



## PEDIATRIC EVALUATION AND MANAGEMENT CODING CARD 2019

HISTORY				EXAMINATION			
<b>HPI Elements (Only reporting provider may document.)</b> <input type="checkbox"/> Duration (if at, since last night, 1 wk) <input type="checkbox"/> Location (right ear, big toe, head, lower abdomen) <input type="checkbox"/> Context (occurred when awake from nap, while playing soccer, when fell from tree) <input type="checkbox"/> Associated signs/symptoms (blurred vision with headache, cough with runny nose, drowsy with vomiting)		<b>Review of Systems</b> <input type="checkbox"/> Constitutional (if vital or general appearance) <input type="checkbox"/> Eyes <input type="checkbox"/> Ears, nose, and throat <input type="checkbox"/> Respiratory <input type="checkbox"/> Cardiovascular <input type="checkbox"/> Gastrointestinal <input type="checkbox"/> Genitourinary <input type="checkbox"/> Musculoskeletal <input type="checkbox"/> Neurologic <input type="checkbox"/> Psychiatric		<b>Past, Family, and Social History</b> <input type="checkbox"/> Past (ie, surgery, injuries, illnesses, injuries, treatments) <input type="checkbox"/> Family (a history of pertinent family history, including selected traits or disorders) <input type="checkbox"/> Social (at age appropriate review of past and current activities)		<b>Body Areas/Organ Systems</b> <input type="checkbox"/> Head, face <input type="checkbox"/> Neck <input type="checkbox"/> Chest/breast/axilla <input type="checkbox"/> Abdomen <input type="checkbox"/> Genitalia, groin/ buttocks <input type="checkbox"/> Back, spine <input type="checkbox"/> Extremities, ears <input type="checkbox"/> Constitutional <input type="checkbox"/> (if vital or general appearance) <input type="checkbox"/> Eyes <input type="checkbox"/> Ears, nose, and throat <input type="checkbox"/> Respiratory <input type="checkbox"/> Cardiovascular <input type="checkbox"/> Gastrointestinal <input type="checkbox"/> Genitourinary <input type="checkbox"/> Hematolymphatic/ immune <input type="checkbox"/> Musculoskeletal <input type="checkbox"/> Neurologic <input type="checkbox"/> Psychiatric <input type="checkbox"/> Integumentary <input type="checkbox"/> Skin or breast	
No. of HPI Elements _____		No. of ROS _____		No. of PFH _____			
No. of Body Areas/Organ Systems _____							
MEDICAL DECISION-MAKING							
Dx/Mgt		Data Reviewed/Ordered		Risk			
				Presenting Problem	Diagnostic Procedures	Management Options	
1 point (issue 1)	Established problem	1 point	Order or review laboratory studies.	Minimal	1 self-limited, minor problem	Wet/dry/tan Chest radiograph ECG/EEG Urinalysis Ultrasound	First Cough Elastic bandage Superficial dressing
2 points (issue 2)	Established problem worsening, inadequately controlled, or failing to change as expected	1 point	Order or review other studies (eg, ECG, EEG, x-ray, PET)	Low	1 self-limited, minor problem 1 stable/chronic illness Acute uncomplicated illness or injury	Physologic, nonstress test Non-cardiovascular imaging study with contrast Needle biopsy Arterial puncture Skin biopsy	OTC drug Minor surgery, no consultation Physical therapy Occupational therapy IV fluids without additives
3 points (issue 3)	New problem without additional workup	1 point	Discuss test with performing physician.	Moderate	1 chronic illness with mild exacerbation 2 stable/chronic illnesses Unexplained new problem, uncertain prognosis Acute illness with multiple symptoms Acute complicated injury	Physologic, stress test Diagnostic endoscopy, no consultation Deep needle or incisional biopsy Cardiovascular imaging study with contrast Obtaining fluid from body cavity	Minor surgery with consultation Elective major surgery without consultation Prescription drug management Therapeutic nuclear medicine IV fluids with additives Closed fracture treatment
4 points (issue 4)	New problem with additional workup	2 points	Review and summarize old records OR Obtain history from someone other than the patient OR Discuss care with other health-care professionals	High	Chronic illness with severe exacerbation, progression Illness/injury that poses a threat to life or bodily function Always change in neurologic status	Electrophysiologic study Diagnostic endoscopy with consultation Diagnostic	Elective major surgery with documented consultation Emergency major surgery Parenteral controlled substance Drug therapy requiring intensive monitoring Decision for DNR or do-resuscitation of treatment due to poor prognosis
Add Points Total Points		Add Points Total Points		Choose Risk Level Based on Highest Risk Noted From Table Above		Overall MDGM Level. Choose on the Basis of Meeting or Exceeding 2 of the 2 (Dx/Mgt, Data, Risk) Elements	
1	Minimal	1	Minimal	Minimal		1	
2	Low	2	Low	Low		2	
3	Moderate	3	Moderate	Moderate		3	
4	High	4	High	High		4	

**HISTORY:** Documentation of history includes CC, HPI, ROS, and PFH.

- ☐ **Internal History:** Subsequent hospital care only requires documentation of new history since last encounter.
- ☐ **Unstable/Unstable History:** Document reason. For example, "Further history was unstable/unstable because <...>."

