

<b>DETERMINING HISTORY TYPE</b>				
	<b>Problem focused (PF)</b>	<b>Expanded problem focused (EPF)</b>	<b>Detailed (D)</b>	<b>Comprehensive (C)</b>
<b>History of present illness (1)</b>	1-3 elements	1-3 elements	4+ elements	4+ elements
<b>Review of systems (2)</b>	None	1 system (relevant to problem)	2-9 systems	10+ systems
<b>Past medical/family/social history</b>	None	None	One item from one area of history	One item from three areas of history

In order to determine the type of history obtained, *all 3 elements must meet or exceed the requirements of that level*. For follow-up assessments, documenting review of those elements with updates, if needed, is sufficient.

- (1) Elements include: location, quality, severity, duration, timing, context, modifying factors, associated signs/symptoms
- (2) Systems include: allergic/immunologic, cardiovascular, constitutional, HEENT, endocrine, eyes, GI, GU, hematologic/lymphatic, skin, musculoskeletal, neurological, psychiatric, respiratory

<b>DETERMINING EXAM TYPE</b>				
	<b>Problem focused (PF)</b>	<b>Expanded problem focused (EPF)</b>	<b>Detailed (D)</b>	<b>Comprehensive (C)</b>
<b>Number of elements (1)</b>	1-5 elements	6-8 elements	9+ elements	All elements

- (1) Elements include: at least 3 vital signs (temperature, BP, HR, RR, height, weight), appearance, muscle strength/tone, gait/station, speech, thought process, associations, thought content, mood, affect, judgment, insight, orientation (time/place/person), memory (recent/remote), attention and concentration, language, fund of knowledge

<b>DETERMINING COMPLEXITY OF MEDICAL DECISION MAKING</b>				
	<b>Straightforward (S)</b>	<b>Low complexity (L)</b>	<b>Moderate complexity (M)</b>	<b>High complexity (H)</b>
<b>Number of diagnoses/management options</b>	1 self-limited/minor problem	2+ self-limited problems, 1 stable, chronic problem, or 1 acute, uncomplicated problem	1+ chronic problems with mild worsening, 2+ stable, chronic problems, new problem with uncertain prognosis, or acute problem with systemic signs	1+ chronic problems with severe exacerbation or acute problem that is life threatening
<b>Data reviewed (1)</b>	1 point	2 points	3 points	4+ points
<b>Risk</b>	Generally requires simple management (e.g., rest)	Generally requires slightly more complicated management (e.g., IV fluids, OTC meds)	Generally requires prescription of medications	Generally requires complex management (e.g., drugs requiring intensive monitoring for toxicity)

In order to meet criteria for a specific level of complexity, *at least 2 elements must meet the requirements of that level*.

- (1) Ordering and reviewing labs = 1 point, ordering and reviewing images = 1 point, ordering and reviewing other tests = 1 point, obtaining record/history from other sources = 1 point, reviewing/summarizing old records = 2 points

INPATIENT BILLING CODES		
Description (“typical” time, if specified)	Code – wRVUs	Notes
Initial hospital care – level 1 (30 min)	99221 – 1.92	D + D + S/L
Initial hospital care – level 2 (50 min)	99222 – 2.61	C + C + M
Initial hospital care – level 3 (70 min)	99223 – 3.86	C + C + H
Subsequent hospital care – level 1 (15 min)	99231 – 0.76	PF + PF + S/L
Subsequent hospital care – level 2 (25 min)	99232 – 1.39	EPF + EPF + M
Subsequent hospital care – level 3 (35 min)	99233 – 2.00	D + D + H
Hospital discharge – level 1 (<30 min)	99238 – 1.28	<30 minutes of face-to-face time
Hospital discharge – level 2 (>30 min)	99239 – 1.90	>30 minutes of face-to-face time
Psychotherapy add-on – 15-37 min	90833 – 1.50	Must document treatment plan, therapeutic goals, maneuvers utilized, time spent performing therapy (separate from E/M), and outcome of therapy. Accompanying E/M code cannot be billed based on time.
Psychotherapy add-on – 38-52 min	90836 – 1.90	
Psychotherapy add-on – 53-67 min	90838 – 3.00	
Inpatient consult – level 1	99251 – 1.00	As many/most payers do not pay for consult codes, “hospital care” codes should be utilized instead in the inpatient setting.
Inpatient consult – level 2	99252 – 1.50	
Inpatient consult – level 3	99253 – 2.27	
Inpatient consult – level 4	99254 – 3.29	
Inpatient consult – level 5	99255 – 4.00	
Prolonged service add-on – 30-74 minutes	99356 – 1.71	Requires >50% of face-to-face time involving coordination of care. Add when total visit time is >30-74 minutes of the “typical” E/M time. Can include all time spent over a day.
Prolonged service add-on – 75-104 minutes	99356 + 99357 – 3.42	Same requirements as 99356. Add when total visit time is >75-104 minutes of the “typical” E/M time.
Prolonged service add-on – 30 minutes beyond the above	99357 – 1.71	Same requirements as 99356. Add one unit of 99357 for each additional 30 minutes over 104 minutes.
Electroconvulsive therapy with monitoring	90870 – 2.50	

<b>OUTPATIENT BILLING CODES</b>		
<b>Description (“typical” time, if specified)</b>	<b>Code – wRVUs</b>	<b>Notes</b>
New patient – level 1 (10 min)	99201 – 0.48	PF + PF + S
New patient – level 2 (20 min)	99202 – 0.93	EPF + EPF + S
New patient – level 3 (30 min)	99203 – 1.42	D + D + L
New patient – level 4 (45 min)	99204 – 2.43	C + C + M
New patient – level 5 (60 min)	99205 – 3.17	C + C + H
Established patient – level 1 (5 min)	99211 – 0.18	Not used
Established patient – level 2 (10 min)	99212 – 0.48	PF + PF + S
Established patient – level 3 (15 min)	99213 – 0.97	EPF + EPF + L
Established patient – level 4 (25 min)	99214 – 1.50	D + D + M
Established patient – level 5 (40 min)	99215 – 2.21	C + C + H
Psychotherapy add-on – 15-37 min	90833 – 1.50	Must document treatment plan, therapeutic goals, maneuvers utilized, time spent performing therapy (separate from E/M), and outcome of therapy. Accompanying E/M code cannot be billed based on time.
Psychotherapy add-on – 38-52 min	90836 – 1.90	
Psychotherapy add-on – 53-67	90838 – 3.00	
Prolonged service add-on – 30-74 minutes	99354 – 2.33	Requires >50% of face-to-face time involving coordination of care. Add when total visit time is >30-74 minutes of the “typical” E/M time. Can include all time spent over a day.
Prolonged service add-on – 75-104 minutes	99354 + 99355 – 4.10	Same requirements as 99354. Add when total visit time is >75-104 minutes of the “typical” E/M time.
Prolonged service add-on – 30 minutes beyond the above	99355 – 1.77	Same requirements as 99354. Add one unit of 99355 for each additional 30 minutes over 104 minutes.

<b>EMERGENCY ROOM BILLING CODES</b>		
<b>Description</b>	<b>Code – wRVUs</b>	<b>Notes</b>
Level 1	99281 – 0.45	PF + PF + S
Level 2	99282 – 0.88	EPF + EPF + L
Level 3	99283 – 1.34	EPF + EPF + M
Level 4	99284 – 2.56	D + D + M
Level 5	99285 – 3.80	C + C + H