determination are history, examination, and medical decision making.

Instructions: Please make your selection based upon your place of service, whether the patient is new or established, the description that best characterizes the nature of the visit, and the number of key components documented.

Office or Other Outpatient Services
<input type="checkbox"/> New Patient -- Office or Other Outpatient Services (3 of 3 components required)
<input type="checkbox"/> Established Patient -- Office or Other Outpatient Services (2 of 3 components required)
<input type="checkbox"/> Initial Observation Care -- Office or Other Outpatient Services (3 of 3 components required)
Hospital Inpatient, Observation, or Emergency Department Services
<input type="checkbox"/> Initial Hospital Care (3 of 3 components required)
<input type="checkbox"/> Consultation -- Reported as Initial Hospital Care (3 of 3 components required)
<input type="checkbox"/> Subsequent Hospital Care (2 of 3 components required)
<input type="checkbox"/> Consultation -- Reported as Subsequent Hospital Care (2 of 3 components required)
<input type="checkbox"/> Observation or Inpatient Care Services -- Including Admission and Discharge (3 of 3 components required)
<input type="checkbox"/> Emergency Department Services (3 of 3 components required)
Nursing Facility Services
<input type="checkbox"/> Initial Nursing Facility Care (3 of 3 components required)
<input type="checkbox"/> Consultation -- Reported as Initial Nursing Facility Care (3 of 3 components required)
<input type="checkbox"/> Subsequent Nursing Facility Care (2 of 3 components required)
<input type="checkbox"/> Consultation -- Reported as Subsequent Nursing Facility Care (2 of 3 components required)
<input type="checkbox"/> Annual Nursing Facility Assessment (3 of 3 components required)
Domiciliary, Rest Home, or Custodial Care Services
<input type="checkbox"/> New Patient -- Domiciliary, Rest Home, or Custodial Care Services (3 of 3 components required)
<input type="checkbox"/> Established Patient -- Domiciliary, Rest Home, or Custodial Care Services (2 of 3 components required)
Home Care Services
<input type="checkbox"/> New Patient -- Home Care Services (3 of 3 components required)
<input type="checkbox"/> Established Patient -- Home Care Services (2 of 3 components required)

History

HPI -- History of Present Illness

- Location
- Quality
- Severity
- Duration
- Timing
- Context
- Modifying Factors
- Associated Signs/Symptoms
- At least 4 Associated Comorbidities
- At least 3 Chronic/Inactive Conditions

Select HPI Level: Brief Extended

ROS -- Review of Systems

- Constitutional
- Eyes
- ENT/Mouth
- Cardiovascular
- Respiratory
- Gastrointestinal (GI)
- Genitourinary (GU)
- Endocrine
- Musculoskeletal
- Integumentary
- Neurological
- Psychiatric
- Hematologic/Lymphatic
- Allergic/Immunological

Select ROS Level: N/A Problem Pertinent Extended Complete

PFSH -- Past, Social, Family History

- Past Medical
- Family History
- Social History

Select PFSH Level: N/A Pertinent Complete

History Level Guidelines

Note: 3/3 elements must be met or exceeded

HPI	ROS	PFSH	History Level
Brief	N/A	N/A	Problem Focused
Brief	Problem Pertinent	N/A	Exp Prob Focused
Extended	Extended	Pertinent	Detailed
Extended	Complete	Complete	Comprehensive

Select History Level: Problem Focused Exp Prob Focused Detailed Comprehensive

Examination: 1995 E/M Documentation Guidelines

An examination may involve a single organ system or several. The extent of the examination performed is dependent upon the examiner's clinical judgment, the patient's history, and the nature of the presenting problem. Types of examination range from limited examinations of a single body area to general multi-system or complete single organ system examinations.

