

IMPORTANT NOTE ABOUT THIS REIMBURSEMENT POLICY

Providers are responsible for submission of accurate claims requests. This reimbursement policy is intended to ensure that you are reimbursed based on the code that correctly describes the procedure performed. This and other reimbursement policies may use CPT, CMS or other coding methodologies from time to time. References to CPT or other sources are for definitional purposes only and do not imply any right to reimbursement.

Coding methodology, clinical rationale, industry-standard reimbursement logic, regulatory issues, business issues and other input is considered in developing reimbursement policy.

This information is intended to serve as a resource regarding the reimbursement policy for the services described and is not intended to address every aspect of a reimbursement situation. Accordingly we may use reasonable discretion in interpreting and applying this policy to services being delivered in a particular case. Further, the policy does not cover all issues related to reimbursement for services rendered to enrollees as legislative mandates, the provider contract documents, and the enrollee's benefit coverage documents, may supplement or in some cases supersede this policy. Finally, systems logic or set up may prevent the loading of this policy onto different claims platforms in exactly the same way; however, we strive to minimize these variations.

ACN Group Inc. (OptumHealth Physical Health), may modify this policy from time to time by publishing a new version of the policy on its Website; however, the information presented in this policy is believed to be accurate and current as of the date of publication.

Documentation Requirements for Evaluation Management (E/M) Services (99201-99205; 99212-99215) Policy

Type	Reimbursement	
Number	0056	
Approved by		Approval Date
Reimbursement and Technology Committee Quality Improvement Committee		November 15, 2007 January 17, 2008

Description

This Policy describes OptumHealth Physical Health documentation requirements for reimbursement of the Evaluation and Management (E/M) CPT codes, specifically new patient CPT codes, 99201-99205 and established patient CPT codes, 99212-99215.

Audience

Targeted Population	This Policy applies to all products, all network and non-network rehabilitation providers including non-network authorized, percent of charge contract, and flat rate/per diem contract rehabilitation providers.* <i>*Fee schedule/provider contract/client contract may supersede</i>
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Policy

<p>Policy Statement</p>	<p>Documentation Requirements – Evaluation Management (E/M) OptumHealth Physical Health will align E/M documentation requirements with CPT definition and AMA’s Documentation Guidelines for Evaluation and Management Services.</p>
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Edit Sources

OptumHealth Physical Health sources its Physical Medicine and Rehabilitation and Chiropractic CPT code payment policy methodology to methodologies used and recognized by third party authorities. The sources used to determine if a CPT code is reimbursable are:

Current Procedural Terminology book (CPT) from the American Medical Association (AMA)

Centers for Medicare and Medicaid (CMS) National Coverage Policy and current Centers for Medicare and Medicaid (CMS) Policy Manual(s) <http://www.cms.hhs.gov>

ChiroCode DeskBook, 18th ed., 2010. <http://www.chirocode.com>

Background Summary

Evaluation and Management (E/M) CPT codes are used to describe new patient and established patient services. E/M CPT codes measure the level of provider work by weighing all pertinent medical findings documented in the history and physical examination sections of medical records in combination with assessments for the complexities and risks of diagnoses and treatments.

Health care providers utilize E/M codes for billing of office visits, hospital visits and other cognitive services. Historically, the documentation requirements embedded within the E/M CPT definitions have proven to be a challenge for practitioners who utilize these codes to report services. This guideline serves to provide clarity and OptumHealth Physical Health’s expectations as they relate to the reporting and documenting of E/M CPT codes.

Documentation Requirements

General Guidelines

A new patient is one who has not received any professional services from the physician or another physician of the same specialty who belongs to the same group practice, within the past three years.

An established patient is one who has received professional services from the physician or another physician of the same specialty who belongs to the same group practice, within the past three years.

The descriptors for the levels of E/M services recognize seven components which are used in defining the levels of E/M services.

The first three of these components (history, examination and medical decision making) are the key components in selecting the level of E/M service.

1. **History** (four recognized types of history)
 - problem-focused

- expanded problem focused
 - detailed
 - comprehensive
2. **Examination** (four recognized types of examination)
- problem-focused
 - expanded problem-focused
 - detailed
 - comprehensive
3. **Medical decision making** (four recognized types of medical decision-making)
- straightforward
 - low complexity
 - moderate complexity
 - high complexity
4. Counseling (contributory factor);
5. Coordination of care (contributory factor);
6. Nature of presenting problem (contributory factor); and
7. Time.

When selecting the appropriate level of service for an E/M CPT code, the following requirements must be satisfied and adequately documented in the clinical record:

• **New Patient (CPT 99201-99205) – requires all three key components** (see Quick Reference Table)

• **Established Patient (CPT 99212-99215) – requires two of the three key components** (see Quick Reference Table)



E_M Quick Reference
Table.doc

DETERMINE AND DOCUMENT THE HISTORY

There are four types of **history** (Problem Focused, Expanded Problem Focused, Detailed, and Comprehensive). Each type of history includes some or all of the following elements:

- Chief complaint (CC);
- History of present illness (HPI);
- Review of systems (ROS); and
- Past, family and/or social history (PFSH).

