



Rational Physician Coding for E/M Consult Services

Redacted Version

Peter R. Jensen, MD, CPC
www.EMuniversity.com



Rational Physician Coding for E/M Consult Services



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For clinically driven E/M coding education, go to
www.EMuniversity.com

Goals

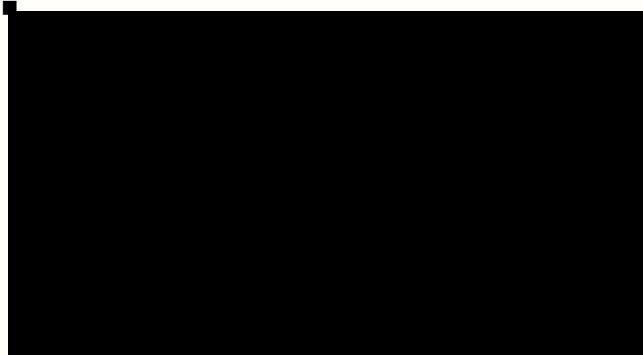
- Know the definition of a consult
- Learn the documentation requirements for consult services
- Understand how to identify the highest ethical level of care
- Streamline your documentation to save time
- Maintain the focus on patient care

What is a Consult?

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Types of Consults

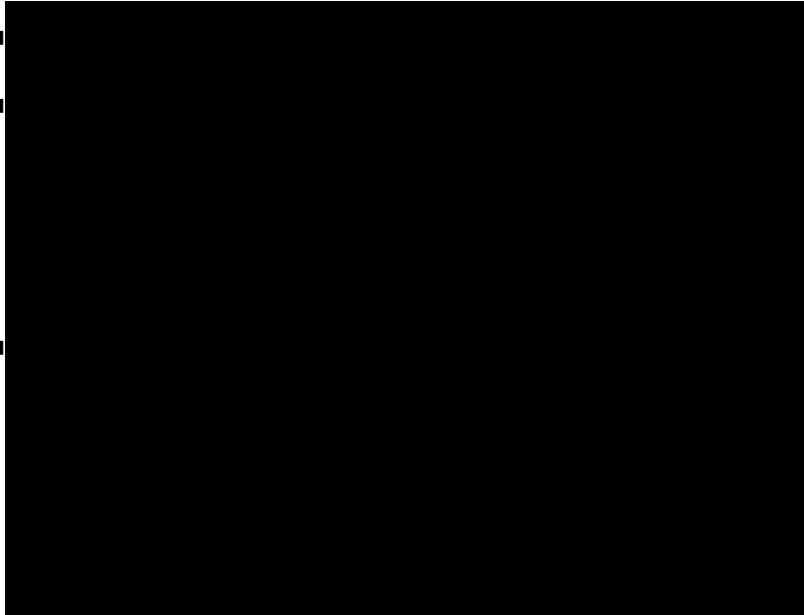


Outpatient Consults

E/M Code	History	Exam	MDM	Time
99241	PF	PF	PF	15
99242	EPF	EPF	SF	30
99243	Detailed	Detailed	Low	40
99244	Comp	Comp	Mod	60
99245	Comp	Comp	High	80

3 out of 3 key components must qualify

Outpatient Consults



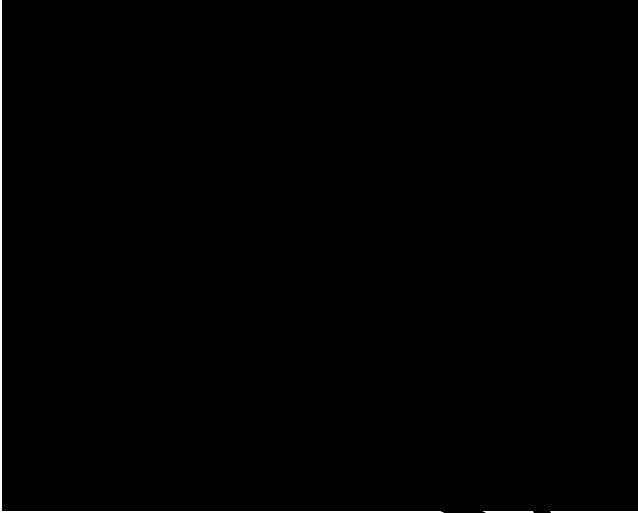
Inpatient Consults

E/M Code	History	Exam	MDM	Time
99251	PF	PF	SF	20
99252	EPF	EPF	SF	40
99253	Detailed	Detailed	Low	55
99254	Comp	Comp	Mod	80
99255	Comp	Comp	High	110

3 out of 3 key components must qualify

Inpatient Consults

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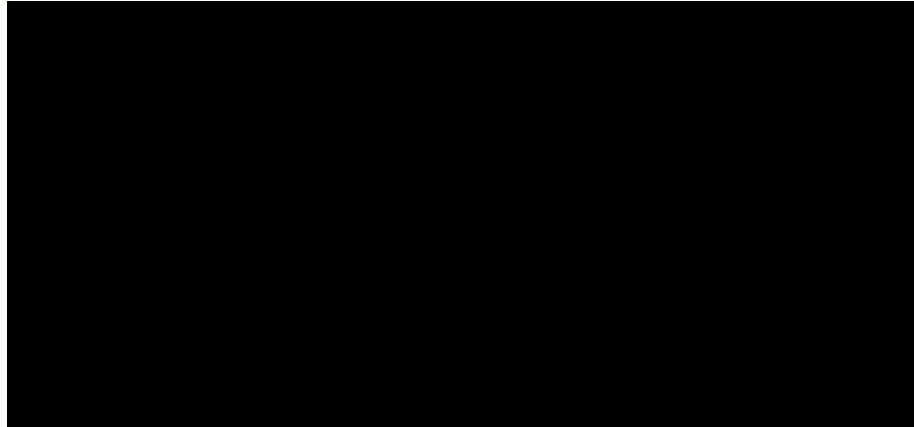
Outpatient vs. Inpatient



Outpatient vs. Inpatient

Outpatient Consults

Inpatient Consults



Documentation

Outpatient	E/M Code	History	Exam	MDM	Time
	99241	PF	PF	PF	15
	99242	EPF	EPF	SF	30
	99243	Detailed	Detailed	Low	40
	99244	Comp	Comp	Mod	60
	99245	Comp	Comp	High	80

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	99251	PF	PF	SF	20
	99252	EPF	EPF	SF	40
	99253	Detailed	Detailed	Low	55
	99254	Comp	Comp	Mod	80
	99255	Comp	Comp	High	110

3 out of 3 key components must qualify

Coding Based on Time

	Inpatient	Outpatient
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E/M Co
99255

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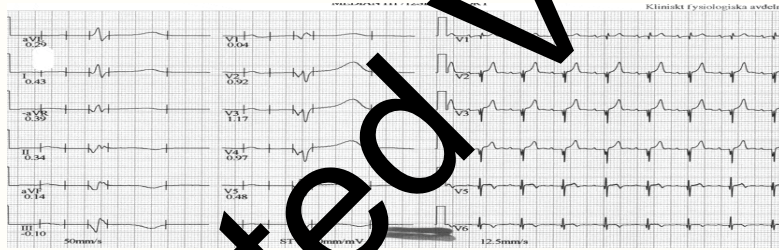
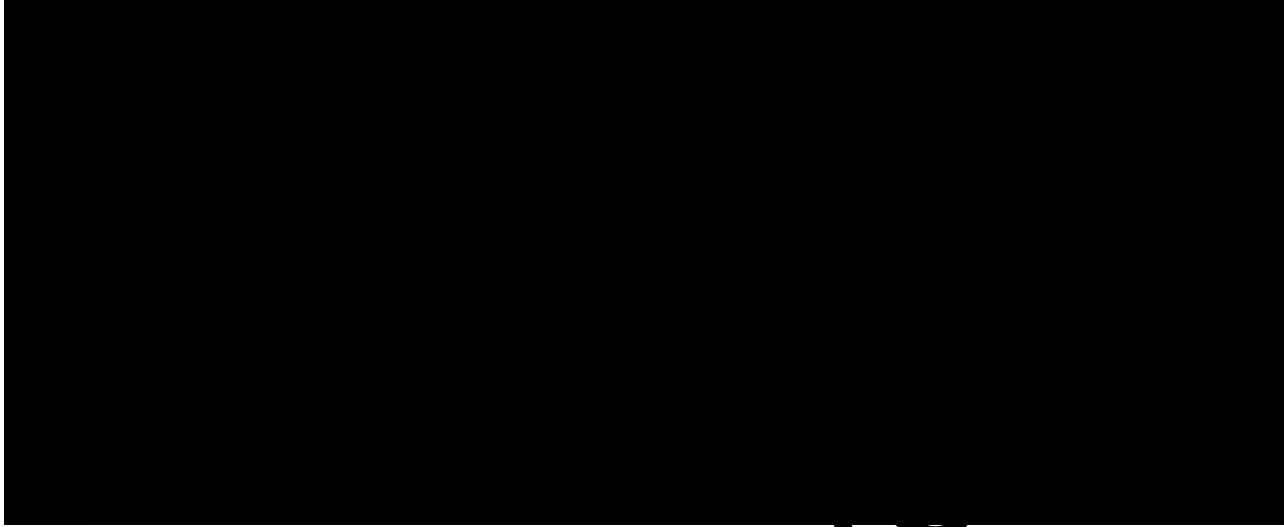
E/M Co
99255

Rec'd

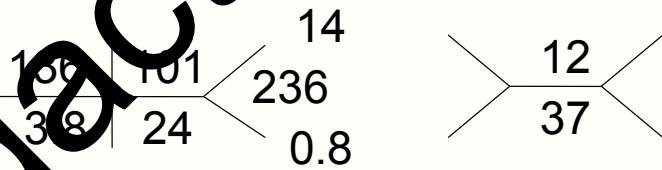
Comprehensive

	HPI	R
PF	Brief	N
EPF	Brief	
Det	Ext	2
Comp	Ext	

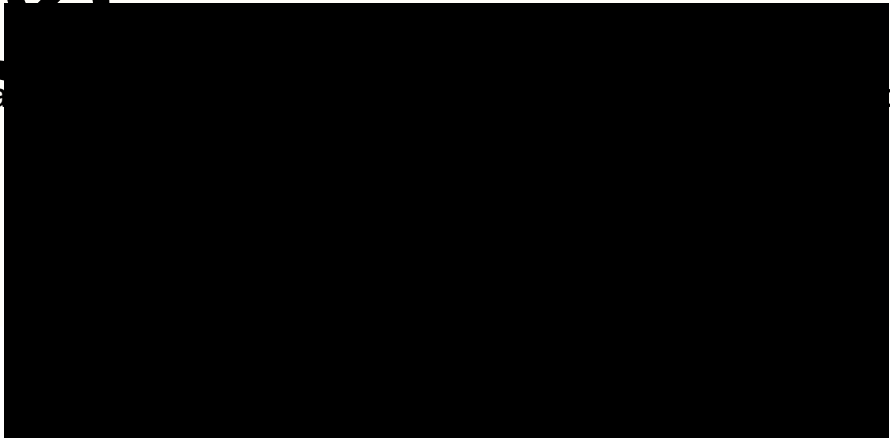
What Does a 99255 Look Like?