**EXAMINATION:** Document specific abnormal, unexpected, and adverse negative findings. A collection of negative or normal is sufficient for normal findings. Extent of exam documented depends on PP.

**MEDICAL DECISION-MAKING:** MDGM can be viewed as the outcome of a cognitive process that leads to the selection of a course of action to diagnose or treat a patient. There are 3 distinct components to MDGM: number of problems, data reviewed/ordered, and risk. The first 2 are quantified; risk is up to the health-care professional to determine. To qualify for a given type of MDGM, 2 of the 3 elements must be met or exceeded.

**TIME:** For visits dominated by counseling or coordinating care, document total face-to-face time (disruptive) or visit flow time (disruptive) and that >50% of total time was dominated by counseling or coordinating care. In flow of key components, time can be used to determine L/NP level: <10% was spent counseling and coordinating care. Time is counted only by the reporting/health-care professional. Documentation requirements: "I personally spent a total time of <...> minutes in the care of this patient; of that, <...> minutes was spent in counseling and coordinating care face-to-face."

# Evaluation And Management Guidelines

**CCPS (Center for Chemical Process  
Safety)**



## **Evaluation And Management Guidelines:**

**The New Face of Evaluation and Management** Kellie S Hall, 2025 Physicians want to care for patients not spend their time documenting in an electronic medical record Physicians are always complaining about the amount of time they spend documenting patient care in support of medical billing through an evaluation and management coding system E M New guidelines were created to lessen the time a physician provider spends on documentation as many of the mandatory elements are no longer a requirement for calculating a code level Previously an E M evaluation and management note required documentation of history exam and medical decision making with required elements in each component to support a level for payment If an element was missing the level of service was not supported therefore the code was lowered resulting in a lower reimbursement for the physician provider The new guidelines eliminated the requirement of History and Exam as part of the calculation of a code level Yes an appropriate history and exam are required this supports good patient care but when it comes to reimbursement they are no longer part of the picture The overall system is not difficult if time is taken to understand the elements and how they are applied in the documentation Documentation is a word game always has been the authors focus is to show what words to use to lessen the time but still convey the complexity of the patient s condition and how the physician provider determines a treatment plan which includes the risk to the patient to satisfy the Coding guidelines initiated by Medicare and American Medical Association This book evaluates the new guidelines and brings them into prospective so physicians providers coders can easily understand how to document and calculate the level of service for reimbursement This is not a cumbersome book or complicated but straight to the point The main goal of the book is to educate physicians nurses and coders on what documentation is really required and what has just become habit over the last 30 years *Auditing Evaluation and Management Coding* Joe Rivet, Sharon Bolarakis, 2006 **Evaluation and**

**Management Coding Reference Guide - First Edition** AAPC, 2020-06-30 Defeat the challenges that threaten your E M claims and compliance success Evaluation and management E M services are the lifeblood of your revenue stream and yet they re the most problematic to report Claim denials remain high E M coding errors in fact rose from 11.9% in 2018 to account for 12.8% of CMS s overall 2019 improper payment rate How much E M revenue are you losing Safeguard your organization from claim denials and audit scrutiny with the Evaluation Management Coding Reference Guide Our experts break down E M coding rules and requirements into simple manageable steps written in everyday language to boost your E M reporting skills Learn how to capture the key components of medical history physical exam and medical decision making and capitalize on real world clinical scenarios to prevent over or under coding The Evaluation Management Coding Reference Guide will help you prep for 2021 E M guideline changes overhauling new and established office and outpatient services and walk you through online digital E M services remote physiologic monitoring and more Master the ins and outs of E M coding CPT guidelines level of service modifiers regulations and documentation guidelines Put an end to avoidable

