

Documentation and Coding
Evaluation & Management (E/M) Services
History
1997 Guidelines

This is about CPT coding (Current Procedural Technology), which allows you to show the level of service you provided.

Elements of HPI

- Location
- Quality
- Severity
- Duration
- Timing
- Context
- Modifying factors
- Associated signs & symptoms

Elements of ROS

- Constitutional
- Eyes
- ENT mouth
- CV
- Respiratory
- GI
- GU
- Musculoskeletal
- Skin
- Neurological
- Psychiatric
- Endocrine
- Hematologic/lymphatic
- Allergic/immunologic

Elements of Past Medical, Family, Social history

- Past
- Family
- Social

There are 2 sets of guidelines: one published in 1995, and one in 1997. Practitioners may select which one they prefer. The 1997 guidelines take a “bullet counting” approach. 1995 guidelines are more general. To get credit for a bullet, “Ø” is sufficient; i.e., “endo: Ø” is adequate.

HPI	ROS	PFSH	Type of History
Brief 1-3	N/A	N/A	Problem focused
Brief 1-3	Problem pertinent 1	N/A	Expanded problem focused
Extended 4-8	Extended 2-9	Pertinent 1	Detailed
Extended 4-8	Complete 10-14	Complete 3	Comprehensive

New Clinic Patient Level of History Needed

99201	PF
99202	E
99203	D
99204	C
99205	C

Follow-up Patient Level of History Needed

99211	- (this is code for ancillary svc you physically supervise)
99212	PF
99213	E
99214	D
99215	C

Initial Inpatient

99221	D-C
99222	C
99223	C

The vast majority of our return clinic patients with multiple medical problems will code a level 3 or 4, so record at least a 2 point ROS.

The vast majority of our admissions should code a level 2 or 3, so record a 10 point ROS here.