Redacted

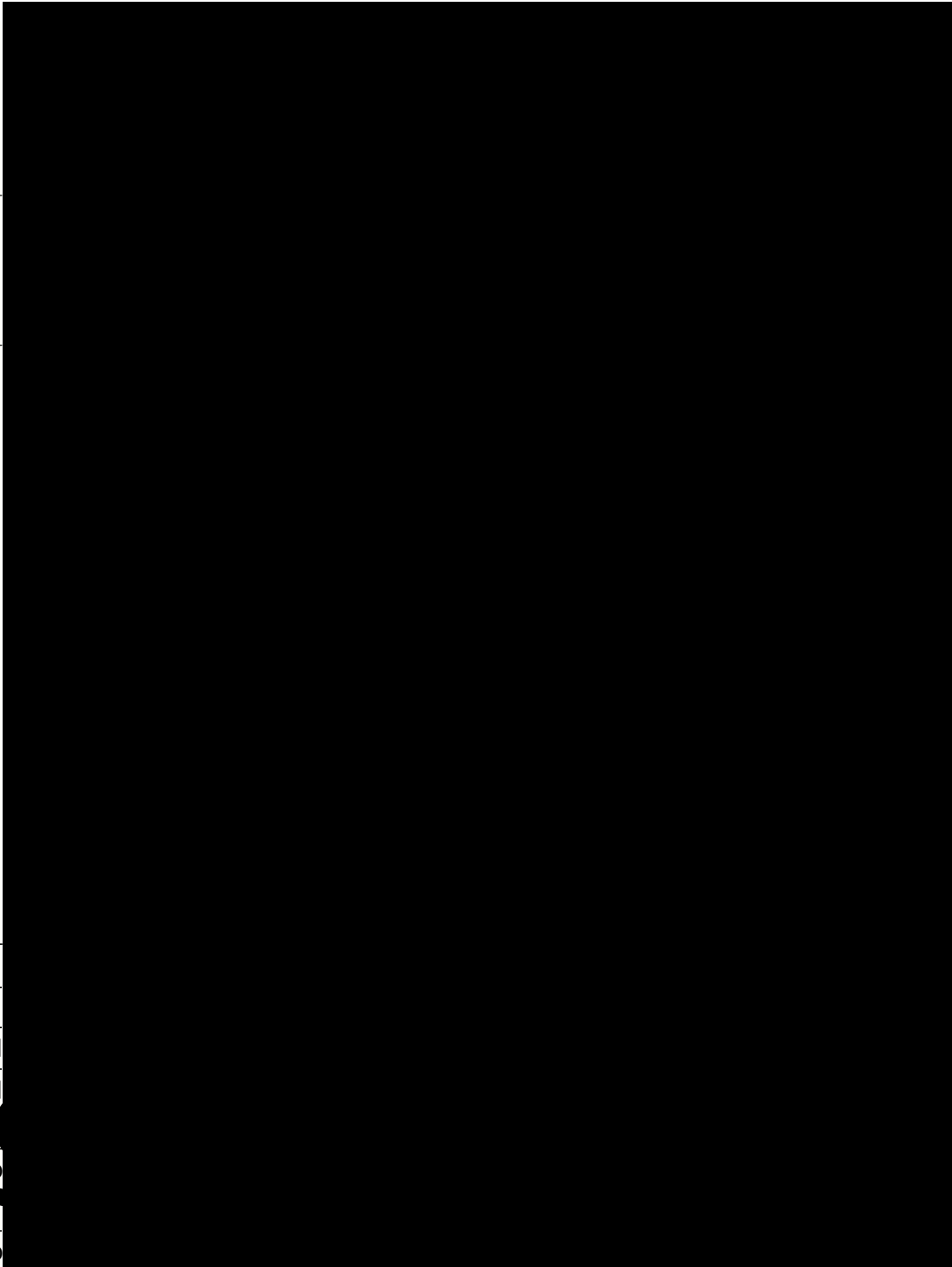


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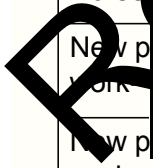


Self li	
Establ	
Establ	
worse	
New p	
work	
New p	
work-up planned	

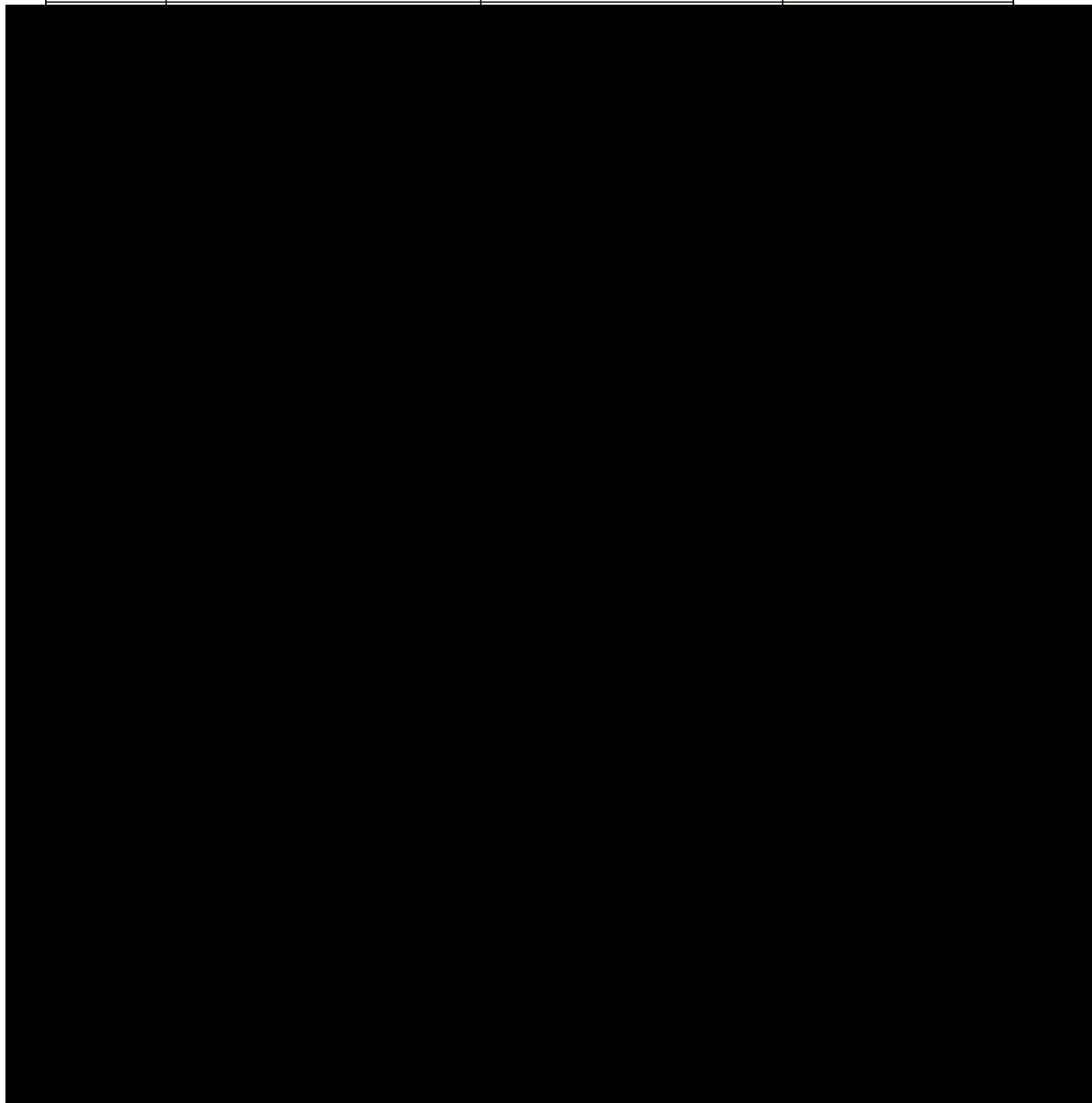
Total Points = 4

Decision to obtain old records	1
Review of old records	2

Total Points = 4



Risk	Presenting Problems	Diagnostic Procedures	Management Options
Minimal	<ul style="list-style-type: none"> •One self-limited or minor problem, e.g., cold, insect bite, tinea corporis. 	<ul style="list-style-type: none"> •Laboratory tests •Chest X-rays •EKG/EEG, Echocardiogram 	<ul style="list-style-type: none"> •Rest •Gargles •Superficial dressings



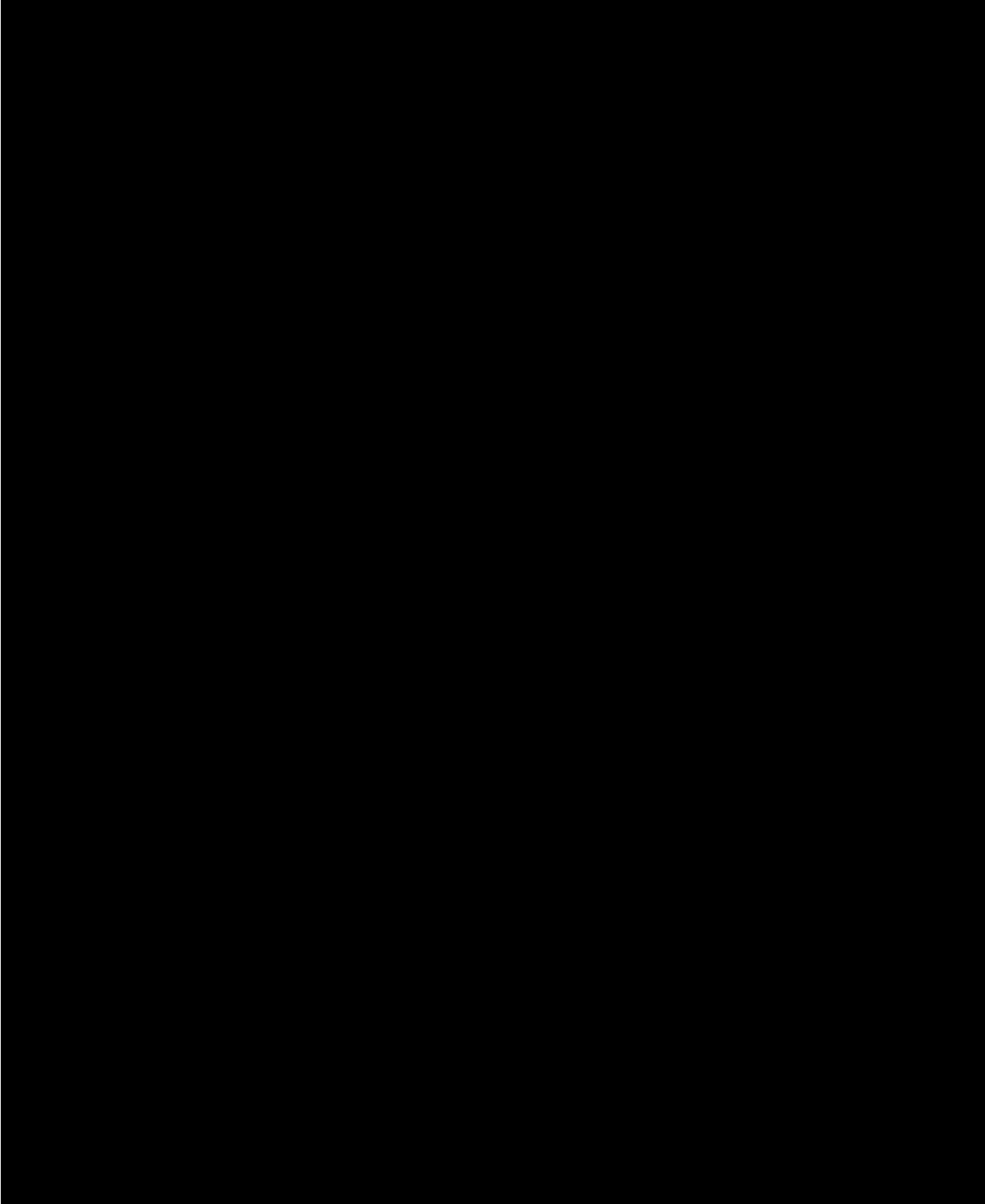
Need 2 out of 3 to qualify for given level of MDM



Selecting the Target Code

Inpatient Consults

E/M Code	History	Exam	MDM	Time
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History

History	HPI	ROS	PFSH
Comp	Extended	10	3/3

Reason for consult: Pre-op clearance Requesting Physician: John Doe, MD

HPI: This is a 77 YOWM with multiple medical problems, including well controlled HTN, stab
bein
requ

PM
SH:
FH:
thre
RO

Ta

E/M Insight Comprehensive History

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item
This
HPI
PFS
RO
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Medical Decision-Making

EKG: NSR; no diagnostic ST changes

$\frac{136}{3.8}$ | $\frac{101}{24}$ | $\frac{14}{236}$ | $\frac{12}{37}$

Assess

Plan:

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99

Requires

- Four o
- Four o
- High ri

The exam
points, ev



99255

Reason

Doe, MD

HPI: T
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asses

well con-
ht hip
ortho-
and risk

PMH:
FH: M
SH: M

Current Medications
noplil 10 mg QD
forhin 500 mg BID
ur 30 mg QD
tor 20 mg QD

ROS

Vitals:
Gen:
Eyes:
HENT
Neck:
Lungs
CV: R
Abd:
Ext: N
Skin:

14
36
0.8

12
37

diagnostic ST changes

Asses

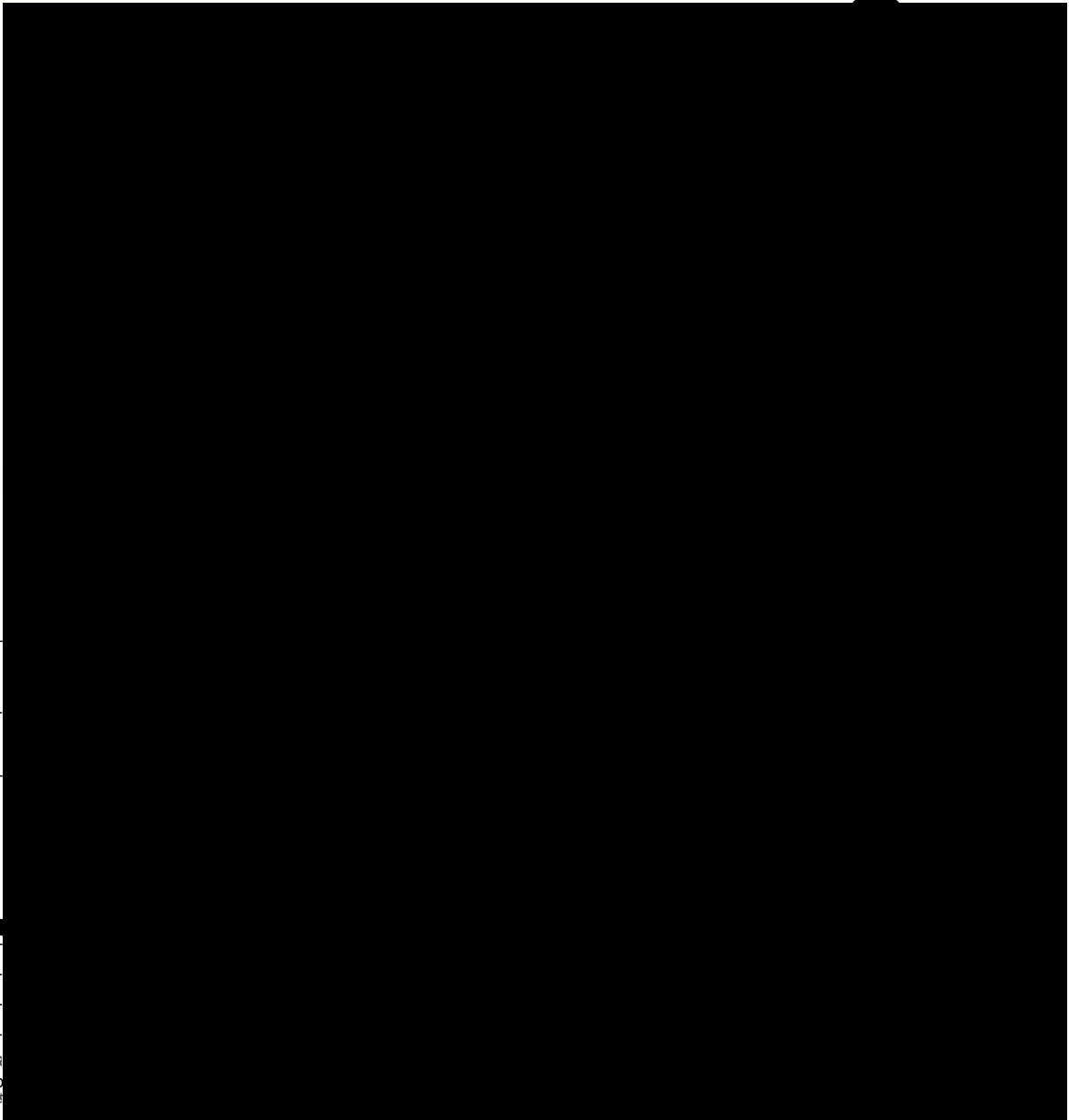
Plan:

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2. Sta
3. D/
4. Co
5. En
6. Ec
7. Ok



99245

E/M Code	History	Exam	MDM	Time
99245	Comp	Comp	High	80



R
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Det
Comp

Outpatient Renal Consult

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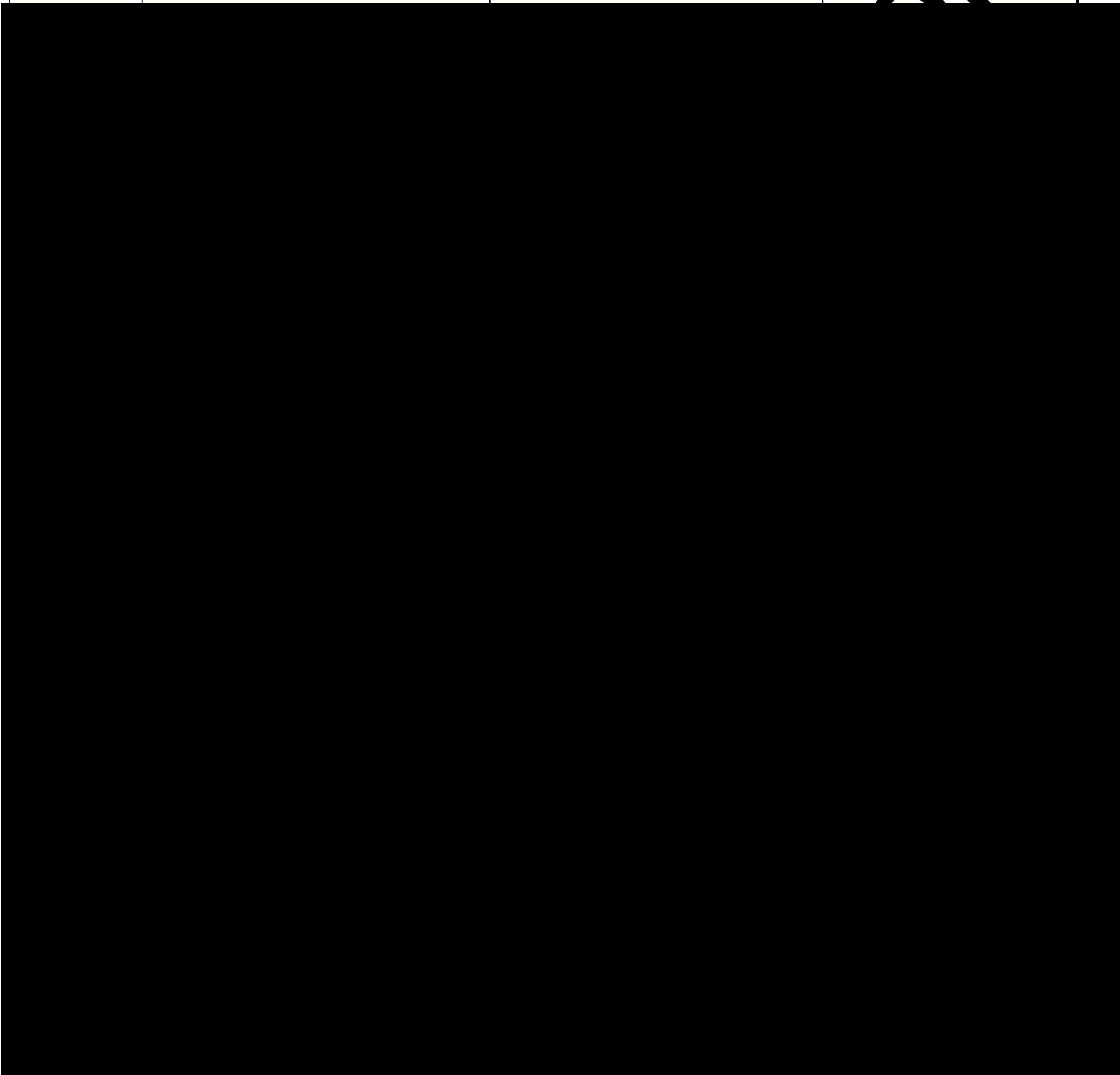
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Prob
Self limited
Established
Established worsening
New proble work-up pla
New proble work-up pla

RES

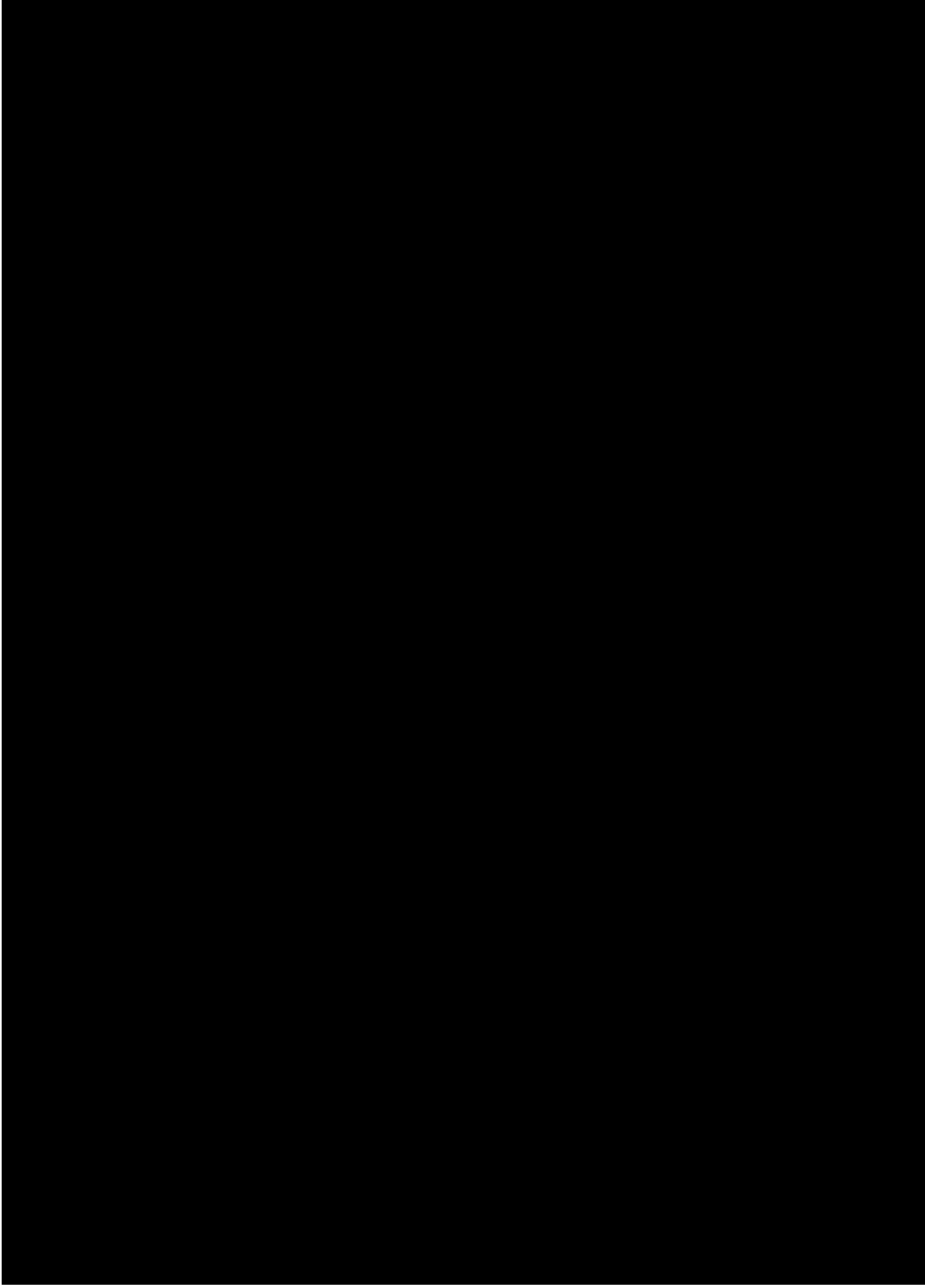
Risk	Presenting Problems	Diagnostic Procedures	Management Options
Minimal	<ul style="list-style-type: none"> •One self-limited or minor problem, e.g., cold, insect bite, tinea corporis. 	<ul style="list-style-type: none"> •Laboratory tests •Chest X-rays •EKG/EEG, Echocardiogram 	<ul style="list-style-type: none"> •Rest •Gargles •Superficial dressings
Low	<ul style="list-style-type: none"> •Two or more self-limited or minor problems •One stable chronic illness •Acute uncomplicated injury or illness, e.g., cystitis, allergic 	<ul style="list-style-type: none"> •Physiologic tests not under stress, e.g., PFTs •Non-cardiovascular imaging studies with contrast •ABG 	<ul style="list-style-type: none"> •Over the counter drugs •Minor surgery, with no risk factors •PT/OT •IV fluids, without



Need 2 out of 3 to qualify for given level of MDM



Selecting the Target Code



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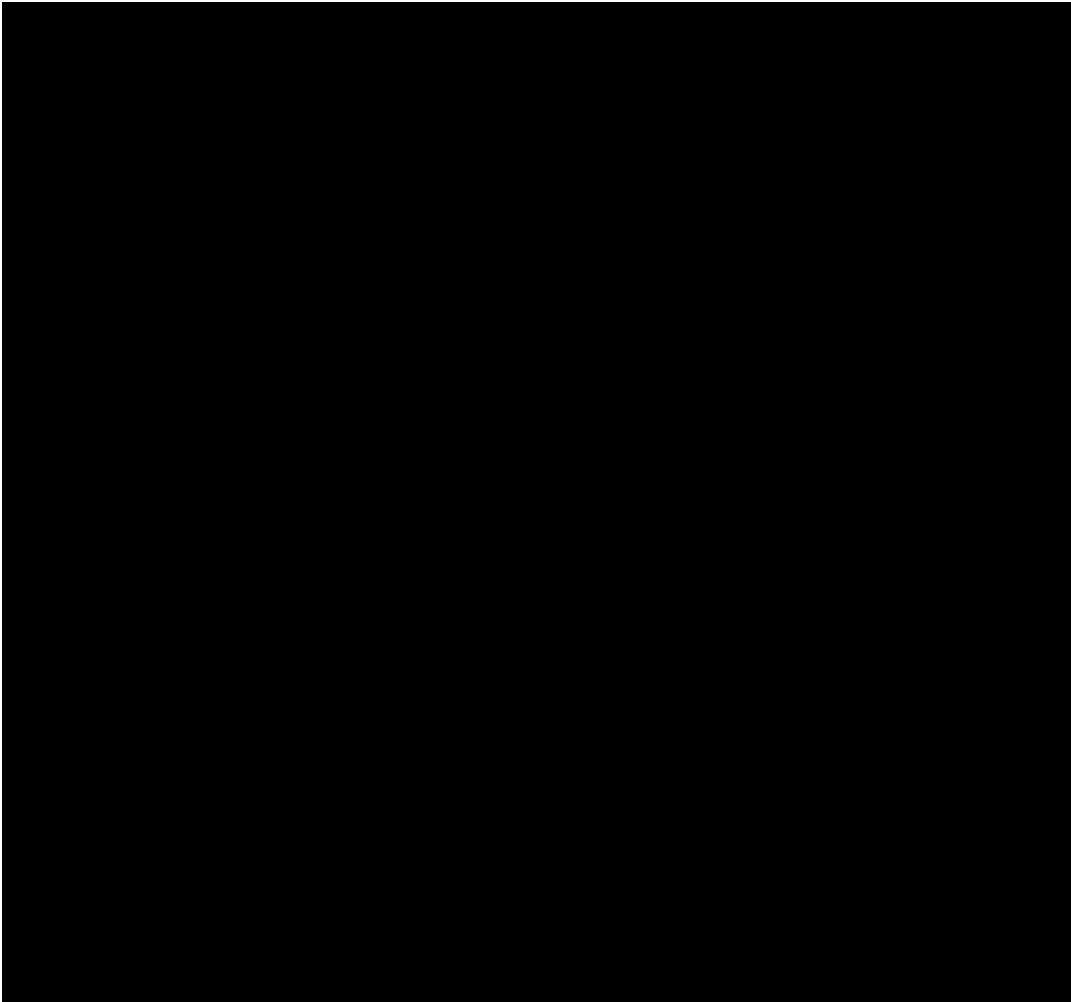
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History

