

# EVALUATION & MANAGEMENT WORKSHEET

In order to determine the most appropriate E/M service code to describe a patient visit, "score" the visit in the following four areas: 1) **History**, 2) **Examination**, 3) **Medical decision-making**, and 4) **Category of service**.

**STEP ONE:** Determine the amount of **HISTORY** obtained.  
To qualify for a given level, all elements listed for that level must be met or exceeded.

<input type="checkbox"/> 1. Problem-Focused	<input type="checkbox"/> 2. Expanded Problem-Focused	<input type="checkbox"/> 3. Detailed	<input type="checkbox"/> 4. Comprehensive
<ul style="list-style-type: none"> <li>➤ Chief complaint</li> <li>➤ 1 to 3 elements of History of Present Illness (HPI)</li> </ul>	<ul style="list-style-type: none"> <li>➤ Chief complaint</li> <li>➤ 1 to 3 elements of HPI</li> <li>➤ Ocular review of systems</li> </ul>	<ul style="list-style-type: none"> <li>➤ Chief complaint</li> <li>➤ 4 elements of HPI</li> <li>➤ Ocular review of systems</li> <li>➤ 1 specific item from past, family, or social history</li> </ul>	<ul style="list-style-type: none"> <li>➤ Chief complaint</li> <li>➤ 4 elements of HPI</li> <li>➤ Ocular review of systems</li> <li>➤ Review of 9 additional systems</li> <li>➤ 1 or more items from all 3 history areas (for new patients); 1 or more items from 2 of the 3 history areas (for an established patient)</li> </ul>

**STEP TWO:** Determine the extent of **EXAMINATION** performed.  
To qualify for a given level, all elements listed for that level must be met or exceeded.

<input type="checkbox"/> 1. Problem-Focused	<input type="checkbox"/> 2. Expanded Problem-Focused	<input type="checkbox"/> 3. Detailed	<input type="checkbox"/> 4. Comprehensive
<ul style="list-style-type: none"> <li>➤ Limited exam of the affected body area or organ system</li> <li>➤ 1 to 5 elements of eye exam documented</li> </ul>	<ul style="list-style-type: none"> <li>➤ Limited exam of the affected body area or organ system and other symptomatic or related organ systems</li> <li>➤ 6 elements of eye exam documented</li> </ul>	<ul style="list-style-type: none"> <li>➤ Extended exam of the affected body area and other symptomatic or related organ systems</li> <li>➤ 9 elements of eye exam documented</li> </ul>	<ul style="list-style-type: none"> <li>➤ Complete single system specialty exam</li> <li>➤ All elements of eye exam plus mental status documented</li> </ul>

**STEP THREE:** Determine the complexity of **MEDICAL DECISION-MAKING** involved.  
To qualify for a given level, two out of three criteria listed for that level must be met or exceeded.

	<input type="checkbox"/> 1. Straightforward	<input type="checkbox"/> 2. Low Complexity	<input type="checkbox"/> 3. Moderate Complexity	<input type="checkbox"/> 4. High Complexity
Number of Diagnostic and Treatment Options	Minimal	Limited	Multiple	Extensive
Amount and Complexity of Data	Minimal or None	Limited	Moderate	Extensive
Risk of Complications and/or Morbidity/Mortality	Minimal	Low	Moderate	High

**STEP FOUR:** Identify the **CATEGORY OF SERVICE**.

**New Patient:**  
Must meet or exceed 3 of 3 in the column to bill for that code level.

	99201	99202	99203	99204	99205
History	1	2	3	4	4
Exam	1	2	3	4	4
Decision	1	2	2	3	4

**Consult Patient (Office/Confirmatory consultation):**  
Must meet or exceed 5 of 3 in the column to bill for that code level.

	99241	99242	99243	99244	99245
History	1	2	3	4	4
Exam	1	2	3	4	4
Decision	1	2	2	3	4

**Established Patient:**  
Must meet 2 of 3 in the column to bill for that code level.

	99211	99212	99213	99214	99215
History	0	1	2	3	4
Exam	0	1	2	3	4
Decision	0	1	2	3	4

# Using the Worksheet to Select E/M Services

## Key Terms

- New Patient:** A patient who has not received any professional services from the doctor, or another doctor of the same specialty who belongs to the same group, within the past three years.
- Established Patient:** A patient who has received professional services within the past three years.
- Office Consultation:** Type of service provided by doctors whose opinion/advice, regarding evaluation and/or management of a specific problem, is requested by another physician.
- Confirmatory Consult:** Type of service provided to patients when the consulting doctor is aware of the confirmatory nature of the opinion sought (e.g., a 2nd or 3rd opinion is requested or required).
- Chief Complaint:** A concise statement (usually in the patient's words) describing the symptoms, problem, condition, diagnosis, and/or other factors that are the reason for the doctor/patient encounter.
- HPI:** History of Present Illness. A chronological description of the development of a patient's present illness from the first sign/symptom to the present; includes a description of location, quality, severity, timing, context, modifying factors, and associated signs and symptoms significantly related to the present problem.

## Example

To select a level of E/M service by using the worksheet:

**STEP ONE:** Determine the extent of **HISTORY** obtained and check the appropriate box.

1. Problem-Focused     2. Expanded Problem-Focused     3. Detailed     4. Comprehensive

**STEP TWO:** Determine the extent of **EXAMINATION** performed and check the appropriate box.

1. Problem-Focused     2. Expanded Problem-Focused     3. Detailed     4. Comprehensive

**STEP THREE:** Determine the complexity of **MEDICAL DECISION-MAKING** and check the appropriate box.

1. Straightforward     2. Low Complexity     3. Moderate Complexity     4. High Complexity

**STEP FOUR:** Choose the appropriate table – was this a new or established patient, or a consult?

**New Patient:**

Must meet or exceed 3 of 3 in the column to bill for that code level.

	99201	99202	99203	99204	99205
History	1	2	3	4	4
Exam	1	2	3	4	4
Decision	1	2	2	3	4

**Consult Patient** (Office/Confirmatory consultation):

Must meet or exceed 3 of 3 in the column to bill for that code level.

	99241	99242	99243	99244	99245
History	1	2	3	4	4
Exam	1	2	3	4	4
Decision	1	2	2	3	4

**Established Patient:**

Must meet 2 of 3 in the column to bill for that code level.

	99211	99212	99213	99214	99215
History	0	1	2	3	4
Exam	0	1	2	3	4
Decision	0	1	2	3	4

In order to bill at the 99203 level for a **new patient**, you must have done the following:

1. A detailed **history** - you would have checked box #3 in Step One
2. A detailed **examination** - you would have checked box #3 in Step Two
3. Utilized **decision-making** that was low, moderate, or high complexity and checked box #2, 3, or 4 in Step Three
4. You must meet or exceed the values listed in the 99203 column of the **New Patient Table**

This worksheet is designed only to assist physicians in determining the appropriate level of E/M service. The optometrist is ultimately responsible for understanding and complying with all coding rules.