



## PEDIATRIC EVALUATION AND MANAGEMENT CODING CARD 2019

| HISTORY                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                           | EXAMINATION                                                                                                                                                                                                                                                                                                                                        |                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                   |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------|
| <b>HPI Elements (Only reporting provider may document.)</b><br><input type="checkbox"/> Duration (if at, since last night, 1 wk)<br><input type="checkbox"/> Location (right ear, big toe, head, lower abdomen)<br><input type="checkbox"/> Context (occurred when awake from nap, while playing soccer, when fell from tree)<br><input type="checkbox"/> Associated signs/symptoms (blurred vision with headache, cough with runny nose, drowsy with vomiting) |                                                                                          | <b>Review of Systems</b><br><input type="checkbox"/> Constitutional (if vital or general appearance)<br><input type="checkbox"/> Eyes<br><input type="checkbox"/> Ears, nose, and throat<br><input type="checkbox"/> Respiratory<br><input type="checkbox"/> Cardiovascular<br><input type="checkbox"/> Gastrointestinal<br><input type="checkbox"/> Genitourinary<br><input type="checkbox"/> Musculoskeletal<br><input type="checkbox"/> Neurologic<br><input type="checkbox"/> Psychiatric |                                                           | <b>Past, Family, and Social History</b><br><input type="checkbox"/> Past (ie, surgery, injuries, illnesses, injuries, treatments)<br><input type="checkbox"/> Family (a history of pertinent family history, including selected traits or disorders)<br><input type="checkbox"/> Social (at age appropriate review of past and current activities) |                                                                                                    | <b>Body Areas/Organ Systems</b><br><input type="checkbox"/> Head, face<br><input type="checkbox"/> Neck<br><input type="checkbox"/> Chest/breast/throat<br><input type="checkbox"/> Abdomen<br><input type="checkbox"/> Genitalia, groin/<br>buttocks<br><input type="checkbox"/> Back, spine<br><input type="checkbox"/> Extremities, ears<br><input type="checkbox"/> Constitutional<br><input type="checkbox"/> (if vital or general appearance)<br><input type="checkbox"/> Eyes<br><input type="checkbox"/> Ears, nose, and throat<br><input type="checkbox"/> Respiratory<br><input type="checkbox"/> Cardiovascular<br><input type="checkbox"/> Gastrointestinal<br><input type="checkbox"/> Genitourinary<br><input type="checkbox"/> Hematolymphatic/<br>immune<br><input type="checkbox"/> Musculoskeletal<br><input type="checkbox"/> Neurologic<br><input type="checkbox"/> Psychiatric<br><input type="checkbox"/> Integumentary<br><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/tent<br>Chest radiograph<br>ECG/EEG<br>Urinalysis<br>Ultrasound                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | First<br>Cough<br>Elastic bandage<br>Superficial dressing                                                         |
| 2 points (issue 2)                                                                                                                                                                                                                                                                                                                                                                                                                                              | Established problem worsening, inadequately controlled, or failing to change as expected | 1 point                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | Order or review radiology studies (radiology studies).    | Low                                                                                                                                                                                                                                                                                                                                                | 1 self-limited, minor problem<br>1 stable/chronic illness<br>Acute uncomplicated illness or injury | Physologic, nonstress test<br>Non-cardiovascular imaging study with contrast<br>Needle biopsy<br>Arterial puncture<br>Skin biopsy                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | OTC drug<br>Minor surgery, no sedation<br>Physical therapy<br>Occupational therapy<br>IV fluids without additives |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                          | 1 point                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | Order or review other studies (eg, ECG, EEG, x-ray, PET). |                                                                                                                                                                                                                                                                                                                                                    |                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                   |
| 3 points (issue 3)                                                                                                                                                                                                                                                                                                                                                                                                                                              | New problem without additional workup                                                    | 1 point                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | Order or review other studies (eg, ECG, EEG, x-ray, PET). | Moderate                                                                                                                                                                                                                                                                                                                                           | 1 self-limited, minor problem<br>1 stable/chronic illness<br>Acute uncomplicated illness or injury | Physologic, nonstress test<br>Non-cardiovascular imaging study with contrast<br>Needle biopsy<br>Arterial puncture<br>Skin biopsy                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | OTC drug<br>Minor surgery, no sedation<br>Physical therapy<br>Occupational therapy<br>IV fluids without additives |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                          | 2 points                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | Order or review other studies (eg, ECG, EEG, x-ray, PET). |                                                                                                                                                                                                                                                                                                                                                    |                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                   |
| 4 points (issue 4)                                                                                                                                                                                                                                                                                                                                                                                                                                              | New problem with additional workup                                                       | 1 point                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | Order or review other studies (eg, ECG, EEG, x-ray, PET). | High                                                                                                                                                                                                                                                                                                                                               | 1 self-limited, minor problem<br>1 stable/chronic illness<br>Acute uncomplicated illness or injury | Physologic, nonstress test<br>Non-cardiovascular imaging study with contrast<br>Needle biopsy<br>Arterial puncture<br>Skin biopsy                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | OTC drug<br>Minor surgery, no sedation<br>Physical therapy<br>Occupational therapy<br>IV fluids without additives |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                          | 2 points                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | Order or review other studies (eg, ECG, EEG, x-ray, PET). |                                                                                                                                                                                                                                                                                                                                                    |                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                   |
| Add Points<br>Total Points                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                          | Add Points<br>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 notation 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: 1-10% 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 <10 minutes in the care of this patient; of that, <10 minutes was spent in counseling and coordinating care face-to-face."

# Evaluation And Management Coding Cheat Guidelines

**S Nieto**



## **Evaluation And Management Coding Cheat Guidelines:**

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