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HPI:			
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E/M Insight: Comprehensive History

Requires an extended HPI (four or more HPI elements or the status of



	GI	GU
2	13	14
Chest/Breasts		
Skin		
5	16	
Musculoskeletal		
	19	
Neurologic		
Psychiatric		
17	18	
MDM		
High		

E/M Insight: Comprehensive Exam

Requires at least

[Redacted]

1	[Redacted]	[Redacted]
2	[Redacted]	[Redacted]
3	[Redacted]	[Redacted]
4	[Redacted]	[Redacted]
5	[Redacted]	[Redacted]
6	[Redacted]	[Redacted]
7	[Redacted]	[Redacted]
8	[Redacted]	[Redacted]
9	[Redacted]	[Redacted]
10	[Redacted]	[Redacted]
11	[Redacted]	[Redacted]
12	[Redacted]	[Redacted]
13	[Redacted]	[Redacted]
14	[Redacted]	[Redacted]
15	[Redacted]	[Redacted]
16	[Redacted]	[Redacted]
17	[Redacted]	[Redacted]
18	[Redacted]	[Redacted]
19	[Redacted]	[Redacted]
20	[Redacted]	[Redacted]
21	[Redacted]	[Redacted]
22	[Redacted]	[Redacted]
23	[Redacted]	[Redacted]
24	[Redacted]	[Redacted]
25	[Redacted]	[Redacted]
26	[Redacted]	[Redacted]
27	[Redacted]	[Redacted]
28	[Redacted]	[Redacted]
29	[Redacted]	[Redacted]
30	[Redacted]	[Redacted]
31	[Redacted]	[Redacted]
32	[Redacted]	[Redacted]
33	[Redacted]	[Redacted]
34	[Redacted]	[Redacted]
35	[Redacted]	[Redacted]
36	[Redacted]	[Redacted]
37	[Redacted]	[Redacted]
38	[Redacted]	[Redacted]
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40	[Redacted]	[Redacted]
41	[Redacted]	[Redacted]
42	[Redacted]	[Redacted]
43	[Redacted]	[Redacted]
44	[Redacted]	[Redacted]
45	[Redacted]	[Redacted]
46	[Redacted]	[Redacted]
47	[Redacted]	[Redacted]
48	[Redacted]	[Redacted]
49	[Redacted]	[Redacted]
50	[Redacted]	[Redacted]

Medical Decision-Making

Review of old records: We have a note from Dr. Hayes' office dated six months ago, which showed a creatinine of 1.9. At that time, the patient's BP was 160/80. Lisinopril was increased from 10 to 20 mg QD. Patient was

$\frac{142}{4.1} \mid \frac{101}{19} \times \frac{18}{124} \times \frac{9.8}{29}$



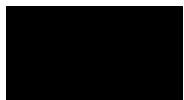
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Reason for consult: CKD

Requesting Physician: Richard Hayes, [redacted]

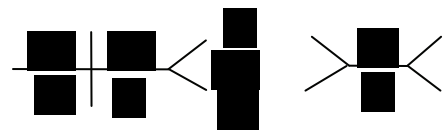
[redacted]

[redacted]

[redacted]

[redacted]

no lid-lag, PERRLA
normal hard/soft palate
thyromegaly
on



/nodules
appropriate affect

[redacted]

[redacted]

[redacted]



99254

E/M Co

99254

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E/M Co

99254

Rece

Comprehensiv

Hx	HPI	
PF	Brief	
EPF	Brief	
Det	Ext	
Comp	Ext	

What Does a 99254 Look Like?

- You are the patient
- He is performing a cholecystectomy
- You diagnose hypernatremia
- Total time 15 minutes
- What's the plan?

Problem
Self limited or
Established problem
Established problem worsening
New problem, work-up planned
New problem, work-up planned

REC'D

Risk	Presenting Problems	Diagnostic Procedures	Management Options
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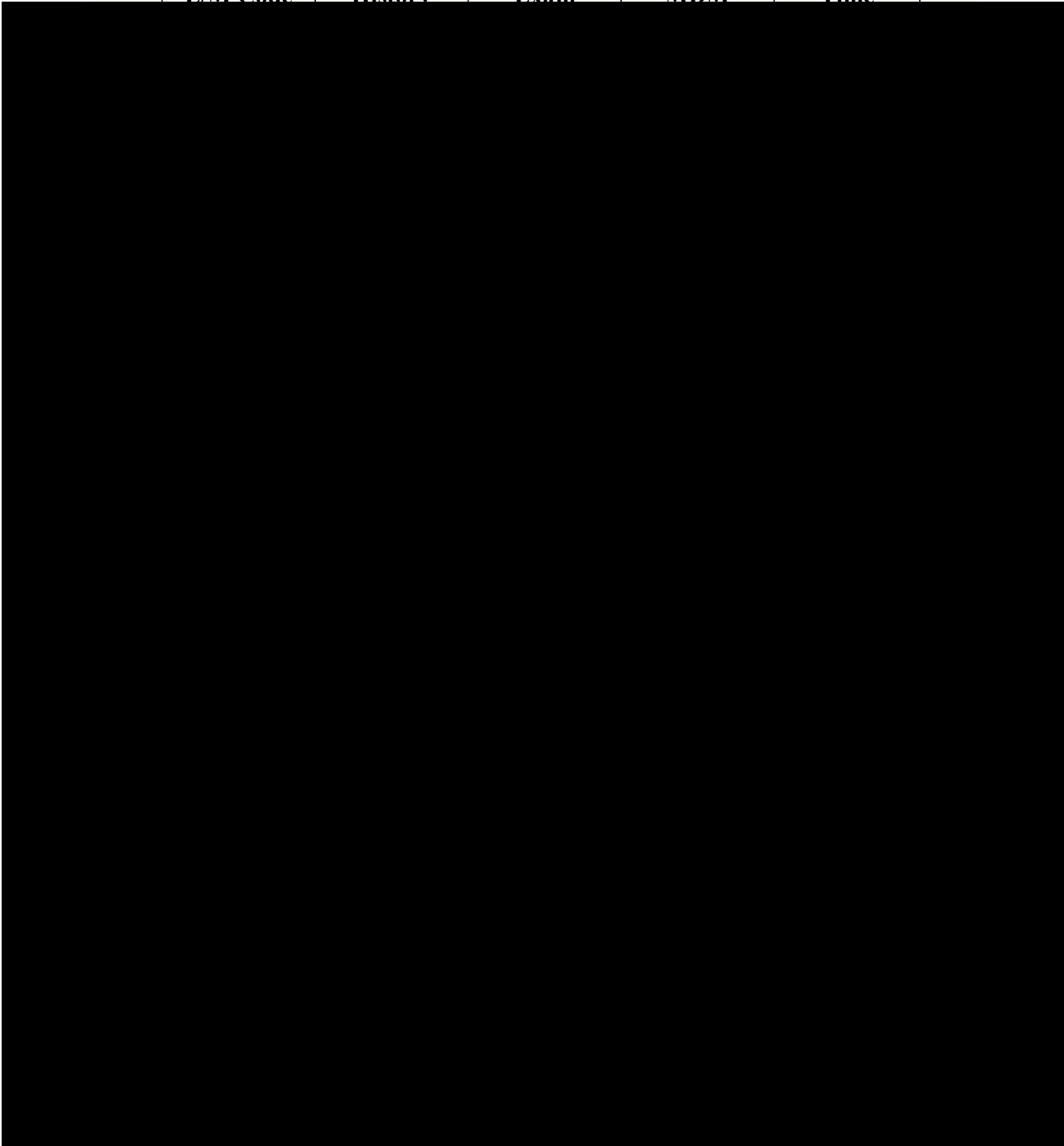
Need 2 out of 3 to qualify for given level of MDM



Selecting the Target Code

Inpatient Consults

E/M Code	History	Exam	MDM	Time
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History

History	HPI	ROS	PESH
R			
H			
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P			
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F			
fa			
R			

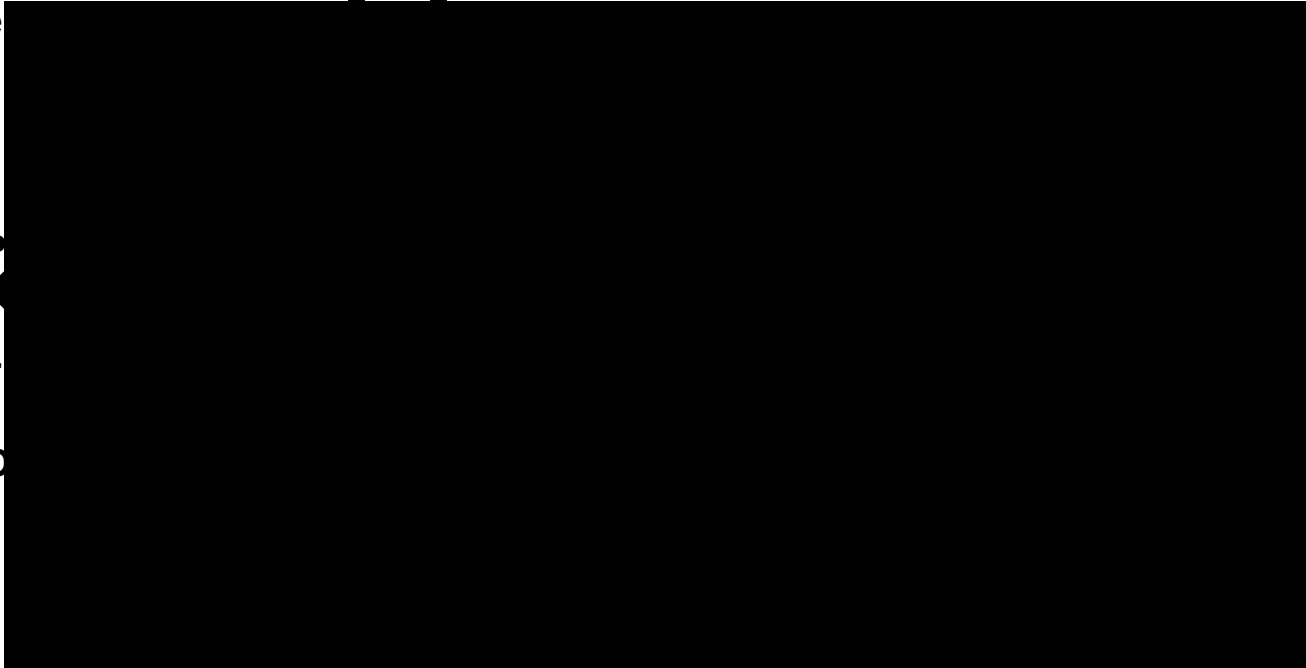
E/M Insight: Comprehensive History

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Exam

							GI	GU
							14	
							Chest/Breasts	
							Skin	
							15	16
							Musculoskeletal	
							19	
							Neurologic	
							Psychiatric	
							17	18
							DM	
							Mod	

Lungs

- Auscultation of lungs
- Percussion of lungs

- Assessment of orientation
- Assessment of affect

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d organ

Medical Decision-Making

$\frac{15}{3}$

Assessm

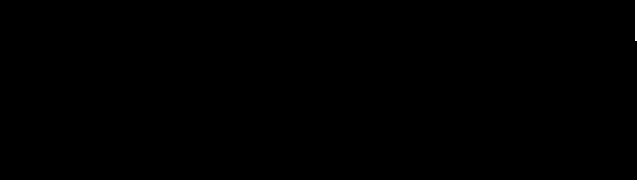
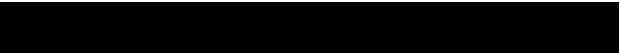
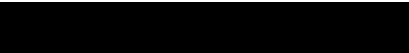
Plan:

Target

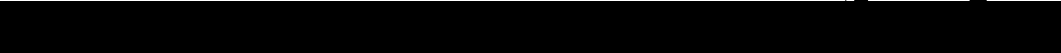
992

E/M Insight: Moderate Complexity MDM

Requires two out of three:



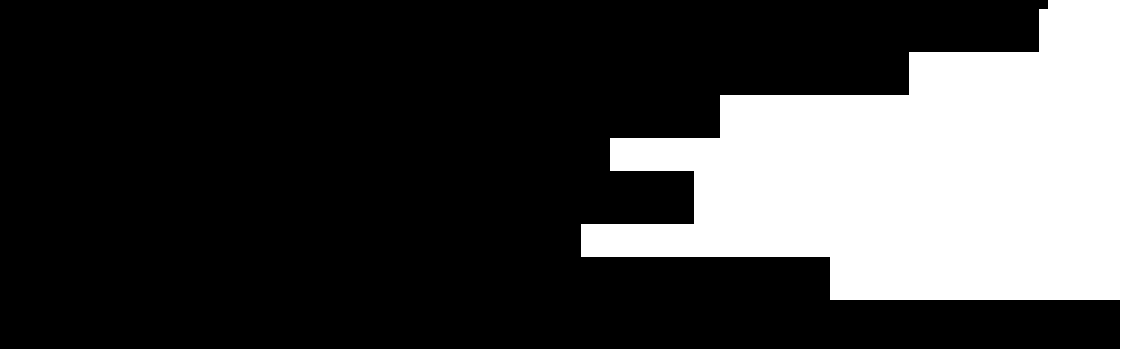
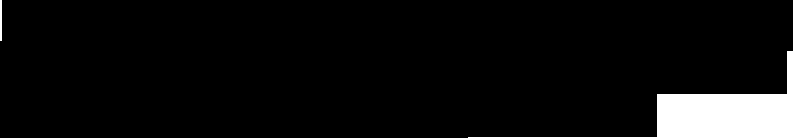
Version



Vitals: 120/80, 28, 111, 99.6

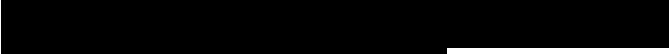
Gen: Well-nourished middle-aged WM; confused

Eyes: Anicteric



Read

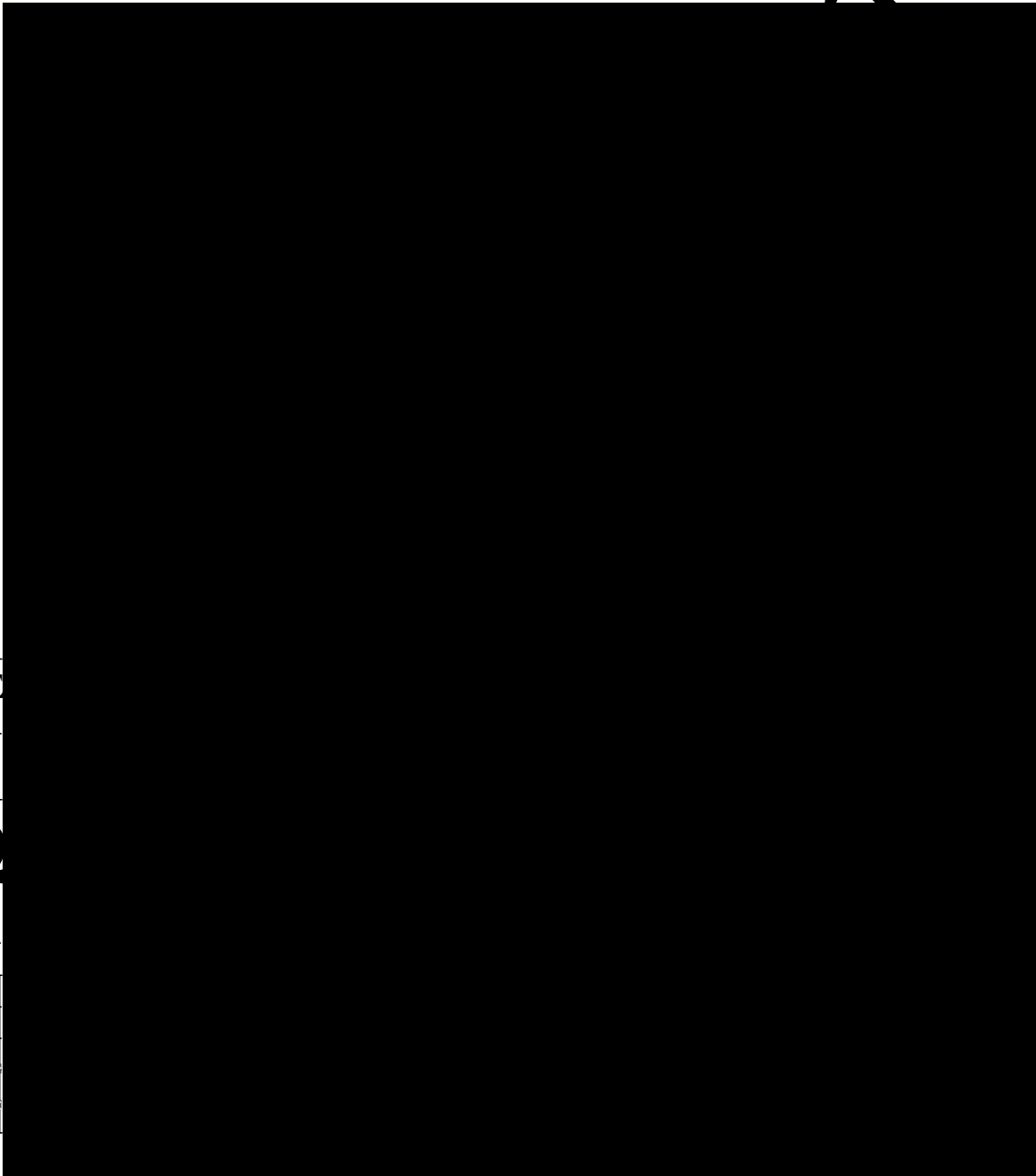
$\frac{154}{3.3}$	$\frac{101}{24}$	$\left\langle \begin{array}{l} 14 \\ 108 \\ 0.8 \end{array} \right.$	$\left\langle \begin{array}{l} 12 \\ 37 \end{array} \right.$
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99253

E/M Code	History	Exam	MDM	Time
99253	Det	Det	Low	55



E

R

Hx
PF
EPF
Det
Comp

What Does a 99253 Look Like?

- You are consulted for [REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

MMM Points

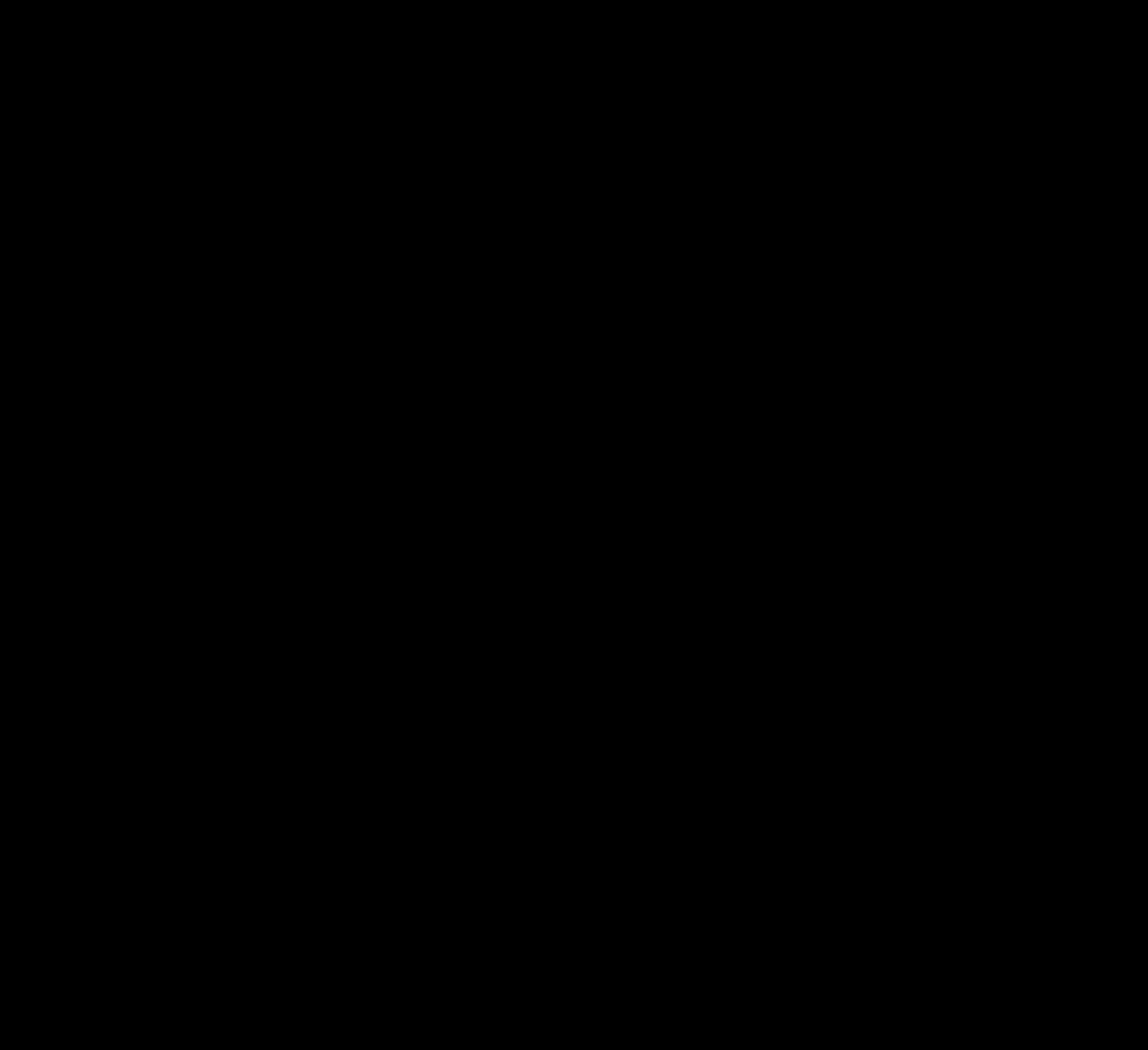
Problems
Self limited or mi
Established probl
Established prob worsening
New problem, no work-up planned
New problem, ad work-up planned

To

[REDACTED]

Redacted Version

Risk	Presenting Problems	Diagnostic Procedures	Management Options
Minimal	<ul style="list-style-type: none"> •One self-limited or minor problem, e.g., cold, insect bite, tinea corporis. 	<ul style="list-style-type: none"> •Laboratory tests •Chest X-rays •EKG/EEG, Echocardiogram 	<ul style="list-style-type: none"> •Rest •Gargles •Superficial dressings
Low	<ul style="list-style-type: none"> •Two or more self-limited or minor problems •One stable chronic illness 	<ul style="list-style-type: none"> •Physiologic tests not under stress, e.g., PFTs •Non-cardiovascular imaging 	<ul style="list-style-type: none"> •Over the counter drugs •Minor surgery, with no risk factors