Body Areas		Organ Systems	
<input type="checkbox"/> Head	<input type="checkbox"/> Constitutional	<input type="checkbox"/> Genitourinary (GU)	
<input type="checkbox"/> Neck	<input type="checkbox"/> Eyes	<input type="checkbox"/> Musculoskeletal	
<input type="checkbox"/> Chest (including breasts and axillae)	<input type="checkbox"/> ENT/Mouth	<input type="checkbox"/> Skin	
<input type="checkbox"/> Abdomen	<input type="checkbox"/> Cardiovascular	<input type="checkbox"/> Neurologic	
<input type="checkbox"/> Genitalia (including groin and buttocks)	<input type="checkbox"/> Respiratory	<input type="checkbox"/> Psychiatric	
<input type="checkbox"/> Back	<input type="checkbox"/> Gastrointestinal (GI)	<input type="checkbox"/> Hematologic/Lymphatic/Immunologic	
<input type="checkbox"/> Each Extremity			
Body Areas Total: <input type="text"/>		Organ Systems Total: <input type="text"/>	

Examination Level -- 1995 E/M Guidelines Reference Table	
Examination Levels	Body Area(s) or Organ Systems: '95 Guidelines
Problem Focused	A limited examination of the affected body area or organ system.
Exp Prob Focused	A limited examination of the affected body area/organ system AND other symptomatic or related organ system(s).
Detailed	An extended examination of the affected body area(s) AND other symptomatic or related organ systems.
Comprehensive	A general multi-system examination (<i>including 8 or more</i> organ systems) OR a complete examination of a single organ system

Select 1995 Examination Type: Body Area(s) or Organ Systems

Select 1995 Examination Level: Problem Focused Exp Prob Focused Detailed Comprehensive

Examination 1995 -- Reference

Body Area	1995 E/M Documentation Guidelines	Organ System	1995 E/M Documentation Guidelines
Head	Elements of examination may include inspection of overall appearance, palpation of face, examination of salivary glands, and assessment of facial strength.	Constitutional	Elements of examination may include measurement of vital signs and evaluation of patient's general appearance.
Neck	Elements of examination may include inspection of neck and thyroid.	Eyes	Elements of examination may include inspection of conjunctivae and lids, examination of pupils and irises, and ophthalmoscopic examination of optic discs and posterior segments.
Chest	Elements of examination may include inspection as well as palpation of breasts and axillae.	ENT/Mouth	Elements of examination may include external inspection of ears and nose; otoscopic examination of external auditory canals and tympanic membranes; assessment of hearing, inspection of nasal mucosa, septum, and turbinates; inspection of lips, teeth, and gums; and examination of oropharynx.
Abdomen	Elements of examination may include inspection of abdominal area for masses, tenderness, and presence of hernia as well as an examination of the liver, spleen, and anus (as indicated).	Cardiovascular	Elements of examination may include palpation of heart; auscultation of heart; and examination of carotid and femoral arteries, abdominal aorta, pedal pulses, and extremities.
Genitalia	Elements of examination are dependent upon patient's gender and may include inspection of components of the reproductive system as well as the urinary tract and buttocks for symmetry, tenderness, lesions, rashes, presence of masses, and discharge.	Respiratory	Elements of examination may include percussion and palpation of chest, auscultation of lungs, and assessment of respiratory effort.
Back	Elements of examination may include inspection of the back, examination of gait, and assessment of muscle strength and tone.	Gastrointestinal (GI)	Elements of examination may include inspection of abdominal area for masses, tenderness, and presence of hernia as well as an examination of the liver, spleen, and anus (as indicated).
Each Extremity	Elements of examination may include inspection and palpation of digits and nails.	Genitourinary (GU)	Elements of examination are dependent upon patient's gender and may include examination of components of the reproductive system as well as the urinary tract.
		Musculoskeletal	Elements of examination may include inspection and palpation of joints, bones, and muscles; assessment of range of motion, stability, muscle strength and tone; and examination of digits and nails.
		Skin	Elements of examination may include inspection and palpation of skin and subcutaneous tissue.
		Neurologic	Elements of examination may include testing of cranial nerves, examination of deep tendon reflexes, and assessment of sensation.
		Psychiatric	Elements of examination may include assessment of patient's judgment and insight as well as a brief assessment of mental status.
		Hematologic/Lymphatic /Immunologic	Elements of examination may include palpation of lymph nodes in the neck, axillae, groin, or other areas.

