

UNDERSTANDING E&M STEP BY STEP

[Step 1 - Determine the E/M Category/Subcategory \(location/service type\)](#)

[Step 2 - Determine Level of History](#)

[Step 3 - Determine Level of Exam](#)

[Step 4 - Determine Level of Medical Decision Making](#)

[Step 5 - Determine if Time is Dominant Factor](#)

[Step 6 - Determine Final E&M Level](#)

Step 1 - Determine the Category/Subcategory (Location/Service Type)				
Office	Regular	<input type="checkbox"/> New Office/Outpatient <input type="checkbox"/> Established Office/Outpatient	99201 - 99205 99211 - 99215	
	Consult	<input type="checkbox"/> Consult (Dr. Referral) <input type="checkbox"/> Consult (Confirmatory)	99241 - 99245 99271 - 99275	
	Prolonged Services	<input type="checkbox"/> Direct Patient Contact <input type="checkbox"/> W/O Direct Patient Contact	99354 and 99355 99358 and 99359	Time Time
	Preventive	<input type="checkbox"/> New Patient <input type="checkbox"/> Established Patient	99381 - 99387 99391 - 99397	Age Age
	Counseling	<input type="checkbox"/> Individual <input type="checkbox"/> Group Counseling	99401 - 99404 99411 and 99412	Time Time
Hospital	Regular	<input type="checkbox"/> Initial Inpatient <input type="checkbox"/> Subsequent Hospital Care <input type="checkbox"/> Hospital Discharge (Time)	99221 - 99223 99231 - 99233 99238 and 99239	Time
	Observation	<input type="checkbox"/> Initial Observation Care <input type="checkbox"/> Observation/Inpatient	99217 - 99218 99234 - 99236	
	Consult	<input type="checkbox"/> Consult (Initial Inpatient) <input type="checkbox"/> Consult (Hospital Follow Up)	99251 - 99255 99261 - 99263	
	Emergency	<input type="checkbox"/> Emergency Department <input type="checkbox"/> Critical Care <input type="checkbox"/> Neonatal Intensive Care	99281 - 99285 99291 and 99292 99295 - 99298	Time Per Day
	Prolonged Services	<input type="checkbox"/> Direct Patient Contact <input type="checkbox"/> W/O Direct Patient Contact	99356 and 99357 99358 and 99359	Time Time
Facility	Nursing Facility	<input type="checkbox"/> Comprehensive Assessments <input type="checkbox"/> Subsequent Care <input type="checkbox"/> Discharge	99301 - 99303 99311 - 99313 99315 and 99316	Time
	Rest Home	<input type="checkbox"/> New Rest Home Patient <input type="checkbox"/> Established Rest Home Patient	99321 - 99323 99331 - 99333	
Home		<input type="checkbox"/> Home Visit for New Patient <input type="checkbox"/> Home Visit for Established Patient	99341 - 99345 99347 - 99350	
Misc.		<input type="checkbox"/> Physician Standby Services <input type="checkbox"/> Case Management	99360 99361 and 99362	Time Time
Care Plan Oversight		<input type="checkbox"/> Home Health Agency <input type="checkbox"/> Hospice Patient <input type="checkbox"/> Nursing Facility Patient	99374 and 99375 99377 and 99378 99379 and 99380	Time Time Time

Step 3 - Determine Level of Exam GENERAL MULTI-SYSTEM EXAM

(For Single System Refer to HCFA "Documentation Guidelines for Evaluation and Management Services)

