



PEDIATRIC EVALUATION AND MANAGEMENT CODING CARD 2019

HISTORY				EXAMINATION			
HPI Elements (Only reporting provider may document.) ☐ Duration (if at, since last night, 1 wk) ☐ Location (right ear, big toe, head, lower abdomen) ☐ Context (occurred when awake from nap, while playing soccer, when fell from tree) ☐ Associated signs/symptoms (blurred vision with headache, cough with runny nose, drowsy with vomiting)		Review of Systems ☐ Constitutional (if vital or general appearance) ☐ Eyes ☐ Ears, nose, and throat ☐ Respiratory ☐ Cardiovascular ☐ Gastrointestinal ☐ Genitourinary ☐ Musculoskeletal ☐ Neurologic ☐ Psychiatric		Past, Family, and Social History ☐ Past (ie, surgery, injuries, illnesses, injuries, treatments) ☐ Family (a history of pertinent family history, including selected traits or disorders) ☐ Social (at age appropriate review of past and current activities)		Body Areas/Organ Systems ☐ Head, face ☐ Neck ☐ Chest/breast/throat ☐ Abdomen ☐ Genitalia, groin/buttocks ☐ Back, spine ☐ Extremities, nails ☐ Constitutional (if vital or general appearance) ☐ Eyes ☐ Ears, nose, and throat ☐ Respiratory ☐ Cardiovascular ☐ Gastrointestinal ☐ Genitourinary ☐ Hematolymphatic system ☐ Musculoskeletal ☐ Neurologic ☐ Psychiatric ☐ Integumentary (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 fundi Chest radiograph ECG/BBG 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) 1 point Decide to obtain old records OR Decide to obtain history from someone other than the patient.	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. 2 points Independently review image, specimen, or testing (documentation tip: "On my review...").	Moderate	1 chronic illness with mild exacerbation 2 stable/chronic illnesses Undiagnosed new problem, uncertain prognosis Acute illness with multiple symptoms Acute complicated injury	Physiologic 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 recordings, 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	Minimal	Minimal	
2	Low	2	Low	Low	Low	Low	
3	Moderate	3	Moderate	Moderate	Moderate	Moderate	
4	High	4	High	High	High	High	

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 (face-to-face) and that >50% of total time was dominated by counseling or coordinating care. In less of key components, time can be used to determine L/N 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 Coding Guidelines 22

SJ Ball



Evaluation And Management Coding Guidelines 22:

This book delves into Evaluation And Management Coding Guidelines 22. Evaluation And Management Coding Guidelines 22 is an essential topic that must be grasped by everyone, from students and scholars to the general public. The book will furnish comprehensive and in-depth insights into Evaluation And Management Coding Guidelines 22, encompassing both the fundamentals and more intricate discussions.

1. The book is structured into several chapters, namely:

- Chapter 1: Introduction to Evaluation And Management Coding Guidelines 22
- Chapter 2: Essential Elements of Evaluation And Management Coding Guidelines 22
- Chapter 3: Evaluation And Management Coding Guidelines 22 in Everyday Life
- Chapter 4: Evaluation And Management Coding Guidelines 22 in Specific Contexts
- Chapter 5: Conclusion

2. In chapter 1, this book will provide an overview of Evaluation And Management Coding Guidelines 22. This chapter will explore what Evaluation And Management Coding Guidelines 22 is, why Evaluation And Management Coding Guidelines 22 is vital, and how to effectively learn about Evaluation And Management Coding Guidelines 22.

3. In chapter 2, this book will delve into the foundational concepts of Evaluation And Management Coding Guidelines 22. This chapter will elucidate the essential principles that must be understood to grasp Evaluation And Management Coding Guidelines 22 in its entirety.

4. In chapter 3, the author will examine the practical applications of Evaluation And Management Coding Guidelines 22 in daily life. This chapter will showcase real-world examples of how Evaluation And Management Coding Guidelines 22 can be effectively utilized in everyday scenarios.

5. In chapter 4, the author will scrutinize the relevance of Evaluation And Management Coding Guidelines 22 in specific contexts. The fourth chapter will explore how Evaluation And Management Coding Guidelines 22 is applied in specialized fields, such as education, business, and technology.

6. In chapter 5, this book will draw a conclusion about Evaluation And Management Coding Guidelines 22. The final chapter will summarize the key points that have been discussed throughout the book.

The book is crafted in an easy-to-understand language and is complemented by engaging illustrations. This book is highly recommended for anyone seeking to gain a comprehensive understanding of Evaluation And Management Coding Guidelines 22.

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Table of Contents Evaluation And Management Coding Guidelines 22

1. Understanding the eBook Evaluation And Management Coding Guidelines 22
 - The Rise of Digital Reading Evaluation And Management Coding Guidelines 22
 - Advantages of eBooks Over Traditional Books
2. Identifying Evaluation And Management Coding Guidelines 22
 - Exploring Different Genres
 - Considering Fiction vs. Non-Fiction
 - Determining Your Reading Goals
3. Choosing the Right eBook Platform
 - Popular eBook Platforms
 - Features to Look for in an Evaluation And Management Coding Guidelines 22
 - User-Friendly Interface
4. Exploring eBook Recommendations from Evaluation And Management Coding Guidelines 22
 - Personalized Recommendations
 - Evaluation And Management Coding Guidelines 22 User Reviews and Ratings
 - Evaluation And Management Coding Guidelines 22 and Bestseller Lists
5. Accessing Evaluation And Management Coding Guidelines 22 Free and Paid eBooks
 - Evaluation And Management Coding Guidelines 22 Public Domain eBooks
 - Evaluation And Management Coding Guidelines 22 eBook Subscription Services
 - Evaluation And Management Coding Guidelines 22 Budget-Friendly Options
6. Navigating Evaluation And Management Coding Guidelines 22 eBook Formats
 - ePub, PDF, MOBI, and More
 - Evaluation And Management Coding Guidelines 22 Compatibility with Devices
 - Evaluation And Management Coding Guidelines 22 Enhanced eBook Features
7. Enhancing Your Reading Experience
 - Adjustable Fonts and Text Sizes of Evaluation And Management Coding Guidelines 22
 - Highlighting and Note-Taking Evaluation And Management Coding Guidelines 22
 - Interactive Elements Evaluation And Management Coding Guidelines 22

8. Staying Engaged with Evaluation And Management Coding Guidelines 22
 - Joining Online Reading Communities
 - Participating in Virtual Book Clubs
 - Following Authors and Publishers Evaluation And Management Coding Guidelines 22
9. Balancing eBooks and Physical Books Evaluation And Management Coding Guidelines 22
 - Benefits of a Digital Library
 - Creating a Diverse Reading Collection Evaluation And Management Coding Guidelines 22
10. Overcoming Reading Challenges
 - Dealing with Digital Eye Strain
 - Minimizing Distractions
 - Managing Screen Time
11. Cultivating a Reading Routine Evaluation And Management Coding Guidelines 22
 - Setting Reading Goals Evaluation And Management Coding Guidelines 22
 - Carving Out Dedicated Reading Time
12. Sourcing Reliable Information of Evaluation And Management Coding Guidelines 22
 - Fact-Checking eBook Content of Evaluation And Management Coding Guidelines 22
 - Distinguishing Credible Sources
13. Promoting Lifelong Learning
 - Utilizing eBooks for Skill Development
 - Exploring Educational eBooks
14. Embracing eBook Trends
 - Integration of Multimedia Elements
 - Interactive and Gamified eBooks

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