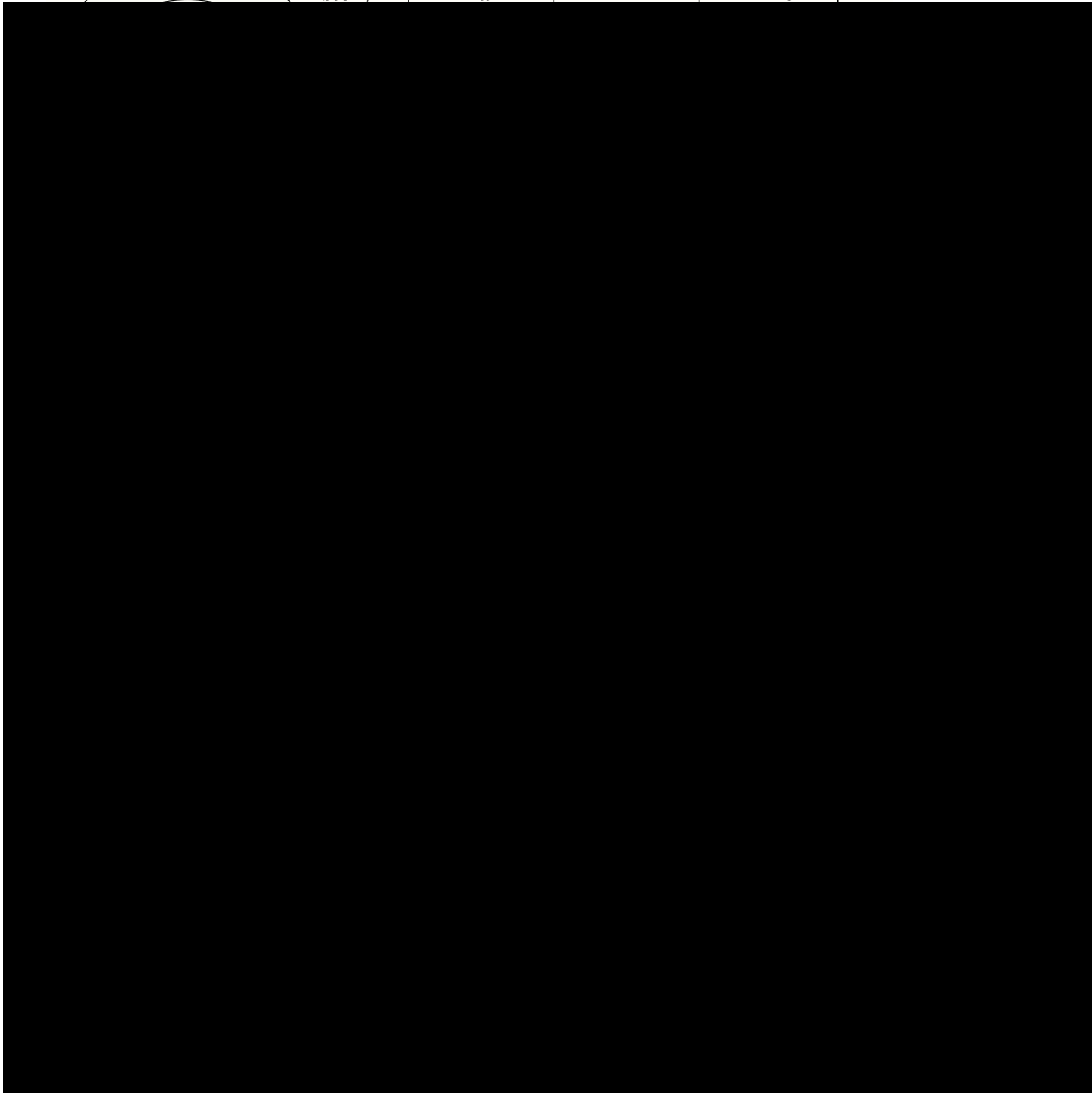




Selecting the Target Code

Inpatient Consults

	History	Exam	MDM	Time
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History

History	HPI	ROS	PFSH
Detailed	Extended	2 – 9	1/3

Reason for consult: Post-op HTN

Requesting physician: John Doe, MD

[REDACTED] sional knee pain, he has n
spontaneous somatic complaints.

[REDACTED]

ROS

[REDACTED]

3 out of 3 key components must qualify

Target Code	History	Exam	MDM
99253	Det	Det	Low

E/M Insight: Detailed History

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HPI. C

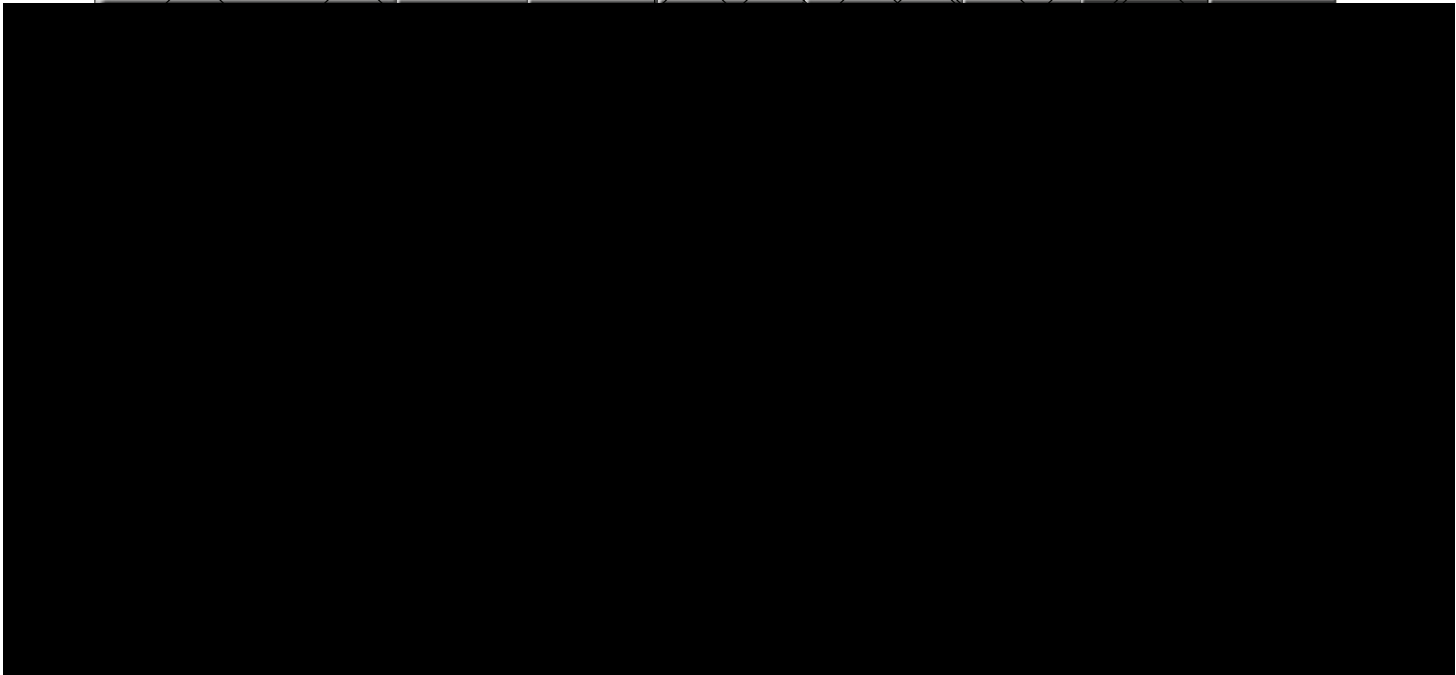
PFSH

ROS:

[REDACTED]

Exam

Constitutional	Eyes	ENMT	Neck	Lungs	CV	GI	GU
----------------	------	------	------	-------	----	----	----

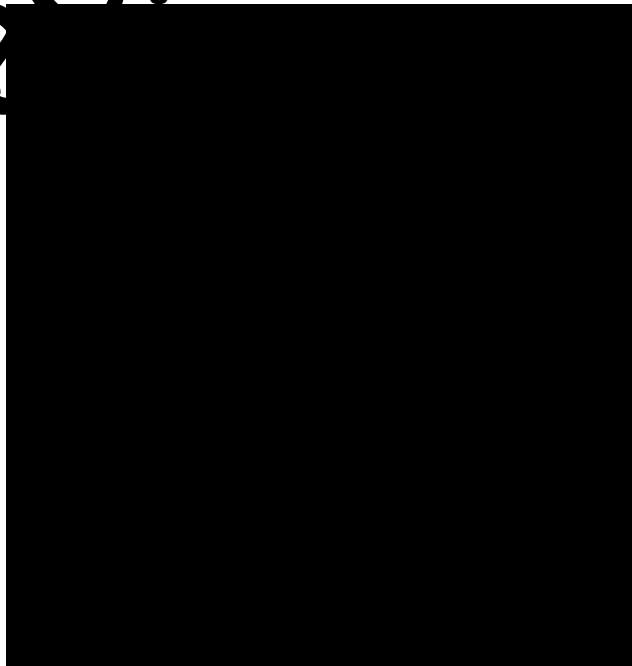


Target Code	History	Exam	MDM
99253	Det	Det	Low

EM Insight: Detailed Exam

A detailed exam requires...
ple above contains the

The exam-



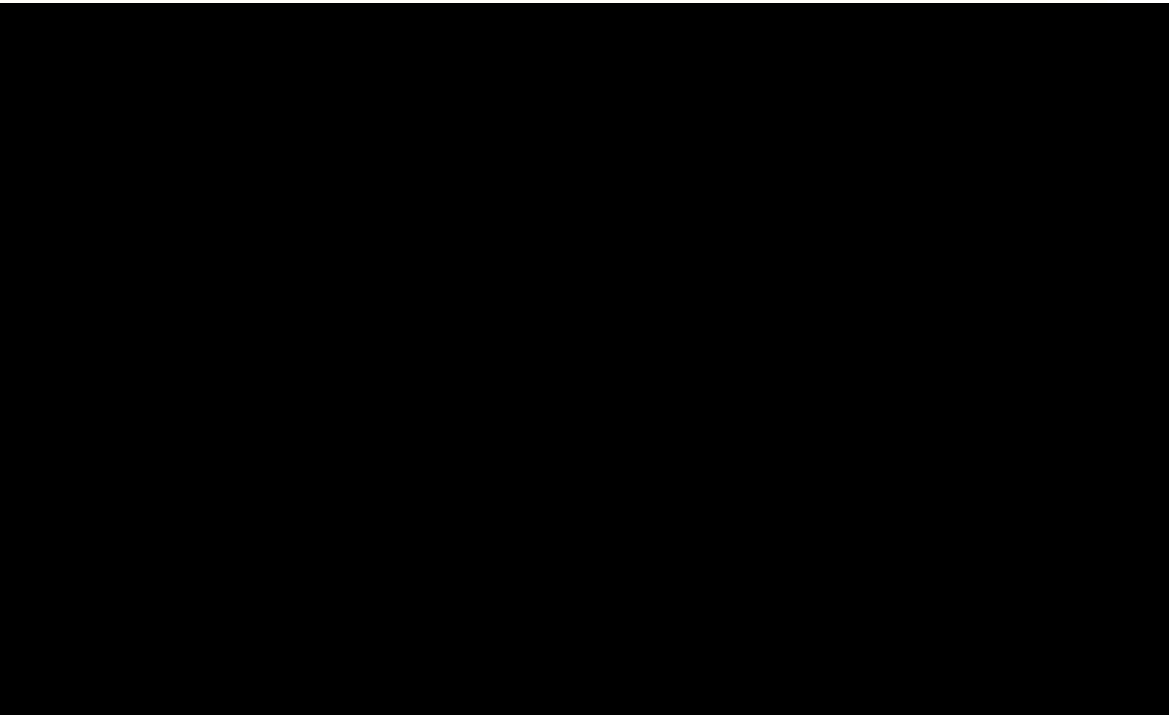
Redacted

Medical Decision-Making

Asses

Plan

Tar



E/M Insight: Low Complexity MDM

Low complexity MDM requires





[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

Vitals: 148/90, 18, 82, 98.6

Gen: NAD, conv

[REDACTED]

[REDACTED]

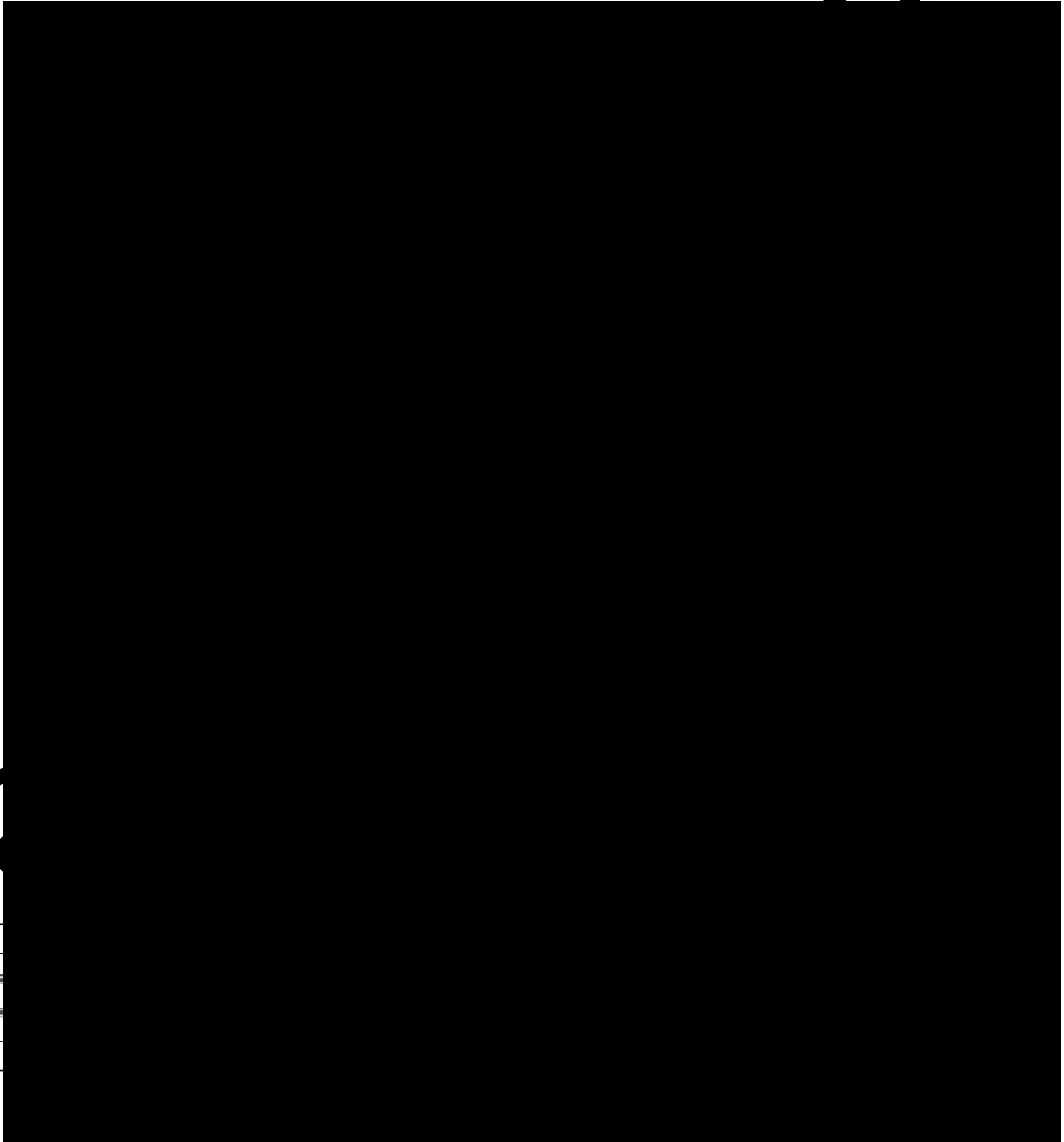
[REDACTED]

Medical Records



99252

E/M Code	History	Exam	MDM	Time
99252	EPF	EPF	SF	40



What Does a 99252 Look Like?

