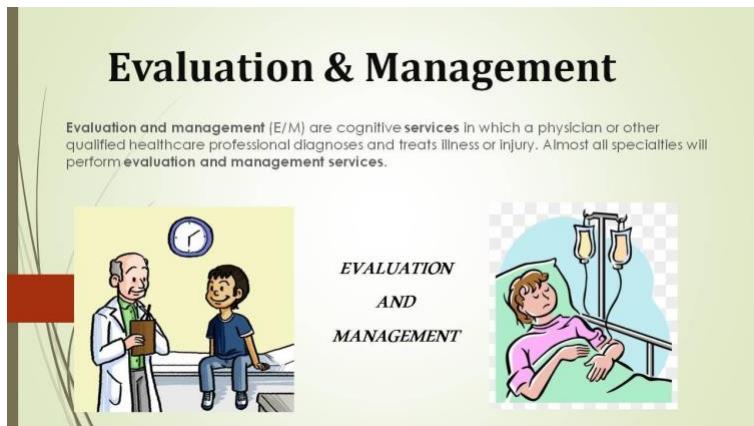


EVALUATION AND MANAGEMENT



E AND M

If the patient is coming to the hospital with a specific appointment is called evaluation and management.

ED: Emergency Department

If the patient is coming to the hospital without a specific appointment due to emergency conditions, we called it as **EMERGENCY DEPARTMENT** or **Emergency Room Visit**.



The code range for the for emergency visits are **99281 to 99285**.

99281 – ED service provided by without presence of physician (nurse)

We will code 99281 when the ED service provided without presence of physician.

ED is the part or branch of E/M.

Evaluation and Management Types :

E/M OUT PATIENT VISIT : If the patient is not admitted in the hospital he took or consult the physician and came.

E/M INPATIENT VISIT : If the patient admitted in the hospital 24 more in the hospital , one midnight cross, calendar date change.

IF THE PATIENT ADMITTED IN 6PM DISCHARGED AT 6 AM HE CONSIDERED AS INPATIENT BECOUSE ONE MIDNIGHT STAYED IN THE HOSPIATAL.

CONSULTATION : Consultation services are provided for the second opinion of a doctor .



- We should not consider consultation services if the patient is willing to get second opinion.
- Consultation requires of (R,R,R)
- R – REFERRING PHYSICIAN
- R – RENDERING PHYSICIAN
- R – REPORT

Consultation are not covered by MEDICARE.

IN THE CASE OF MEDICARE CONSULTATION WE WILL CONVERT CONSULTATION IN TO NEW OR ESTABLISHED PATIENT SERVICES.

EX: Patient came with leg pain towards General physician the general physician referred the patient to osteologist with doubt of bone fracture the osteologist rendered the services then reports the fracture.

OUT PATIENT VISITS ARE TWO TYPES

New patient visit (99202 – 99205)

Established patient visit 99211- 99215)

INPATIENT VISITS ARE TWO TYPES

Initial visit –(99221 – 99223)

Subsequent visit – (99231- 99233)

Inpatient same day admission and discharge - (99234 – 99236)