Examination: 1997 E/M Documentation Guidelines

A single organ system examination or a general multi-system examination may be performed by any physician regardless of specialty; however, the documentation requirements differ between the two examination types. The depth and type of the examination performed is dependent upon the examiner's clinical judgment, the patient's history, and the nature of the presenting problem. Please refer to the tables contained within the 1997 E/M Documentation Guidelines for specific content criteria for single organ system examinations -- including bullet and shaded/unshaded border specifications -- as well as individual examination elements for each area/system.

Body Areas		Organ Systems	
<input type="checkbox"/> Head	<input type="checkbox"/> Constitutional	<input type="checkbox"/> Genitourinary (GU)	
<input type="checkbox"/> Neck	<input type="checkbox"/> Eyes	<input type="checkbox"/> Musculoskeletal	
<input type="checkbox"/> Chest (including breasts and axillae)	<input type="checkbox"/> ENT/Mouth	<input type="checkbox"/> Skin	
<input type="checkbox"/> Abdomen	<input type="checkbox"/> Cardiovascular	<input type="checkbox"/> Neurologic	
<input type="checkbox"/> Genitalia (including groin and buttocks)	<input type="checkbox"/> Respiratory	<input type="checkbox"/> Psychiatric	
<input type="checkbox"/> Back	<input type="checkbox"/> Gastrointestinal (GI)	<input type="checkbox"/> Hematologic/Lymphatic/Immunologic	
<input type="checkbox"/> Each Extremity			
Body Areas Total: <input type="text"/>		Organ Systems Total: <input type="text"/>	

Examination Level -- 1997 E/M Guidelines Reference Table		
Examination Levels	Single Organ System -- '97 Guidelines	General Multi-System -- '97 Guidelines
Problem Focused	Examination should include performance and documentation of 1-5 bulleted elements.	Examination should include performance and documentation of 1-5 bulleted elements for one or more organ systems or body areas.
Exp Prob Focused	Examination should include performance and documentation of at least 6 bulleted elements.	Examination should include performance and documentation of at least 6 bulleted elements for one or more organ systems or body areas.
Detailed	Examination should include performance and documentation of at least 12 bulleted elements. Exception: Eye and psychiatric examinations require only 9 bulleted elements	Examination should include performance and documentation of at least 2 bulleted elements for at least six organ systems or body areas OR At least 12 bulleted elements for two or more organ systems/body areas.
Comprehensive	Examination should include performance of ALL bulleted elements. Note: Documentation of ALL bulleted elements contained within a box with a shaded border and at least 1 element in each box with an unshaded border is expected.	Examination should include performance of ALL bulleted elements for at least nine organ systems or body areas unless specific directions limit examination content. Note: Documentation of at least 2 bulleted elements for each area/system is expected.

Select 1997 Examination Type: Single Organ System General Multi-System

Select 1997 Examination Level: Problem Focused Exp Prob Focused Detailed Comprehensive