The extent of history of present illness, review of systems and past, family and/or social history that is obtained and documented is dependent upon clinical judgment and the nature of the presenting problem(s).

The chart below shows the progression of the elements required for each type of history. To qualify for a given type of history **all three elements in the table must be met**. (A chief complaint is indicated at all levels.)

History of Present Illness (HPI)	Review of Systems (ROS)	Past, Family, and/or Social History (PFSH)	Type of History
Brief	N/A	N/A	<i>Problem Focused</i>
Brief	Problem Pertinent	N/A	<i>Expanded Problem Focused</i>
Extended	Extended	Pertinent	<i>Detailed</i>
Extended	Complete	Complete	<i>Comprehensive</i>

Chief Complaint (CC)

The CC is a concise statement describing the symptom, problem, condition, diagnosis, physician recommended return, or other factor that is the reason for the encounter, usually stated in the patient's words.

History of Present Illness (HPI)

The HPI is a chronological description of the development of the patient's present illness from the first sign and/or symptom or from the previous encounter to the present. It includes the following elements:

- location,
- quality,
- severity,
- duration,
- timing,
- context,
- modifying factors, and
- associated signs and symptoms.

Brief and **extended** HPIs are distinguished by the amount of detail needed to accurately characterize the clinical problem(s).

- A **brief** HPI consists of one to three elements of the HPI.
- An **extended** HPI consists of at least four elements of the HPI or the status of at least three chronic or inactive conditions.

Review of Symptoms (ROS)

A ROS is an inventory of body systems obtained through a series of questions seeking to identify signs and/or symptoms which the patient may be experiencing or has experienced. For purposes of ROS, the following systems are recognized:

- Constitutional symptoms (e.g., fever, weight loss)
- Eyes
- Ears, Nose, Mouth, Throat
- Cardiovascular
- Respiratory
- Gastrointestinal
- Genitourinary
- Musculoskeletal
- Integumentary (skin and/or breast)

- Neurological
 - Psychiatric
 - Endocrine
 - Hematologic/Lymphatic
 - Allergic/Immunologic
- A **problem pertinent** ROS inquires about the system directly related to the problem(s) identified in the HPI.
 - An **extended** ROS inquires about the system directly related to the problem(s) identified in the HPI and a limited number of additional systems.
 - A **complete** ROS inquires about the system(s) directly related to the problem(s) identified in the HPI *plus* all additional body systems.

Past, Family and/or Social History (PFSH)

The PFSH consists of a review of three areas:

- past history (the patient's past experiences with illnesses, operations, injuries and treatments);
 - family history (a review of medical events in the patient's family, including diseases which may be hereditary or place the patient at risk); and
 - social history (an age appropriate review of past and current activities).
- A **pertinent** PFSH is a review of the history area(s) directly related to the problem(s) identified in the HPI.
 - A **complete** PFSH is of a review of two or all three of the PFSH history areas, depending on the category of the E/M service. A review of all three history areas is required for services that by their nature include a comprehensive assessment or reassessment of the patient. A review of two of the three history areas is sufficient for other services.

DETERMINE AND DOCUMENT THE EXAMINATION

There are four types of examination:

- **Problem Focused** -- a limited examination of the affected body area or organ system.
- **Expanded Problem Focused** -- a limited examination of the affected body area or organ system and any symptomatic or related body area(s) or organ system(s).
- **Detailed** -- an extended examination of the affected body area(s) or organ system(s) and any other symptomatic or related body area(s) or organ system(s).
- **Comprehensive** -- a general multi-system examination, or complete examination of a single organ system and other symptomatic or related body area(s) or organ system(s).

DETERMINE AND DOCUMENT THE COMPLEXITY OF MEDICAL DECISION MAKING

There are four types of medical decision making (straightforward, low complexity, moderate complexity and high complexity). Medical decision making refers to the complexity of establishing a diagnosis and/or selecting a management option as measured by:

- The number of possible diagnoses and/or the number of management options that must be considered;
- The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be obtained, reviewed and analyzed; and
- The risk of significant complications, morbidity and/or mortality, as well as comorbidities, associated with the patient's presenting problem(s), the diagnostic procedure(s) and/or the

possible management options.

The chart below shows the progression of the elements required for each level of medical decision making. To qualify for a given type of decision making, **two of the three elements in the table must be either met or exceeded.**

Number of diagnoses or management options	Amount and/or complexity of data to be reviewed	Risk of complications and/or morbidity or mortality	Type of decision making
Minimal	Minimal or None	Minimal	<i>Straightforward</i>
Limited	Limited	Low	<i>Low Complexity</i>
Multiple	Moderate	Moderate	<i>Moderate Complexity</i>
Extensive	Extensive	High	<i>High Complexity</i>

Number of Diagnoses or Management Options

The number of possible diagnoses and/or the number of management options that must be considered is based on the number and types of problems addressed during the encounter, the complexity of establishing a diagnosis and the management decisions that are made by the physician.