denials and optimize your E M claims for full and prompt reimbursement Benefit from expert tutorials covering the spectrum of E M reporting concepts and challenges Prep for 2021 guideline changes and their impact on your organization Master the ins and outs of E M guidelines in CPT Capture the seven components of E M services Sort out medical decision making coding Avoid the pitfalls of time based coding Nail down specifics for critical care E M services Clear up modifier confusion Understand NPPs rules for same day E M services Take the guesswork out of complexity determinations Get the details on coding surgery and E M together Learn the principles of E M documentation     The Primary Care Provider's Guide to Compensation and Quality Carolyn Buppert,2005 This book links quality and reimbursement issues using a systems approach that clinicians may incorporate into their practice Updated to provide practical advice for primary care providers PCPs about major trends that have emerged over the past five years such as growing patient enrollment in managed care health plans performance evaluation of PCPs by outside agencies and the dramatic increase in billing being audited Includes a free CD ROM with customizable forms and checklists     The New Face of Evaluation and Management Kellie Hall,2025-06-30 Physicians want to care for patients not spend their time documenting in an electronic medical record Physicians are always complaining about the amount of time they spend documenting patient care in support of medical billing through an evaluation and management coding system E M New guidelines were created to lessen the time a physician provider spends on documentation as many of the mandatory elements are no longer a requirement for calculating a code level Previously an E M evaluation and management note required documentation of history exam and medical decision making with required elements in each component to support a level for payment If an element was missing the level of service was not supported therefore the code was lowered resulting in a lower reimbursement for the physician provider The new guidelines eliminated the requirement of History and Exam as part of the calculation of a code level Yes an appropriate history and exam are required this supports good patient care but when it comes to reimbursement they are no longer part of the picture The overall system is not difficult if time is taken to understand the elements and how they are applied in the documentation Documentation is a word game always has been the authors focus is to show what words to use to lessen the time but still convey the complexity of the patient s condition and how the physician provider determines a treatment plan which includes the risk to the patient to satisfy the Coding guidelines initiated by Medicare and American Medical Association This book evaluates the new guidelines and brings them into prospective so physicians providers coders can easily understand how to document and calculate the level of service for reimbursement This is not a cumbersome book or complicated but straight to the point The main goal of the book is to educate physicians nurses and coders on what documentation is really required and what has just become habit over the last 30 years     **Clinical Cardiology: Current Practice Guidelines** Demosthenes G. Katriasis,Bernard J. Gersh,A. John Camm,2016-07-21 Clinical Cardiology Current Practice Guidelines Updated Edition is an essential tool for the busy clinician offering succinct yet detailed access to the most recent trial and guideline data

supporting practice and patient management in cardiology ESC and ACC AHA guidelines are continually updated and often overlap in their advice making it difficult for the cardiologist to obtain a clear picture of the right way to diagnose and treat disease according to the latest evidence base Written by leading authorities in the field this book together with its regularly updated online version provides a unique solution The authors have scrutinized all available guidelines and research from both ACC AHA and ESC on every clinical issue The result is a rigorous examination of the implications of published guidance illustrated by more than 600 easy to follow tables and 200 full colour images which reinforce key points and clarify difficult concepts 87 comprehensive chapters explore the definition epidemiology pathophysiology diagnosis and management of cardiac disease Two new chapters examine the univentricular heart and venous thrombembolism Each chapter encompasses the latest published research followed by discussions of possible presentations and investigations offering detailed insights for clinicians into best practice for diagnosis and treatment Providing at a glance access to the best guidance in cardiology this book offers a diagnosis and management toolkit which no practising cardiologist can afford to be without **E&M**

**Coding Clear & Simple** Terri Ann Brame,2013-09-16 This easy to read text breaks these complex codes into manageable bite sized pieces Practice questions and real world case studies help you apply your knowledge and approach any coding situation with confidence **Clinical Cardiology** Demosthenes G. Katritsis,Bernard J. Gersh,A. John Camm,2013-09-19 An

essential tool for the busy clinician providing succinct yet detailed access to the most recent trial and guideline data supporting practice and patient management in cardiology *Nurse Practitioner's Business Practice and Legal Guide* ,

**Senate Document** ,2003 **Appropriations, Budget Estimates, Etc** United States. Congress,2003 **Nurse Practitioner's Business Practice and Legal Guide** Carolyn Buppert,2020-11-02 Nurse Practitioner s Business Practice and Legal Guide Seventh Edition is a must have resource for every new or current nurse practitioner NP It explains and analyzes the legal issues relevant to nurse practitioners The Seventh Edition was updated to include additional information on documentation requirements for avoiding malpractice and new case studies related to risk management In addition it provides the latest state by state laws including regulatory developments and prosecutions of nurse practitioners and new case analyses and lessons learned from those cases The Seventh Edition also offers discussions of NP competencies how the Doctor of Nursing Practice DNP degree relates to NPs the differences in primary care and acute care NPs definitions of medical bio ethics terminology malpractice cases and the lessons to learn from them emerging issues in health policy guidelines around prescribing opioids and controlled drugs clinical performance measures and more **Medicare**