System/Body Area	Elements/Bullets
A <input type="checkbox"/> Constitutional	<input type="checkbox"/> Measurement of any 3 of the following 7 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)
	<input type="checkbox"/> General appearance of patient (e.g., development, nutrition, body habitus, deformities, attention to grooming.)
<input type="checkbox"/> Eyes	<input type="checkbox"/> Inspection of conjunctivae and lids <input type="checkbox"/> Examination of pupils and irises (e.g., reaction to light and accommodation, size and symmetry) <input type="checkbox"/> Ophthalmoscopic examination of optic discs (e.g., size, C/D ratio, appearance) and posterior segments (e.g., vessel changes, exudates, hemorrhages)
<input type="checkbox"/> Ears, Nose, Mouth and Throat (ENMT)	<input type="checkbox"/> External inspection of ears and nose (e.g., overall appearance, scars, lesions, masses) <input type="checkbox"/> Otoscopic examination of external auditory canals and tympanic membranes <input type="checkbox"/> Assessment of hearing (e.g., whispered voice, finger rub, tuning fork) <input type="checkbox"/> Inspection of nasal mucosa, septum and turbinates <input type="checkbox"/> Inspection of lips, teeth and gums <input type="checkbox"/> Examination of oropharynx (eg., oral mucosa, hard and soft palates, tongue, tonsils posterior pharynx and salivary glands)
<input type="checkbox"/> Neck	<input type="checkbox"/> Examination of neck (e.g., masses, overall appearance, symmetry, tracheal position, crepitus) <input type="checkbox"/> Examination of thyroid (e.g., enlargement, tenderness, mass)
<input type="checkbox"/> Respiratory	<input type="checkbox"/> Assessment or respiratory effort (e.g., intercostal retractions, use of accessory muscles, diaphragmatic movement) <input type="checkbox"/> Percussion of chest (e.g., dullness, flatness, hyperresonance) <input type="checkbox"/> Palpation of chest (e.g., tactile fremitus) <input type="checkbox"/> Auscultation of lungs (e.g., breath sounds, adventitious sounds, rubs)
<input type="checkbox"/> Cardiovascular	<input type="checkbox"/> Palpation of heart (eg, location, size, thrills) <input type="checkbox"/> Auscultation of heart with notation of abnormal sounds and murmurs Examination of: <input type="checkbox"/> carotid arteries (eg, pulse amplitude, bruits) <input type="checkbox"/> abdominal aorta (eg, size, bruits) <input type="checkbox"/> femoral arteries (eg, pulse amplitude, bruits) <input type="checkbox"/> pedal pulses (eg, pulse amplitude) <input type="checkbox"/> extremities for edema and/or varicosities
<input type="checkbox"/> Chest (Breasts)	<input type="checkbox"/> Inspection of breasts (eg, symmetry, nipple discharge) <input type="checkbox"/> Palpation of breasts and axillae (eg, masses or lumps, tenderness)
<input type="checkbox"/> Gastrointestinal (Abdomen)	<input type="checkbox"/> Examination of abdomen with notation of presence of masses or tenderness <input type="checkbox"/> Examination of liver and spleen <input type="checkbox"/> Examination for presence or absence of hernia <input type="checkbox"/> Examination (when indicated) of anus, perineum and rectum, including sphincter tone, presence of hemorrhoids, rectal masses <input type="checkbox"/> Obtain stool sample for occult blood test when indicated
<input type="checkbox"/> Genitourinary (Male)	<input type="checkbox"/> Examination of the scrotal contents (eg, hydrocele, spermatocele, tenderness of cord, testicular mass) <input type="checkbox"/> Examination of the penis <input type="checkbox"/> Digital rectal examination of prostate gland (eg, size, symmetry, nodularity, tenderness)
<input type="checkbox"/> Genitourinary (Female)	Pelvic examination (with or without specimen collection for smears and cultures), including: <input type="checkbox"/> Examination of external genitalia (eg, general appearance, hair distribution, lesions) and vagina (eg, general appearance, estrogen effect, discharge, lesions, pelvic support, cystocele, rectocele) <input type="checkbox"/> Examination of urethra (eg, masses, tenderness, scarring) <input type="checkbox"/> Examination of bladder (eg, fullness, masses, tenderness) <input type="checkbox"/> Cervix (eg, general appearance, lesions, discharge) <input type="checkbox"/> Uterus (eg, size, contour, position, mobility, tenderness, consistency, descent or support) <input type="checkbox"/> Adnexa/parametria (eg, masses, tenderness, organomegaly, nodularity)
6 <input type="checkbox"/> Lymphatic	Palpation of lymph nodes in two or more areas: <input type="checkbox"/> Neck <input type="checkbox"/> Axillae <input type="checkbox"/> Groin <input type="checkbox"/> Other