Amount and/or Complexity of Data to be Reviewed

The amount and complexity of data to be reviewed is based on the types of diagnostic testing ordered or reviewed. A decision to obtain and review old medical records and/or obtain history from sources other than the patient increases the amount and complexity of data to be reviewed.

Risk of Complications and/or Morbidity or Mortality

The risk of significant complications, morbidity, and/or mortality is based on the risks associated with the presenting problem(s), the diagnostic procedure(s), and the possible management options.

OTHER: DOCUMENTATION OF AN ENCOUNTER DOMINATED BY COUNSELING OR COORDINATION OF CARE

In the case where counseling and/or coordination of care dominates (more than 50%) of the physician/patient and/or family encounter (face-to-face time in the office or other or outpatient setting, floor/unit time in the hospital or nursing facility), time is considered the key or controlling factor to qualify for a particular level of E/M services.

Coding

CPT Code Section

99201	Office or other outpatient visits for the evaluation and management of a new patient, which requires these three components: <ul style="list-style-type: none"> • A problem focused history;
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	<ul style="list-style-type: none"> • A problem focused examination; • Straightforward medical decision making. <p>Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs.</p> <p>Usually, the presenting problem(s) are self limited or minor. Physicians typically spend 10 minutes face-to-face with the patient and/or family.</p>
99202	<p>Office or other outpatient visits for the evaluation and management of a new patient, which requires these three components:</p> <ul style="list-style-type: none"> • An expanded problem focused history; • An expanded problem focused examination; • Straightforward medical decision making. <p>Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs.</p> <p>Usually, the presenting problem(s) are of low to moderate severity. Physicians typically spend 20 minutes face-to-face with the patient and/or family.</p>
99203	<p>Office or other outpatient visits for the evaluation and management of a new patient, which requires these three components:</p> <ul style="list-style-type: none"> • A detailed history; • A detailed examination; • Medical decision making of low complexity. <p>Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs.</p> <p>Usually, the presenting problem(s) are of moderate severity. Physicians typically spend 30 minutes face-to-face with the patient and/or family.</p>
99204	<p>Office or other outpatient visits for the evaluation and management of a new patient, which requires these three components:</p> <ul style="list-style-type: none"> • A comprehensive history; • A comprehensive examination; • Medical decision making of moderate complexity. <p>Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs.</p> <p>Usually, the presenting problem(s) are of moderate to high severity. Physicians typically spend 45 minutes face-to-face with the patient and/or family.</p>
99205	<p>Office or other outpatient visits for the evaluation and management of a new patient, which requires these three components:</p> <ul style="list-style-type: none"> • A comprehensive history; • A comprehensive examination; • Medical decision making of high complexity. <p>Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs.</p> <p>Usually, the presenting problem(s) are of moderate to high severity. Physicians</p>

	typically spend 60 minutes face-to-face with the patient and/or family.
99212	<p>Office or other outpatient visit for the evaluation and management of an established patient, which requires at least two of these three key components:</p> <ul style="list-style-type: none"> • A problem focused history; • A problem focused examination; • Straightforward medical decision making. <p>Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs.</p> <p>Usually, the presenting problem(s) are self limited or minor. Physicians typically spend 10 minutes face-to-face with the patient and/or family.</p>
99213	<p>Office or other outpatient visit for the evaluation and management of an established patient, which requires at least two of these three key components:</p> <ul style="list-style-type: none"> • An expanded problem focused history; • An expanded problem focused examination; • Medical decision making of low complexity. <p>Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs.</p> <p>Usually, the presenting problem(s) are of low to moderate severity. Physicians typically spend 15 minutes face-to-face with the patient and/or family.</p>
99214	<p>Office or other outpatient visit for the evaluation and management of an established patient, which requires at least two of these three key components:</p> <ul style="list-style-type: none"> • A detailed history; • A detailed examination; • Medical decision making of moderate complexity. <p>Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs.</p> <p>Usually, the presenting problem(s) are of moderate to high severity. Physicians typically spend 25 minutes face-to-face with the patient and/or family.</p>
99215	<p>Office or other outpatient visit for the evaluation and management of an established patient, which requires at least two of these three key components:</p> <ul style="list-style-type: none"> • A comprehensive history; • A comprehensive examination; • Medical decision making of high complexity. <p>Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs.</p> <p>Usually, the presenting problem(s) are of moderate to high severity. Physicians typically spend 40 minutes face-to-face with the patient and/or family.</p>

References and Resources

References
 1. American Medical Association, *Current Procedural Terminology (CPT), Professional*

Edition 2010

2. American Medical Association, *CPT 2007 E/M Express Reference Tables*

3. American Medical Association, *Documentation Guidelines for Evaluation and Management Services, 2007*

History/Updates

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