Examination 1997: Body Areas -- Reference

Body Area	1997 E/M Documentation Guidelines	
Head	<ul style="list-style-type: none"> ▪ Inspection of head and face ▪ Palpation/ percussion of face with notation of presence/absence of sinus tenderness ▪ Examination of salivary glands ▪ Assessment of facial strength 	
Neck	<ul style="list-style-type: none"> ▪ Inspection of neck ▪ Examination of thyroid 	
Chest	<ul style="list-style-type: none"> ▪ Inspection of breasts ▪ Palpation of breasts and axillae 	
Abdomen	<ul style="list-style-type: none"> ▪ Inspection of abdomen with notations of presence of masses or tenderness ▪ Examination of liver and spleen ▪ Examination for presence/absence of hernia ▪ Examination of anus, perineum, and rectum (when indicated) with notations of sphincter tone and presence of hemorrhoids or rectal masses 	
Genitalia	Elements of examination for male patient may include: <ul style="list-style-type: none"> ▪ Examination of scrotal contents ▪ Examination of the penis Digital rectal examination of prostate gland 	Elements of examination for female patient may include a pelvic examination (with or without specimen collection for smears and cultures): <ul style="list-style-type: none"> ▪ Inspection of external genitalia and vagina ▪ Examination of urethra ▪ Examination of bladder ▪ Inspection of cervix ▪ Examination of uterus ▪ Examination of adnexa/parametria
Back	<ul style="list-style-type: none"> ▪ Inspection of the back with notation of kyphosis or scoliosis ▪ Examination of gait ▪ Assessment of muscle strength and tone with notation of any atrophy and abnormal movements 	
Each Extremity	<ul style="list-style-type: none"> ▪ Inspection and palpation of digits and nails 	

Examination 1997: Organ Systems -- Reference

Organ System	1997 E/M Guidelines -- General Multi-System Examination	
Constitutional	Measurement of any three of the following seven vital signs: 1) Sitting or standing blood pressure 2) Supine blood pressure 3) Pulse rate and regularity 4) Respiration 5) Temperature 6) Height 7) Weight (may be measured and recorded by ancillary staff) 8) Inspection of patient's general appearance	
Eyes	<ul style="list-style-type: none"> ▪ Inspection of conjunctivae and lids ▪ Examination of pupils and irises ▪ Ophthalmoscopic examination of optic discs and posterior segments 	
ENT/Mouth	<ul style="list-style-type: none"> ▪ External inspection of ears and nose ▪ Otoscopic examination of external auditory canals and tympanic membranes ▪ Assessment of hearing ▪ Inspection of nasal mucosa, septum, and turbinates ▪ Inspection of lips, teeth, and gums ▪ Examination of oropharynx: Oral mucosa, salivary glands, hard and soft palates, tongue, tonsils, and posterior pharynx 	
Cardiovascular	<ul style="list-style-type: none"> ▪ Palpation of heart ▪ Auscultation of heart with notation of abnormal sounds and murmurs ▪ Examination of carotid arteries ▪ Examination of abdominal aorta ▪ Examination of femoral arteries ▪ Examination of pedal pulses ▪ Examination of extremities for edema and/or varicosities 	
Respiratory	<ul style="list-style-type: none"> ▪ Assessment of respiratory effort ▪ Percussion of chest ▪ Palpation of chest ▪ Auscultation of lungs 	
Gastrointestinal (GI)	<ul style="list-style-type: none"> ▪ Examination of abdomen with notation of presence of masses or tenderness ▪ Examination of liver and spleen ▪ Examination for presence/absence of hernia ▪ Examination of anus, perineum, and rectum (when indicated) with notations of sphincter tone and presence of hemorrhoids or rectal masses ▪ Obtain stool sample for occult blood test (when indicated) 	
Genitourinary (GU)	<p>Elements of examination for male patient may include:</p> <ul style="list-style-type: none"> ▪ Examination of scrotal contents ▪ Examination of the penis ▪ Digital rectal examination of prostate gland 	<p>Elements of examination for female patient may include a pelvic examination (with or without specimen collection for smears and cultures):</p> <ul style="list-style-type: none"> ▪ Inspection of external genitalia and vagina ▪ Examination of urethra ▪ Examination of bladder ▪ Inspection of cervix ▪ Examination of uterus ▪ Examination of adnexa/parametria
Musculoskeletal	<ul style="list-style-type: none"> ▪ Examination of gait and station ▪ Inspection and/or palpation of digits and nails <p>Examination of joints, bones and muscles in one or more of the following six areas: 1) Head and neck 2) Spine, ribs, and pelvis 3) Right upper extremity 4) Left upper extremity 5) Right lower extremity 6) Left lower extremity</p> <p>Examination of given area includes:</p> <ul style="list-style-type: none"> ▪ Inspection and/or palpation with notation of presence of any misalignment, asymmetry, crepitation, defects, tenderness, masses, or effusions ▪ Assessment of range of motion with notation of any pain, crepitation, or contracture ▪ Assessment of stability with notation of any luxation, subluxation, or laxity ▪ Assessment of muscle strength and tone with notation of any atrophy or abnormal movements 	
Skin	<ul style="list-style-type: none"> ▪ Inspection of skin and subcutaneous tissue ▪ Palpation of skin and subcutaneous tissue 	
Neurologic	<ul style="list-style-type: none"> ▪ Testing of cranial nerves with notation of any deficits ▪ Examination of deep tendon reflexes with notation of pathological reflexes ▪ Examination of sensation 	
Psychiatric	<ul style="list-style-type: none"> ▪ Description of patient's judgment and insight <p>Brief assessment of mental status including:</p> <ul style="list-style-type: none"> ▪ Orientation to time, place and person ▪ Recent and remote memory ▪ Mood and affect 	
Hematologic/Lymphatic/Immunologic	Elements of examination may include palpation of lymph nodes in two or more areas:	
	<ul style="list-style-type: none"> ▪ Neck ▪ Axillae 	<ul style="list-style-type: none"> ▪ Groin ▪ Other