- Suppose you are consulted to see the

[REDACTED]

[REDACTED]

[REDACTED]

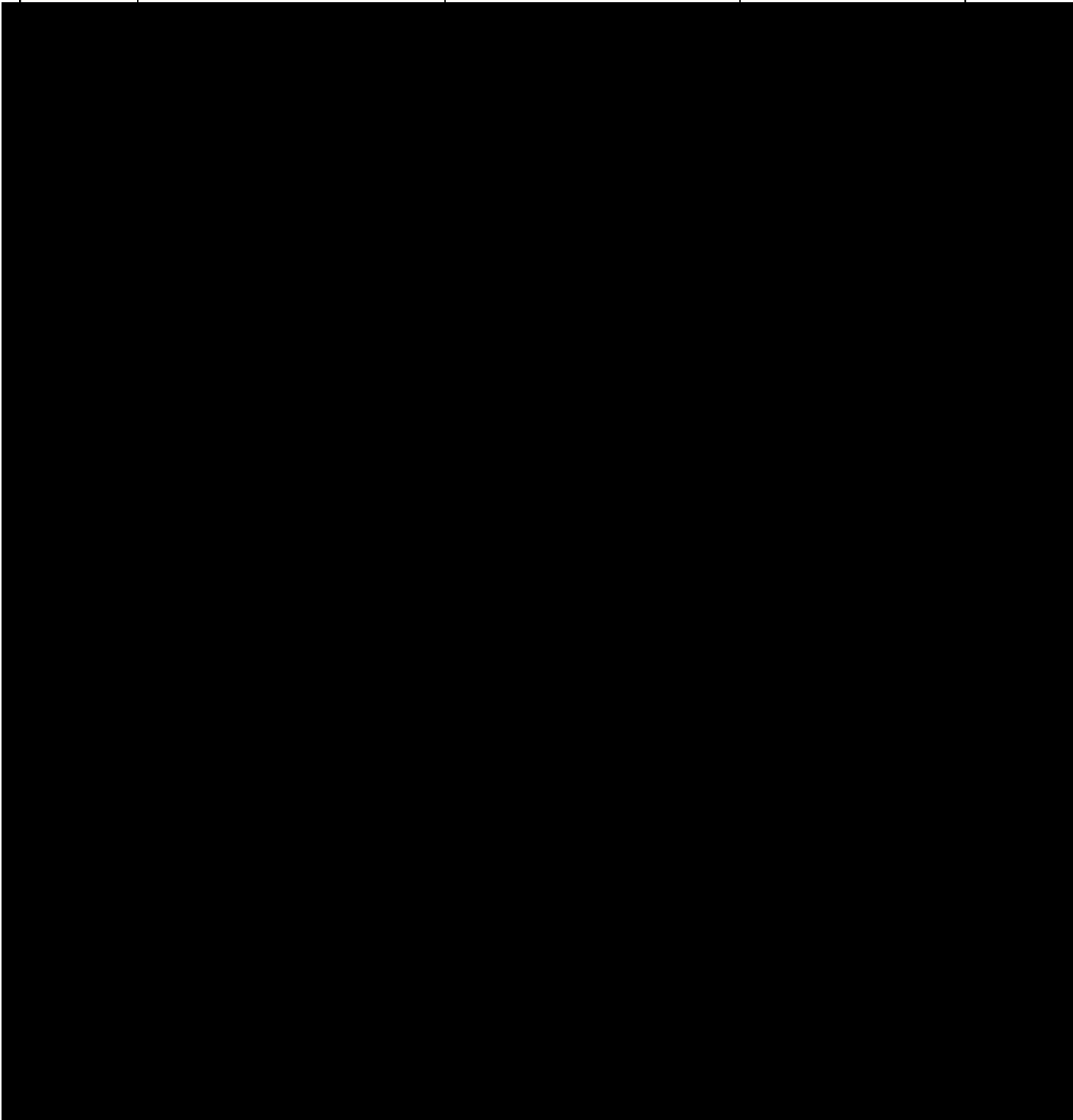
[REDACTED]

MDM Points

Pro
Self limited
Establishe
Establish worse inc
New proble work-up pl
New proble work-up pl

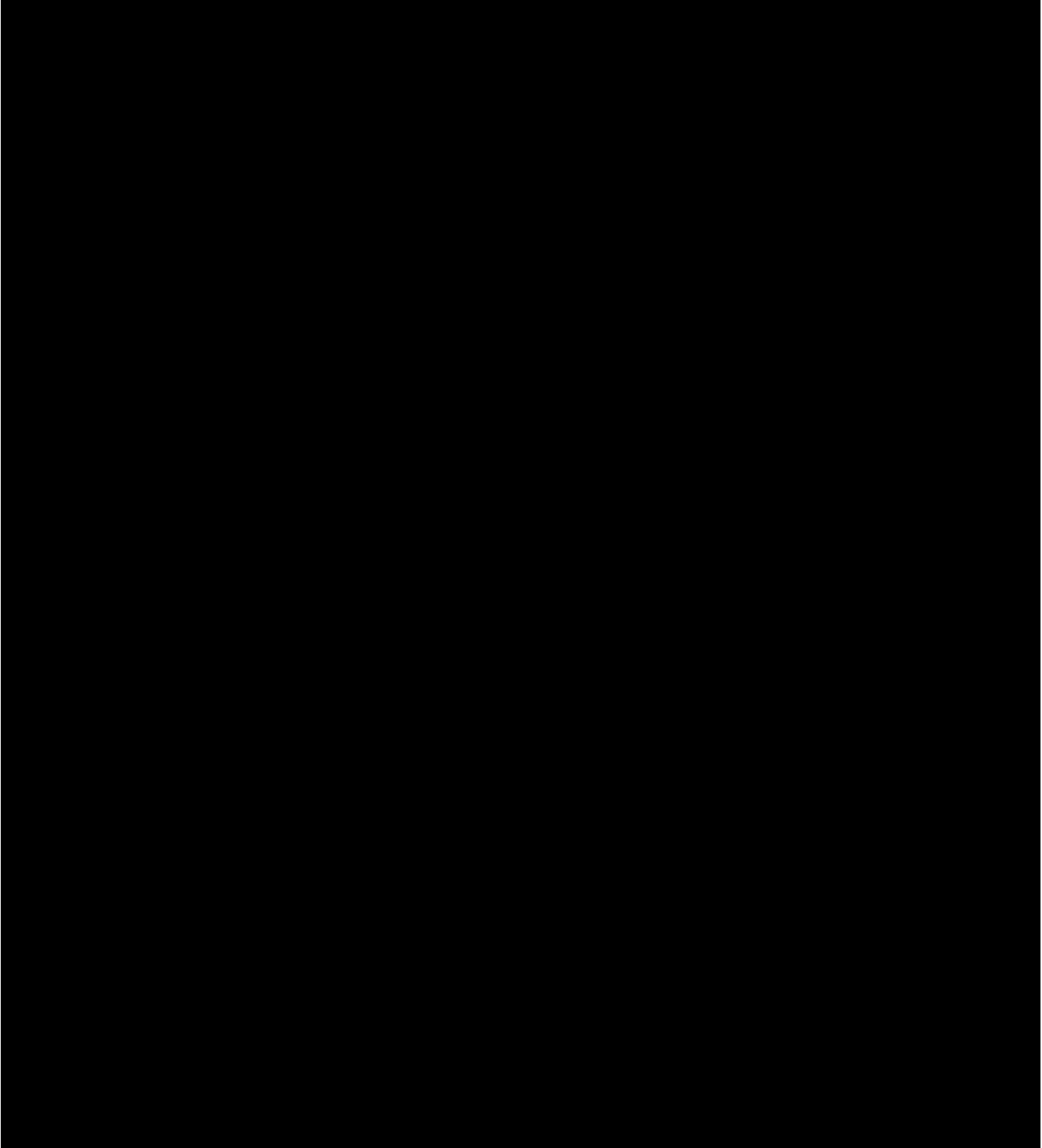
[REDACTED]

Risk	Presenting Problems	Diagnostic Procedures	Management Options
Minimal	<ul style="list-style-type: none">•One self-limited or minor problem, e.g., cold, insect bite, tinea corporis.	<ul style="list-style-type: none">•Laboratory tests•Chest X-rays•EKG/EEG, Echocardiogram	<ul style="list-style-type: none">•Rest•Gargles•Superficial dressings





Selecting the Target Code



History

History	HPI	ROS	PFSH
[REDACTED]	[REDACTED]	[REDACTED] <input checked="" type="checkbox"/>	[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

ROS CV: Negative for SSCP/orthopnea/PND

[REDACTED]

Target Code	History	Exam	MDM
99 [REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]

E/M Insight: Expanded Problem Focused History

An expanded [REDACTED]

[REDACTED]

[REDACTED]

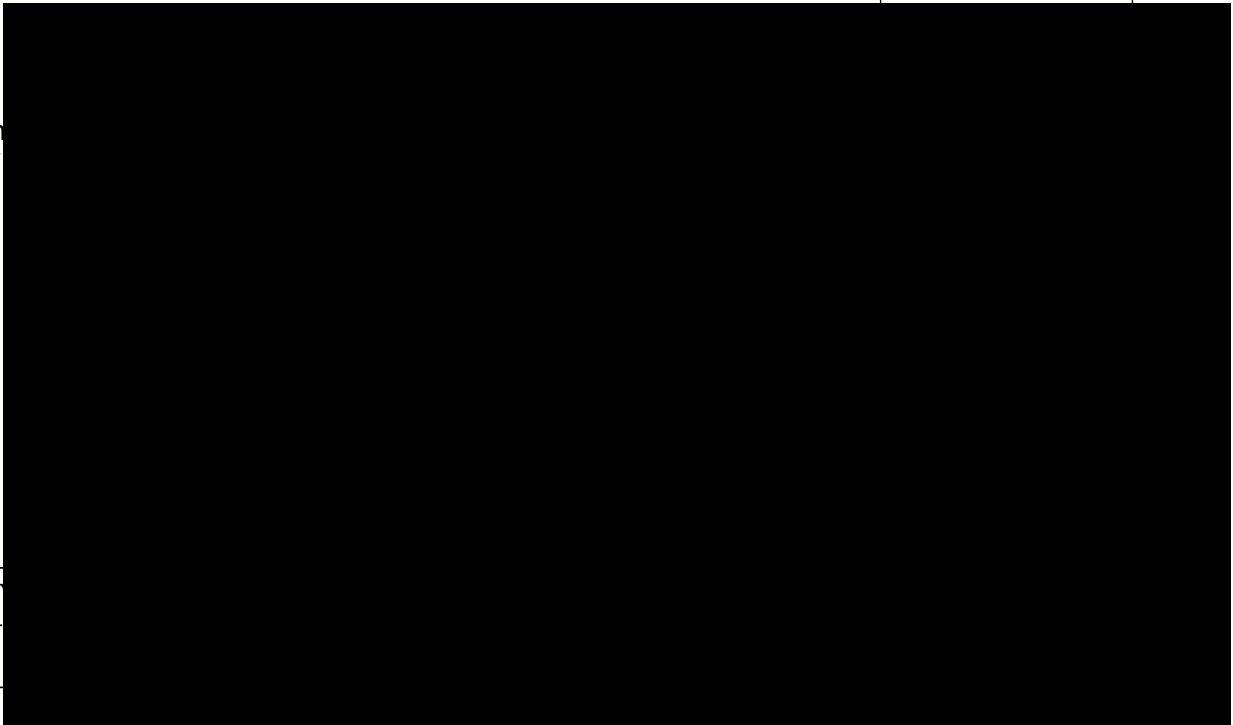
[REDACTED]

[REDACTED]

Exam

Constitutional	Eyes	ENMT	Neck	Lungs	CV	GI	GU
1	2		3	4	5	6	
							Chest/Breasts

Vit
Ge
Ne
Lun
CV
Ab



T

E/M Insight: Ex

[Redacted]

[Redacted]

1. A [Redacted]

[Redacted]

6. Abdominal exam

This adds up to exactly [Redacted]

Medical Decision-Making

[Redacted]

[Redacted]

[Redacted]

[Redacted]

Target Code	History	Exam	MDM
[Redacted]	[Redacted]	[Redacted]	[Redacted]

E/M In [Redacted]

[Redacted]

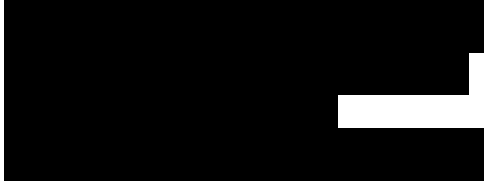
[Redacted]

[Redacted] all three dimensions of MDM. (The risk is actually *more* than enough.)