**Prescription Drug, Improvement, and Modernization Act of 2003** United States. Congress,2003 **United States Code** United States,2018 **United States Code, 2000, Supplement 3, V. 4** ,2006-03 Contains additions to and changes in the general and permanent laws of the United States enacted during the 108th Congress 1st Session **Braunwald's Heart Disease E-Book** Robert O. Bonow,Douglas L. Mann,Douglas P. Zipes,Peter Libby,2011-02-25 Braunwald s Heart

Disease remains your indispensable source for definitive state of the art answers on every aspect of contemporary cardiology Edited by Drs Robert O Bonow Douglas L Mann Douglas P Zipes and Peter Libby this dynamic multimedia reference helps you apply the most recent knowledge in molecular biology and genetics imaging pharmacology interventional cardiology electrophysiology and much more Weekly updates online personally selected by Dr Braunwald continuously keep you current on the most important new developments affecting your practice Enhanced premium online content includes new dynamic cardiac imaging videos heart sound recordings and podcasts With sweeping updates throughout and contributions from a who's who of global cardiology Braunwald's is the cornerstone of effective practice Continuously access the most important new developments affecting your practice with weekly updates personally selected by Dr Braunwald including focused reviews hot off the press commentaries and late breaking clinical trials Practice with confidence and overcome your toughest challenges with advice from the top minds in cardiology today who synthesize the entire state of current knowledge and summarize all of the most recent ACC AHA practice guidelines Locate the answers you need fast thanks to a user friendly full color design with more than 1 200 color illustrations Search the complete contents online at [www.expertconsult.com](http://www.expertconsult.com) Stay on top of the latest advances in molecular imaging intravascular ultrasound cardiovascular regeneration and tissue engineering device therapy for advanced heart failure atrial fibrillation management structural heart disease Chagas heart disease ethics in cardiovascular medicine the design and conduct of clinical trials and many other timely topics Hone your clinical skills with new dynamic cardiac imaging videos heart sound recordings and podcasts at [www.expertconsult.com](http://www.expertconsult.com)

**Practical Evaluation and Management Coding** Christopher L. Taylor, 2008-03-14 This guide explains the Evaluation and Management E M coding process used by physicians and regulated by the American Medical Association In four chapters Dr Christopher Taylor establishes a step by step approach to determining the correct CPT code for the most common patient encounters in the office hospital or nursing home Helpful appendices provide E M coding guide templates and additional information

**Guidelines for Safe Storage and Handling of Reactive Materials** CCPS (Center for Chemical Process Safety), 2010-09-09 With new and growing interest in dealing with the hazards of reactive chemicals this book offers guidelines that can significantly reduce the risk or mitigate the severity of accidents associated with storing and handling reactive materials Necessary elements of a reliable system to prevent equipment or human failures that might lead to a reactive chemical incident are sound and responsible management policies together with a combination of superior siting design fabrication erection inspection monitoring maintenance operations and maintenance of facilities These Guidelines deal with all of these elements with emphasis on design considerations Braunwald's Heart Disease Peter Libby, Robert O. Bonow, Douglas L. Mann, Douglas P. Zipes, 2007-11-21 Dr Braunwald's masterwork returns bringing you the definitive guidance you need to overcome any challenge in clinical cardiology today using the best approaches available Hundreds of world authorities many of them new to this edition synthesize all of the recent developments that are revolutionizing practice

from the newest findings in molecular biology and genetics to the latest imaging modalities interventional procedures and medications This multimedia edition includes not only the printed reference but also access to the complete contents online fully searchable with regular updates and much more The expertise of the contributors the scope of the coverage and the versatile multimedia format all make this the ultimate reference for the practicing cardiologist Locate the answers you need fast thanks to a user friendly full color design complete with more than 1 500 color illustrations Glean clinically actionable information quickly with Clinical Practice Points in every chapter Access the complete contents of the 2 volume set online fully searchable plus regular updates to reflect the latest clinical developments Focused Reviews Commentaries Late Breaking Trials and more Apply the latest knowledge in your field with 7 new chapters on Acute Heart Failure Device Therapy of Heart Failure Emerging Therapies for Heart Failure Complementary and Alternative Approaches to Management Prevention and Management of Stroke Hypertrophic Cardiomyopathy and Coronary Arteriography Guidelines Get fresh perspectives on your practice with contributions from more than 20 brand new authors

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Increasing Revenue and Surviving Payor Scrutiny in the Reformed Health Care Market** Ilana Sable,2012

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