Medical Decision Making

Number of Diagnoses or Management Options

The number of possible diagnoses and/or the number of management options that must be considered is based upon the number and types of problems addressed during the patient visit, the complexity associated with establishing a diagnosis, and the management decisions that are made by the physician.

Presenting Problem

Occurrences

Self-limited or minor problem(s) -- stable, improving, progressing as expected, or resolved	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
Established diagnosis or diagnoses -- stable, improving, or resolved	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
Established diagnosis or diagnoses -- inadequately-controlled, worsening, or failing to change as expected	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
New problem to examiner -- no diagnostic procedures ordered	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
New problem to examiner -- diagnostic procedure(s) ordered	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4

Select Diagnosis or Management Options Level: Minimal=0-1 Occurrences Limited=2 Occurrences Multiple=3 Occurrences Extensive=4 Occurrences

Amount and/or Complexity of Data to Be Reviewed

The number of possible diagnoses and/or the number of management options that must be considered is based upon the number and types of problems addressed during the encounter, the complexity associated with establishing a diagnosis, and the management decisions that are made by the physician.

- Clinical lab test(s) -- ordered or reviewed
- Radiology tests (listed in CPT) -- ordered or reviewed
- Other diagnostic tests (listed in CPT) -- ordered or reviewed
- Discussion of results with physician who performed or interpreted diagnostic test
- Decision to obtain old medical records or history from someone other than the patient
- Reporting of relevant findings -- from the discussion of the case with another provider, the review of old medical records, or the review of medical history not obtained from the patient
- Direct visualization and independent interpretation of an image, tracing, or specimen (previously or subsequently interpreted by another physician)

Select Amount and/or Complexity of Data to Be Reviewed Level: Minimal or None Limited Moderate Extensive

Risk of Significant Complications, Morbidity, and/or Mortality

The risk of significant complications, morbidity, and/or mortality is based upon the risks associated with the presenting problem(s), the diagnostic procedure(s) ordered, and the management options selected.

Select Presenting Problem Level: Minimal Low Moderate High

Select Diagnostic Procedures Level: Minimal Low Moderate High

Select Management Options Level: Minimal Low Moderate High

Select Risk of Complications, Morbidity, and/or Mortality Level: Minimal Low Moderate High

Select Decision Making Level: Straightforward Low Complexity Moderate Complexity High Complexity