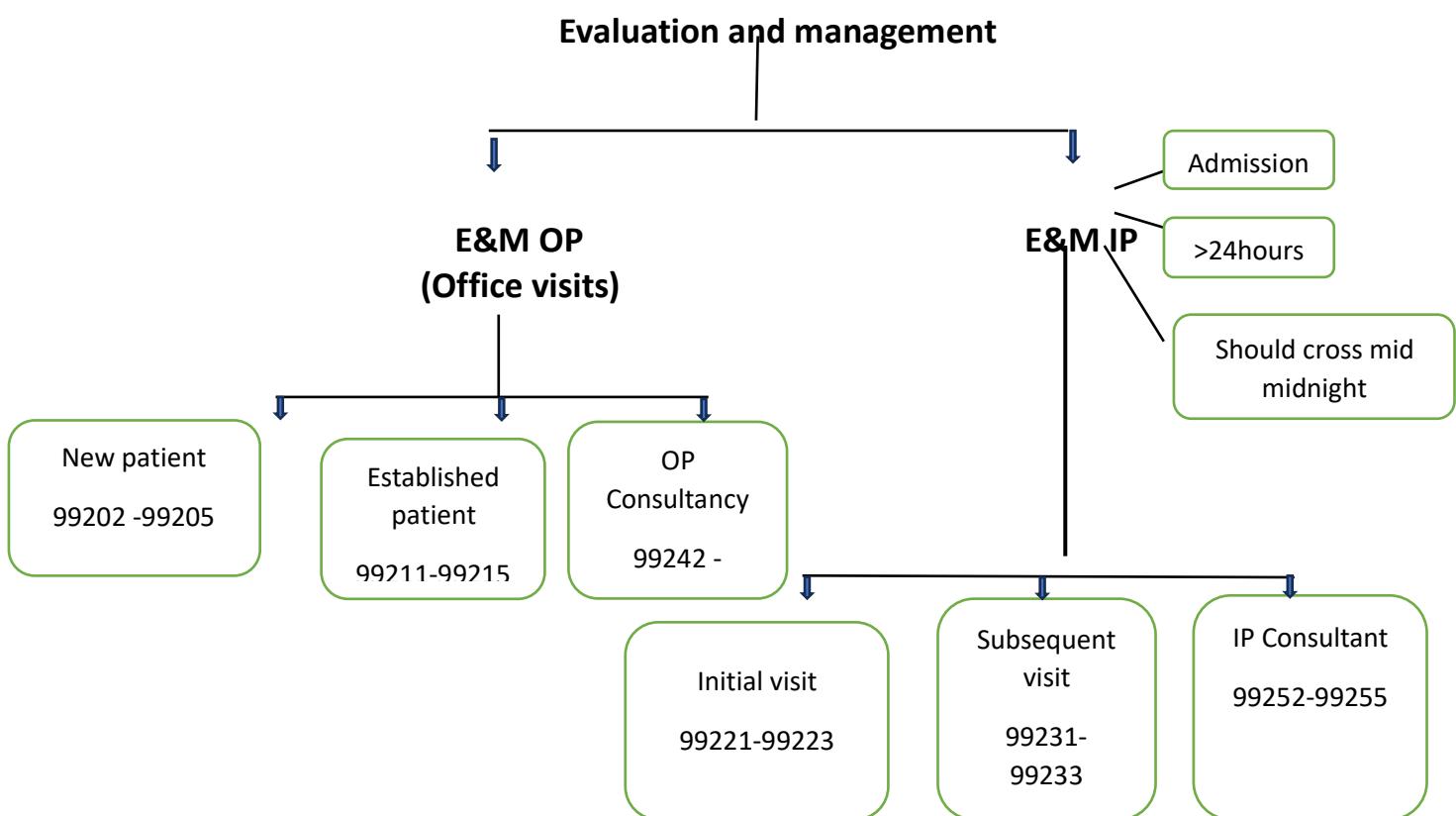
Inpatient discharge codes – (99238 – 99239)

| Admitted | Progress note | Discharge |
|----------------------------|-------------------------------------|------------------------------------|
| 1 st day | 2,3,4,5,6,7,8 days | at 9 th day (last day). |
| Initial (99221 – 99223) | subsequent visit (99231 – 99233) | Discharged (99238 – 99239) |

CONSULTATION VISITS ARE TWO TYPES

Out patient consultation – (99242 - 99245)

Inpatient consultation – (99252 – 99255)



New Patient:

If the patient is coming to the hospital for the first time to a specialty or sub specialty is called **New Patient**. The code range for the New patient is **99202 – 99205**.

Established patient

If the patient is coming to the hospital for the second time or next time to a specialty or sub specialty is called established patient. The patient will be an established patient for a 3 years. After the 3years the patient will become new patient for the 1sttime .

The code range for the established patient is **99211 – 99215**.

CRITICAL CARE SERVICES: critical care is the medical care for the people who has life threatening injuries and illnesses.

TO CODE CRITICAL CARE SERVICES SEE THE TIME.

99291 – Critical care ,evaluation management of the critically ill or critically injured patient : first 30 – 74 minutes.

+99292 - each additional 30 minutes

(SEE THE TABLE OF CRITICAL TO CODE)

INITIAL NEONATAL(28 days or less) AND PEDIATRIC (29 days 24 months) CRITICAL CARE :

99468 – Initial inpatient neonatal critical care , per day for the evaluation and management of a critically ill neonate, 28 days of age or younger.

99469 - – subsequent inpatient neonatal critical care , per day for the evaluation and management of a critically ill neonate, 28 days of age or younger.

99471 - Initial inpatient pediatric critical care , per day for the evaluation and management of a critically ill infant or young child , 29 days through 24 months of age.

99472 – subsequent inpatient pediatric critical care , per day for the evaluation and management of a critically ill infant or young child , 29 days through 24 months of age.

99475 - - Initial inpatient pediatric critical care , per day for the evaluation and management of a critically ill infant or young child , 2 through 5 years of age.

99476 – subsequent inpatient pediatric critical care , per day for the evaluation and management of a critically ill infant or young child , 2 through 5 years of age.

PREVENTIVE MEDICINE SERVICES : In preventive visits patient will go to the hospital without a specific disease or disorder or symptoms.

