

OUTPATIENT CPT CODING

February, 2002

1. Is this a new patient or a return? (New means the patient has not been seen by any physician of your same specialty and of your same group within the past 3 years.)
2. Determine the extent of **history** obtained. There are 4 types:
 - a) Problem focused - chief complaint; brief history of present illness or problem.
 - b) Expanded problem focused - chief complaint; brief history of present illness; problem pertinent system review.
 - c) Detailed - chief complaint; extended history or present illness; extended system review; pertinent past, family and/or social history.
 - d) Comprehensive - chief complaint; extended HPI; complete ROS; complete past, family and social history.
3. Determine the extent of **examination** performed. There are 4 types:
 - a) Problem focused - an exam that is limited to the affected body area or organ system.
 - b) Expanded problem focused - an exam of the affected body area or organ system and other symptomatic or related organ systems.
 - c) Detailed - an extended exam of the affected body area(s) and other symptomatic or related organ system(s).
 - d) Comprehensive - a complete single system specialty exam or a complete multi-system exam.
4. Determine the complexity of **medical decision making**. This refers to the complexity of establishing a dx and/or selecting a management option as measured by:
 - a) The number of possible dx's and/or the number of management options that must be considered;
 - b) The amount and/or complexity of medical records, dx tests, and/or other info that must be analyzed; and
 - c) The risk of significant complications, morbidity and/or mortality, as well as comorbidities, associated with the patient's presenting problem(s), the dx procedure(s) and/or the possible management options.

Four types of medical decision making are recognized: straightforward, low complexity, moderate complexity, and high complexity. To qualify for a given type of decision making, 2 of the 3 elements in the table following must be met or exceeded:

number of dx or management options	amount &/or complexity of data to be reviewed	risk of complications &/or morbidity or mortality	type of decision making
minimal	minimal or none	minimal	straightforward
limited	limited	low	low complexity
multiple	moderate	moderate	mod complexity
extensive	extensive	high	hi complexity

5. Select the appropriate level of Evaluation and Management services based on the following:
 - a) **All** of the key components (hx, exam, and medical decision making) must meet or exceed the stated requirements to qualify for a particular level of service for a **new** patient.
 - b) **Two or 3** components must meet or exceed the stated requirements to qualify for a particular level of service for a **return** visit.
 - c) In the case where counseling and/or coordination of care dominates (more than 50%) of the physician/patient and/or family encounter (face to face time in the outpatient setting), then **time** is considered the key or controlling factor to qualify for a particular level of service. The extent of counseling and/or coordination of care must be documented in the medical record.

NEW PATIENT CODES

- 99201 - problem focused history
problem focused exam
straightforward med decision making
self limited or minor problems
usually, 10 min face-to-face
- 99202 - expanded problem focused history
expanded problem focused exam
straightforward medical decision making
problems of low to moderate severity
20 min
- 99203 - detailed history
detailed exam
medical decision making of low complexity
moderately severe problems
30 min
- 99204 - comprehensive history
comprehensive exam
moderate complexity decision making
problems moderately to highly severe
45 min
- 99205 - comprehensive history
comprehensive exam
high complexity decision making
problems of mod to high severity
60 min
- must meet 3 of 3:
h, p, and
med decision making**
- notice 4 & 5 are both
complete h & p; the
difference is med decision
and problem severity**

ESTABLISHED PATIENT CODES

99211 - may not require the presence of a physician
minimal problem(s)
typically takes 5 min

must meet 2 of 3 criteria

99212 - problem focused history
problem focused exam
straightforward decision making
usually, problems self limited or minor
typically, 10 min

99213 - expanded problem focused history
expanded problem focused exam
med decision making of low complexity
usually, problems of low to moderate severity
typically, 15 min

99214 - detailed history
detailed exam
moderate complexity decision making
usually, problems of moderate to high severity
typically, 25 min

99215 - comprehensive history
comprehensive exam
medical decision making of high complexity
problems of moderate to high severity
usually, 40 min

EVALUATION AND MANAGEMENT EXAMPLES

New Patient

99201 - Office or other outpatient visit for the evaluation and management of a new patient, which requires these three key components:

- 1) a problem focused history;
- 2) a problem focused examination; and
- 3) a straightforward medical decision making

Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's need.

Usually, the presenting problems are self limited or minor. Physicians typically spend 10 minutes face-to-face with the patient and/or family.

Examples:

Initial office visit with 10-year-old male with severe rash and itching for the past 24 hours, positive history for contact with poison oak 48 hours prior to visit. (Family Medicine)

Initial office visit with an out-of-town visitor who needs a prescription refilled because she forgot her hay fever medication. (Allergy & Immunology/Internal Medicine)

Initial office visit for a 22-year-old male with a small area of sunburn requiring first aid. (Dermatology/Family Medicine/Internal Medicine)

99202 - Office or other outpatient visit for the evaluation and management of a new patient, which requires these three key components:

- 1) an expanded problem focused history;
- 2) an expanded problem focused examination; and
- 3) straightforward medical decision making

Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs.

Usually, the presenting problem(s) are of low to moderate severity. Physicians typically spend 20 minutes face-to-face with the patient and/or family.

Examples:

Initial office visit for a patient with recurring episodes of herpes simplex who has developed a clustering of vesicles on the upper lip. (Internal Medicine)

Initial office visit to plan transient dialysis for a 56-year-old stable dialysis patient who has accompanying records. (Nephrology)

Initial office visit for a 10-year-old female with acute maxillary sinusitis. (Family Medicine)

99203 - Office or other outpatient visit for the evaluation and management of a new patient, which requires these three key components:

- 1) a detailed history;
- 2) a detailed examination; and
- 3) medical decision making of low complexity.

Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs.

Usually, the presenting problem(s) are of moderate severity. Physicians typically spend 30 minutes face-to-face with the patient and/or family.

Examples:

Initial office visit for evaluation, diagnosis and management of painless gross hematuria in new patient, without cystoscopy. (Internal Medicine)

Initial office visit for 21-year-old female desiring counseling and evaluation of initiation of contraception. (Family Practice/Internal Medicine/Obstetrics & Gynecology)

Initial office visit for 19-year-old football player with 3 day old acute knee injury; now with swelling and pain. (Orthopaedic Surgery)

99204 - Office or other outpatient visit for the evaluation and management of a new patient, which requires these three key components:

- 1) a comprehensive history;
- 2) a comprehensive examination; and
- 3) medical decision making of moderate complexity.

Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family needs.

Usually, the presenting problem(s) are of moderate to high severity. Physicians typically spend 45 minutes face-to-face with the patient and/or family.

Examples:

Initial office visit for initial evaluation of a 63-year-old male with chest pain on exertion. (Cardiology/Internal Medicine)

Initial office visit of a 50-year-old female with progressive solid food dysphagia. (Gastroenterology)

Initial office visit for evaluation of 70-year-old female with polyarthralgia. (Rheumatology)

99205 - Office or other outpatient visit for the evaluation and management of a new patient, which requires these three key components:

- 1) a comprehensive history;
- 2) a comprehensive examination; and
- 3) medical decision making of high complexity.

Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs.

Usually, the presenting problem(s) are of moderate to high severity. Physicians typically spend 60 minutes face-to-face with the patient and/or family.

Examples:

Initial office visit for a 24-year-old homosexual male who has a fever, a cough, and shortness of breath. (Infectious Disease)

Initial office evaluation, patient with systemic lupus erythematosus, fever, seizures and profound thrombocytopenia. (Allergy & Immunology/Internal Medicine/Rheumatology)

Initial office visit for a 73-year-old male with an unexplained 20 lb. weight loss. (Hematology/Oncology)

Established Patient

99211 - Office or other outpatient visit for the evaluation and management of an established patient, that may not require the presence of a physician.

Usually, the presenting problem(s) are minimal. Typically, 5 minutes are spent performing or supervising these services.

Examples:

Office visit with 31-year-old female, established patient, for return to work certificate. (Anesthesiology)

Office visit for a 45-year-old female, established patient, for a blood pressure check. (Obstetrics and Gynecology)

Office visit with 12-year-old male, established patient, for cursory check of hematoma one day after venipuncture. (Internal Medicine)

99212 - Office or other outpatient visit for the evaluation and management of an established patient, which requires at least two of these three key components:

- 1) a problem focused history;
- 2) a problem focused examination;
- 3) straightforward medical decision making.

Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs.

Usually, the presenting problem(s) are self limited or minor. Physicians typically spend 10 minutes face-to-face with the patient and/or family.

Examples:

Office visit, sore throat, fever and fatigue in 19-year-old college student, established patient. (Internal Medicine)

Office visit for a 65-year-old male, established patient, with eruptions on both arms from poison oak exposure. (Allergy & Immunology/Internal Medicine)

Office visit with 33-year-old female, established patient, recently started on treatment for hemorrhoidal complaints, for re-evaluation. (Colon & Rectal Surgery)

99213 - Office or other outpatient visit for the evaluation and management of an established patient, which requires at least two of these three key components:

- 1) a problem focused history;
- 2) a problem focused examination; and
- 3) medical decision making low complexity

Counseling and coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs.

Usually, the presenting problem(s) are of low to moderate severity. Physicians typically spend 15 minutes face-to-face with the patient and/or family.

Examples:

Office visit with 55-year-old male, established patient, for management of hypertension, mild fatigue, on beta blocker/thiazide regimen. (Family Medicine/Internal Medicine)

Office visit for a 70-year-old diabetic hypertensive established patient with recent change in insulin requirement. (Internal Medicine/Nephrology)

Office visit for an established patient with stable cirrhosis of the liver. (Gastroenterology)

99214 - Office or other outpatient visit for the evaluation and management of an established patient, which requires at least two of these three key components:

- 1) a detailed history
- 2) a detailed examination
- 3) medical decision making of moderate complexity

Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs.

Usually, the presenting problem(s) are of moderate to high severity. Physicians typically spend 25 minutes face-to-face with the patient and/or family.

Examples:

Office visit for a 68-year-old male, established patient, with stable angina, two months post myocardial infarction, who is not tolerating one of his medications. (Cardiology)

Follow-up office visit for a 45-year-old established patient with rheumatoid arthritis on gold, methotrexate, or immunosuppressive therapy. (Rheumatology)

Office visit with 50-year-old female, established patient, diabetic, blood sugar controlled by diet. She now complains of frequency of urination and weight loss, blood sugar of 320 and negative ketones on dipstick. (Internal Medicine)

99215 - Office or other outpatient visit for the evaluation and management of an established patient, which requires at least two of these three key components:

- 1) a comprehensive history;
- 2) a comprehensive examination;
- 3) medical decision making of high complexity.

Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs.

Usually, the presenting problem(s) are of moderate to high severity. Physicians typically spend 40 minutes face-to-face with the patient and/or family.

Examples:

Office visit with 30-year-old male, established patient for 3 month history of fatigue, weight loss, intermittent fever, now presenting with diffuse adenopathy and splenomegaly. (Family Medicine)

Office visit for evaluation of recent onset syncopal attacks in a 70-year-old woman, established patient. (Internal Medicine)

Follow-up office visit for a 65-year-old male, established patient, with a fever of recent onset while on outpatient antibiotic therapy for endocarditis. (Infectious Disease)