	<input type="checkbox"/> Musculoskeletal <ul style="list-style-type: none"> <input type="checkbox"/> Examination of gait and station <input type="checkbox"/> Inspection and/or palpation of digits and nails (eg, clubbing, cyanosis, inflammatory conditions, petechiae, ischemia, infections, nodes) <input type="checkbox"/> Examination of joints, bones and muscles of 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; and 6) left lower extremity. The examination of a given area includes: <ul style="list-style-type: none"> Inspection and/or palpation with notation of presence of any misalignment, asymmetry, crepitation, defects, tenderness, masses, effusions <input type="checkbox"/> Assessment of range of motion with notation of any pain, crepitation or contracture <input type="checkbox"/> Assessment of stability with notation of any dislocation (luxation), subluxation or laxity <input type="checkbox"/> Assessment of muscle strength and tone (eg, flaccid, cog wheel, spastic) with notation of any atrophy or abnormal movements 										
	<input type="checkbox"/> Skin <ul style="list-style-type: none"> <input type="checkbox"/> Inspection of skin and subcutaneous tissue (eg, rashes, lesions, ulcers) <input type="checkbox"/> Palpation of skin and subcutaneous tissue (eg, induration, subcutaneous nodules, tightening) 										
	<input type="checkbox"/> Neurologic <ul style="list-style-type: none"> <input type="checkbox"/> Test cranial nerves with notation of any deficits <input type="checkbox"/> Examination of deep tendon reflexes with notation of pathological reflexes (eg, Babinski) <input type="checkbox"/> Examination of sensation (eg, by touch, pin, vibration, proprioception) 										
	<input type="checkbox"/> Psychiatric <ul style="list-style-type: none"> <input type="checkbox"/> Description of patient's judgment and insight Brief assessment of mental status including: <ul style="list-style-type: none"> <input type="checkbox"/> orientation to time, place and person <input type="checkbox"/> recent and remote memory <input type="checkbox"/> mood and affect (eg, depression, anxiety, agitation) 										
B	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th data-bbox="382 654 622 912" style="width: 25%;">EXAM LEVEL</th> <th data-bbox="622 654 852 912" style="width: 25%;">Problem Focused</th> <th data-bbox="852 654 1083 912" style="width: 25%;">Expanded Problem Focused</th> <th data-bbox="1083 654 1313 912" style="width: 25%;">Detailed</th> <th data-bbox="1313 654 1456 912" style="width: 25%;">Comprehensive</th> </tr> <tr> <td data-bbox="382 654 622 912"></td> <td data-bbox="622 654 852 912">One to five elements identified by a bullet.</td> <td data-bbox="852 654 1083 912">At least six elements identified by a bullet.</td> <td data-bbox="1083 654 1313 912">At least two elements identified by a bullet from each of six areas/systems OR at least twelve elements identified by a bullet in two or more areas/systems.</td> <td data-bbox="1313 654 1456 912">Perform all elements identified by a bullet in at least nine organ systems or body areas and document at least two elements identified by a bullet from each of nine areas/systems.</td> </tr> </table>	EXAM LEVEL	Problem Focused	Expanded Problem Focused	Detailed	Comprehensive		One to five elements identified by a bullet.	At least six elements identified by a bullet.	At least two elements identified by a bullet from each of six areas/systems OR at least twelve elements identified by a bullet in two or more areas/systems.	Perform all elements identified by a bullet in at least nine organ systems or body areas and document at least two elements identified by a bullet from each of nine areas/systems.
EXAM LEVEL	Problem Focused	Expanded Problem Focused	Detailed	Comprehensive							
	One to five elements identified by a bullet.	At least six elements identified by a bullet.	At least two elements identified by a bullet from each of six areas/systems OR at least twelve elements identified by a bullet in two or more areas/systems.	Perform all elements identified by a bullet in at least nine organ systems or body areas and document at least two elements identified by a bullet from each of nine areas/systems.							

Step 4 - Determine Level of Medical Decision Making

A	Number of Dx/Tx Options <input type="checkbox"/> Minimal <input type="checkbox"/> Low <input type="checkbox"/> Multiple <input type="checkbox"/> Extensive
The number of possible diagnoses and/or the number of management options that must be considered is based on the number and types of problems addressed during the encounter, the complexity of establishing a diagnosis and the management decisions that are made by the physician. Generally, decision making with respect to a diagnosed problem is easier than that for an identified but undiagnosed problem. The number and type of diagnostic tests employed may be an indicator of the number of possible diagnoses. Problems which are improving or resolving are less complex than those which are worsening or failing to change as expected. The need to seek advice from others is another indicator of complexity of diagnostic or management problems.	
B	Amount of Data <input type="checkbox"/> Minimal or None <input type="checkbox"/> Limited <input type="checkbox"/> Moderate <input type="checkbox"/> Extensive
The amount and complexity of data to be reviewed is based on the types of diagnostic testing ordered or reviewed. A decision to obtain and review old medical records and/or obtain history from sources other than the patient increases the amount and complexity of data to be reviewed. Discussion of contradictory or unexpected test results with the physician who performed or interpreted the test is an indication of the complexity of data being reviewed. On occasion the physician who ordered a test may personally review the image, tracing or specimen to supplement information from the physician who prepared the test report or interpretation; this is another indication of the complexity of data being reviewed.	
C	Risk Of Significant Complications, Morbidity, And/Or Mortality (refer to table of risk) <input type="checkbox"/> Minimal <input type="checkbox"/> Low <input type="checkbox"/> Moderate <input type="checkbox"/> High
The risk of significant complications, morbidity, and/or mortality is based on the risks associated with the presenting problem(s), the diagnostic procedure(s), and the possible management options. The following table (see next page) may be used to help determine whether the risk of significant complications, morbidity, and/or mortality is minimal, low, moderate, or high. Because the determination of risk is complex and not readily quantifiable, the table includes common clinical examples rather than absolute measures of risk. The assessment of risk of the presenting problem(s) is based on the risk related to the disease process anticipated between the present encounter and the next one. The assessment of risk of selecting diagnostic procedures and management options is based on the risk during and immediately following any procedures or treatment. The highest level of risk in any one category (presenting problem(s), diagnostic procedure(s), or management options) determines the overall risk.	