Medical Decision Making -- Reference

Risk Table			
Risk Level	Presenting Problem	Diagnostic Procedure(s) Ordered	Management Options Selected
Minimal	<ul style="list-style-type: none"> One self-limited or minor problem (e.g., cold, insect bite) 	<ul style="list-style-type: none"> Laboratory tests requiring <i>venipuncture</i> Chest X-rays EKG/EEG Urinalysis Ultrasound KOH prep 	<ul style="list-style-type: none"> Rest Gargles Elastic Bandages Superficial dressings
Low	<ul style="list-style-type: none"> Two or more self-limited or minor problems One stable chronic illness (e.g., well-controlled hypertension, non-insulin dependent diabetes) One acute uncomplicated illness or injury (e.g., cystitis, sprain) 	<ul style="list-style-type: none"> Physiologic tests not under stress (e.g., pulmonary function tests) Non-cardiovascular imaging studies with contrast (e.g., barium enema) Superficial needle biopsies Clinical laboratory tests requiring <i>arterial</i> puncture Skin biopsies 	<ul style="list-style-type: none"> Over-the-counter drugs Minor surgery with no identified risk factors Physical therapy Occupational therapy IV fluids without additives
Moderate	<ul style="list-style-type: none"> One or more chronic illnesses with mild exacerbation, progression, or treatment side effects Two or more stable chronic illnesses Undiagnosed new problem with uncertain prognosis Acute illness with systemic symptoms (e.g., pneumonitis, colitis) Acute complicated injury (e.g., head injury with brief loss of consciousness) 	<ul style="list-style-type: none"> 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 catheterization) Obtain fluid from body cavity (e.g., lumbar puncture, thoracentesis, culdocentesis) 	<ul style="list-style-type: none"> Minor surgery with identified risk factors Elective major surgery (open, percutaneous, or endoscopic) with no identified risk factors Prescription drug management Therapeutic nuclear medicine IV fluids with additives Closed treatment of fracture or dislocation without manipulation
High	<ul style="list-style-type: none"> One or more chronic illnesses with severe exacerbation, progression, or treatment side effects Acute or chronic illnesses or injuries that may pose a threat to life or bodily function (e.g., pulmonary embolus, severe respiratory distress, psychiatric illness with potential threat to self or others) An abrupt change in neurologic status (e.g., seizure, TIA, sensory loss) 	<ul style="list-style-type: none"> Cardiovascular imaging studies with contrast AND with identified risk factors Cardiac electrophysiological tests Diagnostic Endoscopies with identified risk factors Discography 	<ul style="list-style-type: none"> Elective major surgery (open, percutaneous, or endoscopic) with identified risk factors Emergency major surgery (open, percutaneous, or endoscopic) Parenteral controlled substances Drug therapy requiring intensive monitoring for toxicity Decision not to resuscitate or to de-escalate care because of poor prognosis
Level	<input type="text"/>	<input type="text"/>	<input type="text"/>

Decision Making Level: Reference Table: Note: 2/3 elements must be met or exceeded			
Number of Diagnoses or Management Options	Amount and/or Complexity of Data to Be Reviewed	Risk of Complications, Morbidity, and/or Mortality	Decision Making Level
Minimal	Minimal or None	Minimal	Straightforward
Limited	Limited	Low	Low Complexity
Multiple	Moderate	Moderate	Moderate Complexity
Extensive	Extensive	High	High Complexity