- He will attend the hospital mainly for the screening purpose.
- Whenever we are coding preventive visits we should check two things .
- 1) whether the patient is new or established.
- 2) Age of the patient.
- Code range for NEW PATIENT PREVENTIVE VISITS ARE – 99381-99387
- Code range for preventive visits for ESTABLISHED PATIENT – 99391 – 99397.

IF THE PHYSICIAN DOES NOT GIVE THE MEDICAL DECISION MAKING AND TIME WE SHOULD CALCULATE THE MDM WITH THE HELP MDM TABLE.

WE CAN CALCULATE MDM BY
USING

RISK LEVELS: 4 – MINIMAL, LOW, MODERATE, HIGH RISK PROBLEMS.

Conditions

Minimal:-

Oneself illness.

Self-limited problems or minor problems, (The problem which can be resolved without the treatment is called self limited or minor problem)

like Skin rashes, common cold, Insect bite, Tenia corporis(superficial skin infection).

Low:-

1. stable chronic illness>>Hypertension, Diabetes, Chronic kidney disease, Atrial fibrillation, Asthma, GERD(Gastro Esophageal Reflected Disease), COPD(Chronic Obstructive Pulmonary Disease) BPH(benign prostate hypertrophy)

2. i)Acute Uncomplicated illness (Dermatitis, Allergic Rhinitis, Cystitis.

ii) Acute uncomplicated injury : 2 or more self-complications needed.

1. Lacerations, Sprains, Contusions, Abrasions.

Moderate:-

1.2 stable or more complicated conditions acute complicated illness, Nephritis, Carditis, Pancreatitis, Gastritis, Appendities, Abnormal pain, Chest pain, Back pain.

2. Accute Complicated Injuries:-

- i. Fractures.
- ii. Dislocations.
- iii. Adverse effect.
- iv. Head injury with loss of consciousness.

High:-

1. Life threatening.
2. Heart attack.
3. Poisoning.
4. Cardiac arrest.
5. Respiratory Failure.
6. Hepatic Failure.
7. Acute kidney failure.
8. CVA (Cerebro Vascular Accident).
9. COPD with severe (Chronic Obstructive Pulmonary Disease).
- 10.P.E (Physical Examination).
- 11.DVT (De Vine Thrombosis).
- 12.VAP (Ventilator-associated pneumonia).
- 13.Head injury with altered mental status.

COPD

i)COPD with one chronic condition falls under **LOW**.

ii)COPD with Exacerbation falls under **moderate**.

iii)COPD with severe exacerbation falls under **High**.

CRITERIA TO CALCULATE MEDICAL DECISION MAKING ARE:

- i) Number and nature of the presenting problem
- ii) Data reviewed by physician
- iii) Risk management.
- iv) Code MDM based on 3 out of 2 elements of MDM.

Medical Decision Making (MDM)

1.Straight forward: -

(Minimal)

- i)If we went to hospital doctor suggests to **take Rest.**
- ii)**use Gargle**
- iii)**Superficial dressing and superficial bandages.**

2.Low: -

- i) **(OTC) Over The Counter,**
Drugs which are available without the doctor prescription.
- ii) **(PT) Physical Therapy.**
- iii)**(OT) Occupational Therapy.**
Minor Surgery without risk factors

3.Moderate: -

- 1.Prescribed Drugs.
- 2.Minor surgeries with risk factors.
- 3.Major surgeries without risk factors.
- 4.Fractures treatment without manipulations.
- 5.Dislocations treatment without manipulations.
- 6.(SDOH) Social Determination of Health.

4.High: -

- 1.**PCs Drugsgives through IV (intra-vein) and IM**
 - a) **Morphine.**
 - b) **Diazepam.**
 - c) **Lorazepam.**
 - d) **Chonazepam.**
- 2.**Major surgeries with risk factors.**
- 3.**fractures with manipulations.**
- 4.**Emergency major surgeries.**

5. Admission.

6. Transfer to another hospital.

| | No & nature off P.P | Data review | Risk Management |
|--|--------------------------------|---|------------------------|
| Straight forward codes 99202 99212 99242 99243 99245 | | Anyone or any 1 Xray or None. | |
| Low 99203 99213 99243 99253 99283 | | Category 1. i) Review the prior external notes. ii) Review of each unique test. iii) ordering of test. Category 2. i) independent of historian | |
| Moderate 99201 99214 99244 99254 99284 | | Category 1. i) 1+2 from low. Category 2. ii) interpretation test performed by another physician. Category 3. | |
| High 99205 99215 99245 99255 99285 | | It includes all the 3 Categories Category 1 Category 2 Category 3 | |