Number of diagnoses or management options (see A above)	Amount and/or complexity of data to be reviewed (see B above)	Risk of complications and/or morbidity or mortality (see C above)	Type of decision making
Minimal	Minimal or None	Minimal	Straightforward
Limited	Limited	Low	Low Complexity
Multiple	Moderate	Moderate	Moderate Complexity
Extensive	Extensive	High	High Complexity

Step 4-C Table

TABLE OF RISK (1 bullet from any box supports level to left)			
Level of Risk	Presenting Problem(s)	Diagnostic Procedure(s) Ordered	Management Options Selected
Minimal	<ul style="list-style-type: none"> • One self-limited or minor problem, eg, cold, insect bite, tinea corporis 	<ul style="list-style-type: none"> • Laboratory tests requiring venipuncture • Chest x-rays • EKG/EEG • Urinalysis • Ultrasound, eg, echocardiography • 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, eg, well controlled hypertension, non-insulin dependent diabetes, cataract, BPH • Acute uncomplicated illness or injury, eg, cystitis, allergic rhinitis, simple sprain 	<ul style="list-style-type: none"> • Physiologic tests not under stress, eg, pulmonary function tests • Non-cardiovascular imaging studies with contrast, eg, barium enema • Superficial needle biopsies • Clinical laboratory tests requiring arterial 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 side effects of treatment • Two or more stable chronic illnesses • Undiagnosed new problem with uncertain prognosis, eg, lump in breast • Acute illness with systemic symptoms, eg, pyelonephritis, pneumonitis, colitis • Acute complicated injury, eg, head injury with brief loss of consciousness 	<ul style="list-style-type: none"> • Physiologic tests under stress, eg, 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, eg, arteriogram, cardiac catheterization • Obtain fluid from body cavity, eg 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 side effects of treatment • Acute or chronic illnesses or injuries that pose a threat to life or bodily function, eg, multiple trauma, acute MI, pulmonary embolus, severe respiratory distress, progressive severe rheumatoid arthritis, psychiatric illness with potential threat to self or others, peritonitis, acute renal failure • An abrupt change in neurologic status, eg, seizure, TIA, weakness, sensory loss 	<ul style="list-style-type: none"> • Cardiovascular imaging studies with contrast 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

		HISTORY				EXAM				MEDICAL DECISION MAKING				TIME
Initial Observ. Care <i>3 of 3</i>	99217	Observation Care Discharge												
	99218			X				X		X	X			
	99219				X				X			X		
	99220				X				X				X	
Observ. Or inpt. Care <i>3 of 3</i>	99234			X				X			X			
	99235				X				X			X		
	99236				X				X				X	
Emerg. Dept. <i>3 of 3</i>	99281	X				X				X				
	99282		X				X				X			
	99283		X				X					X		
	99284			X				X				X		
	99285				X				X				X	
Type of Patient	Codes	Problem Focused	Expanded Problem Focused	Detailed	Comprehensive	Problem Focused	Expanded Problem focused	Detailed	Comprehensive	Straightforward	Low Complexity	Moderate Complexity	High Complexity	Approximate Time in Min.
Compr. Nsg. Facil. Asses. <i>3 of 3</i>	99301			X					X	X	X			
	99302			X					X			X	X	
	99303				X				X			X	X	
Subs. Nsg. Facil. <i>2 of 3</i>	99311	X				X				X	X			
	99312		X				X					X		
	99313			X				X				X	X	
New Rest Home Pt. Visit <i>3 of 3</i>	99321	X				X				X	X			
	99322		X				X					X		
	99323			X				X					X	
Estab. Rest Home Pt. Visit <i>2 of 3</i>	99331	X				X				X	X			
	99332		X				X					X		
	99333			X				X					X	
Home Visit for New Pat. <i>3 of 3</i>	99341	X				X				X				
	99342		X				X				X			
	99343			X				X				X		
	99344				X				X			X		
	99345				X				X				X	
Home Visit for Estab. Pat. <i>2 of 3</i>	99347	X				X				X				
	99348		X				X				X			
	99349			X				X				X		
	99350				X				X				X	