E/M Codes: Office or Other Outpatient/Hospital

Category	History	Examination	Medical Decision Making	E/M Code
New Patient -- Office or Other Outpatient Services (3/3)	Problem Focused	Problem Focused	Straightforward	99201
	Exp Prob Focused	Exp Prob Focused	Straightforward	99202
	Detailed	Detailed	Low Complexity	99203
	Comprehensive	Comprehensive	Moderate Complexity	99204
	Comprehensive	Comprehensive	High Complexity	99205
Established Patient -- Office or Other Outpatient Services (2/3)	N/A	N/A	N/A	99211
	Problem Focused	Problem Focused	Straightforward	99212
	Exp Prob Focused	Exp Prob Focused	Low Complexity	99213
	Detailed	Detailed	Moderate Complexity	99214
	Comprehensive	Comprehensive	High Complexity	99215
Initial Observation Care -- Office or Other Outpatient Services (3/3)	Detailed/Comprehensive	Detailed/Comprehensive	Straightforward/Low	99218
	Comprehensive	Comprehensive	Moderate Complexity	99219
	Comprehensive	Comprehensive	High Complexity	99220
Initial Hospital Care/Consultation Reported as Initial Hospital Care (3/3)	Detailed/Comprehensive	Detailed/Comprehensive	Straightforward/Low Complexity	99221
	Comprehensive	Comprehensive	Moderate Complexity	99222
	Comprehensive	Comprehensive	High Complexity	99223
Subsequent Hospital Care/Consultation Reported as Subsequent Hospital Care (2/3)	Problem Focused	Problem Focused	Straightforward/Low Complexity	99231
	Exp Prob Focused	Exp Prob Focused	Moderate Complexity	99232
	Detailed	Detailed	High Complexity	99233
Observation or Inpatient Care -- Including Admission & Discharge (3/3)	Detailed/Comprehensive	Detailed/Comprehensive	Straightforward/Low Complexity	99234
	Comprehensive	Comprehensive	Moderate Complexity	99235
	Comprehensive	Comprehensive	High Complexity	99236
Emergency Department Services (3/3)	Problem Focused	Problem Focused	Straightforward	99281
	Exp Prob Focused	Exp Prob Focused	Low Complexity	99282
	Exp Prob Focused	Exp Prob Focused	Moderate Complexity	99283
	Detailed	Detailed	Moderate Complexity	99284
	Comprehensive	Comprehensive	High Complexity	99285

E/M Codes: Nursing Facility Services/Domiciliary, Rest Home, or Custodial Care/Home Services

Category	History	Examination	Medical Decision Making	E/M Code
Initial Nursing Facility Care/Consultation Reported as Initial Nursing Facility Care (3/3)	Detailed/Comprehensive	Detailed/Comprehensive	Straightforward/Low Complexity	99304
	Comprehensive	Comprehensive	Moderate Complexity	99305
	Comprehensive	Comprehensive	High Complexity	99306
Subsequent Nursing Facility Care/Consultation Reported as Subsequent Nursing Facility Care (2/3)	Problem Focused	Problem Focused	Straightforward	99307
	Exp Prob Focused	Exp Prob Focused	Low Complexity	99308
	Detailed	Detailed	Moderate Complexity	99309
	Comprehensive	Comprehensive	High Complexity	99310
Annual Nursing Facility Assessment (3/3)	Detailed	Comprehensive	Low/Moderate Complexity	99318
New Patient -- Domiciliary, Rest Home, or Custodial Care Services (3/3)	Problem Focused	Problem Focused	Straightforward	99324
	Exp Prob Focused	Exp Prob Focused	Low Complexity	99325
	Detailed	Detailed	Moderate Complexity	99326
	Comprehensive	Comprehensive	Moderate Complexity	99327
	Comprehensive	Comprehensive	High Complexity	99328
Established Patient -- Domiciliary, Rest Home, or Custodial Care Services (2/3)	Problem Focused	Problem Focused	Straightforward	99334
	Exp Prob Focused	Exp Prob Focused	Low Complexity	99335
	Detailed	Detailed	Moderate Complexity	99336
	Comprehensive	Comprehensive	Moderate/High Complexity	99337
New Patient -- Home Care Services (3/3)	Problem Focused	Problem Focused	Straightforward	99341
	Exp Prob Focused	Exp Prob Focused	Low Complexity	99342
	Detailed	Detailed	Moderate Complexity	99343
	Comprehensive	Comprehensive	Moderate Complexity	99344
	Comprehensive	Comprehensive	High Complexity	99345
Established Patient -- Home Care Services (2/3)	Problem Focused	Problem Focused	Straightforward	99347
	Exp Prob Focused	Exp Prob Focused	Low Complexity	99348
	Detailed	Detailed	Moderate Complexity	99349
	Comprehensive	Comprehensive	Moderate/High Complexity	99350