Vitals: 125/75, 18, 82, 98.6

Gen: NAD, [Redacted]



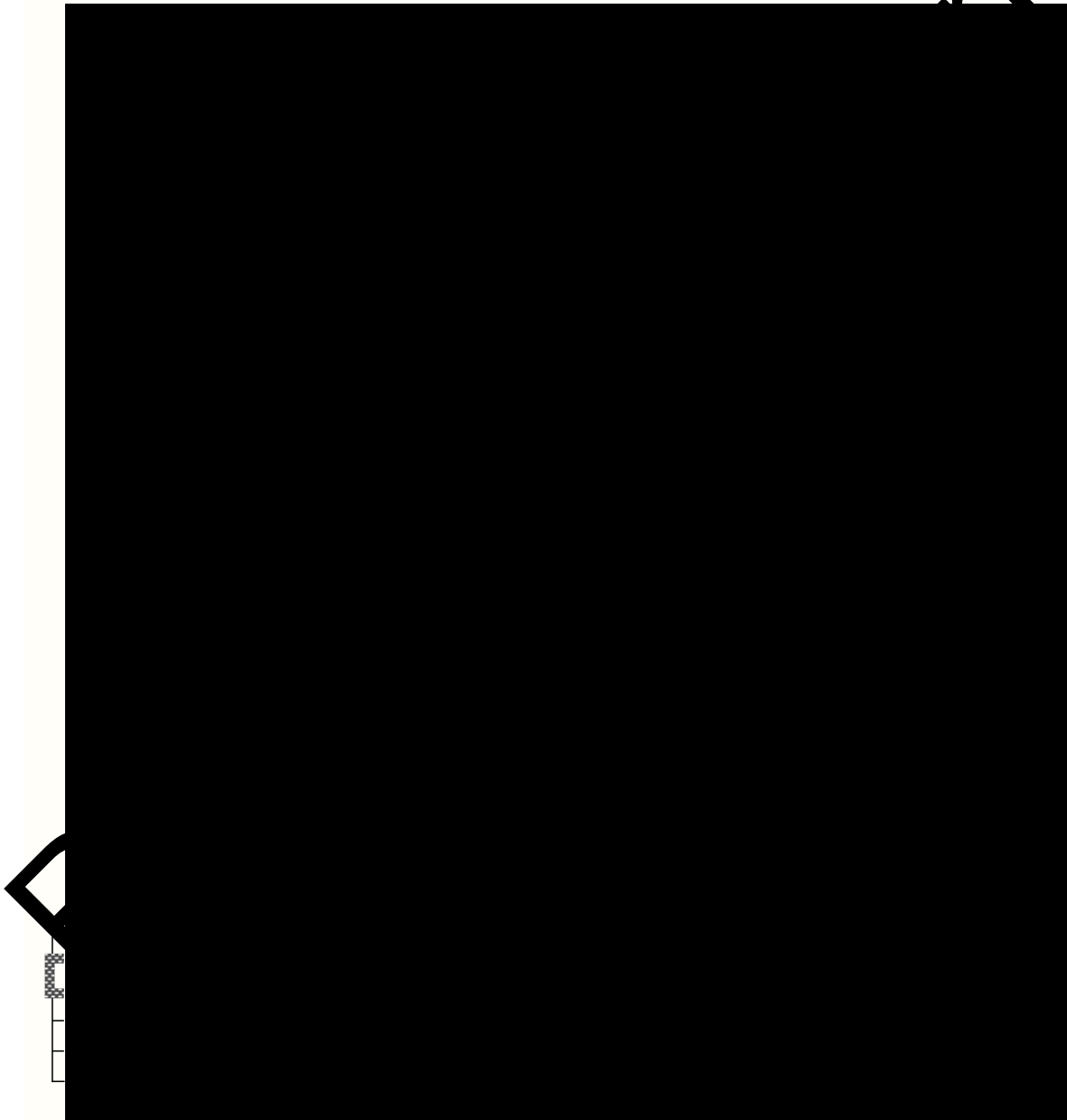
[Redacted] QD

Redacted Version



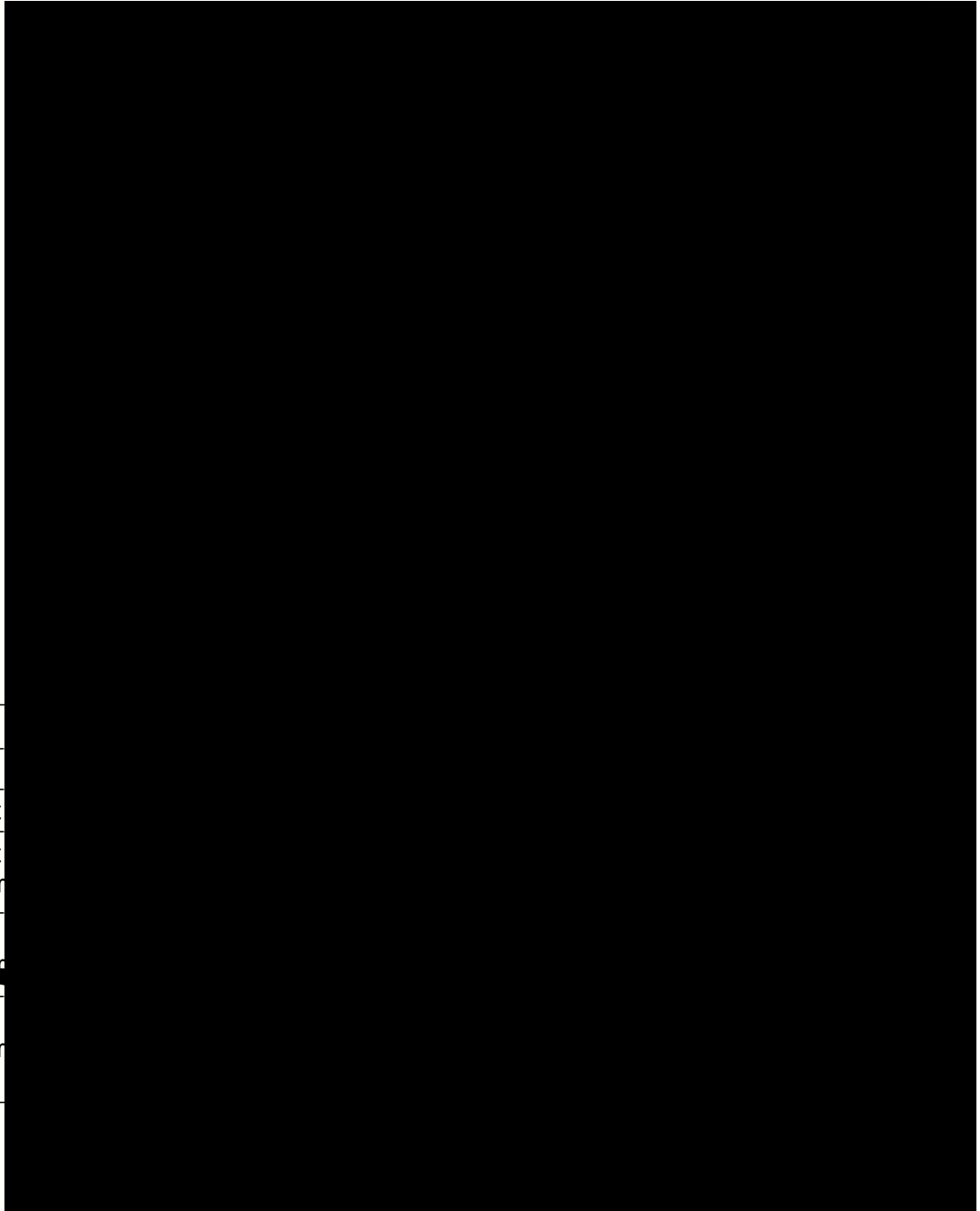
99251

E/M Code	History	Exam	MDM	Time
99251	PF	PF	SF	20



99251 Example

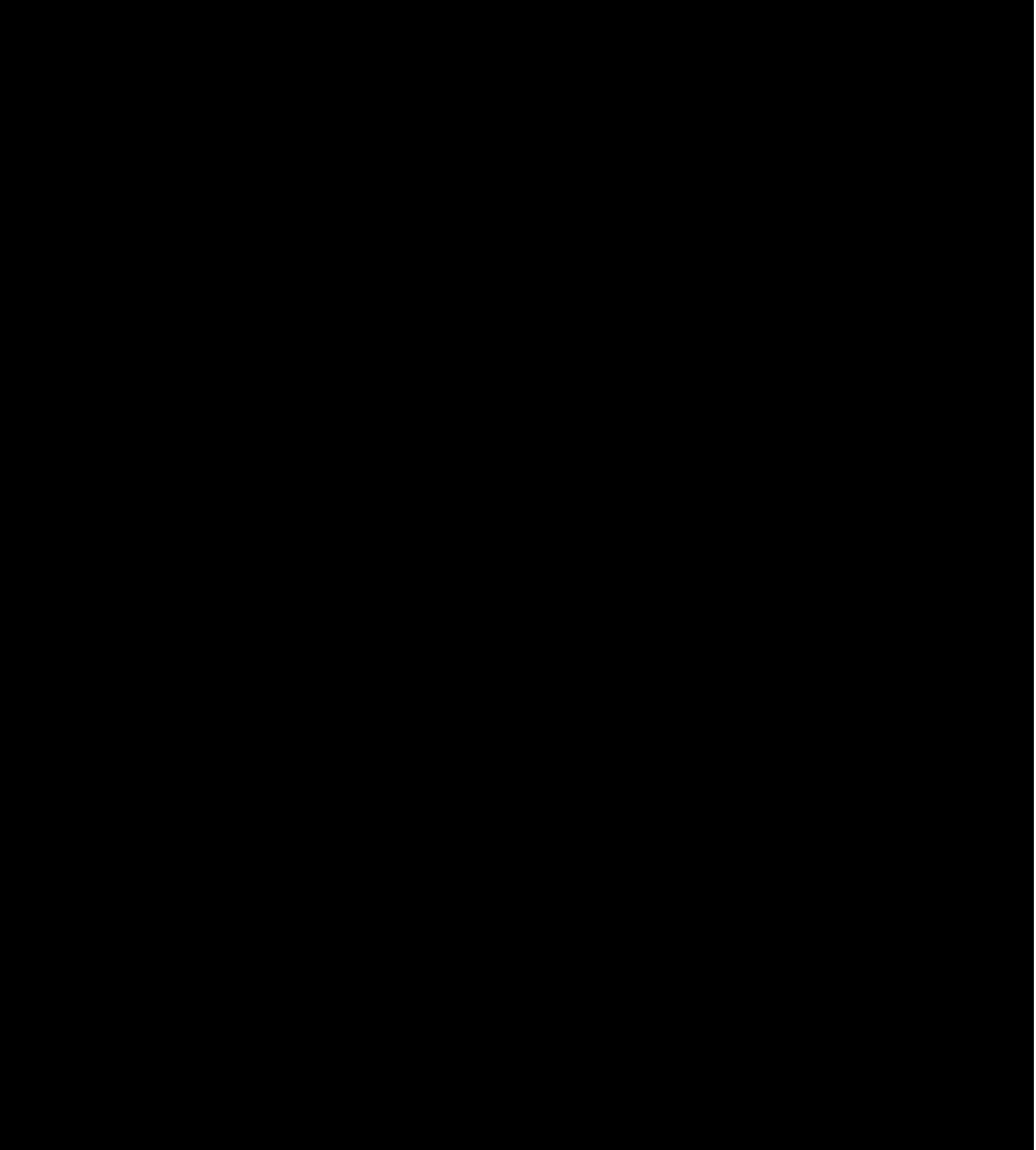
- You are asked to evaluate a patient for



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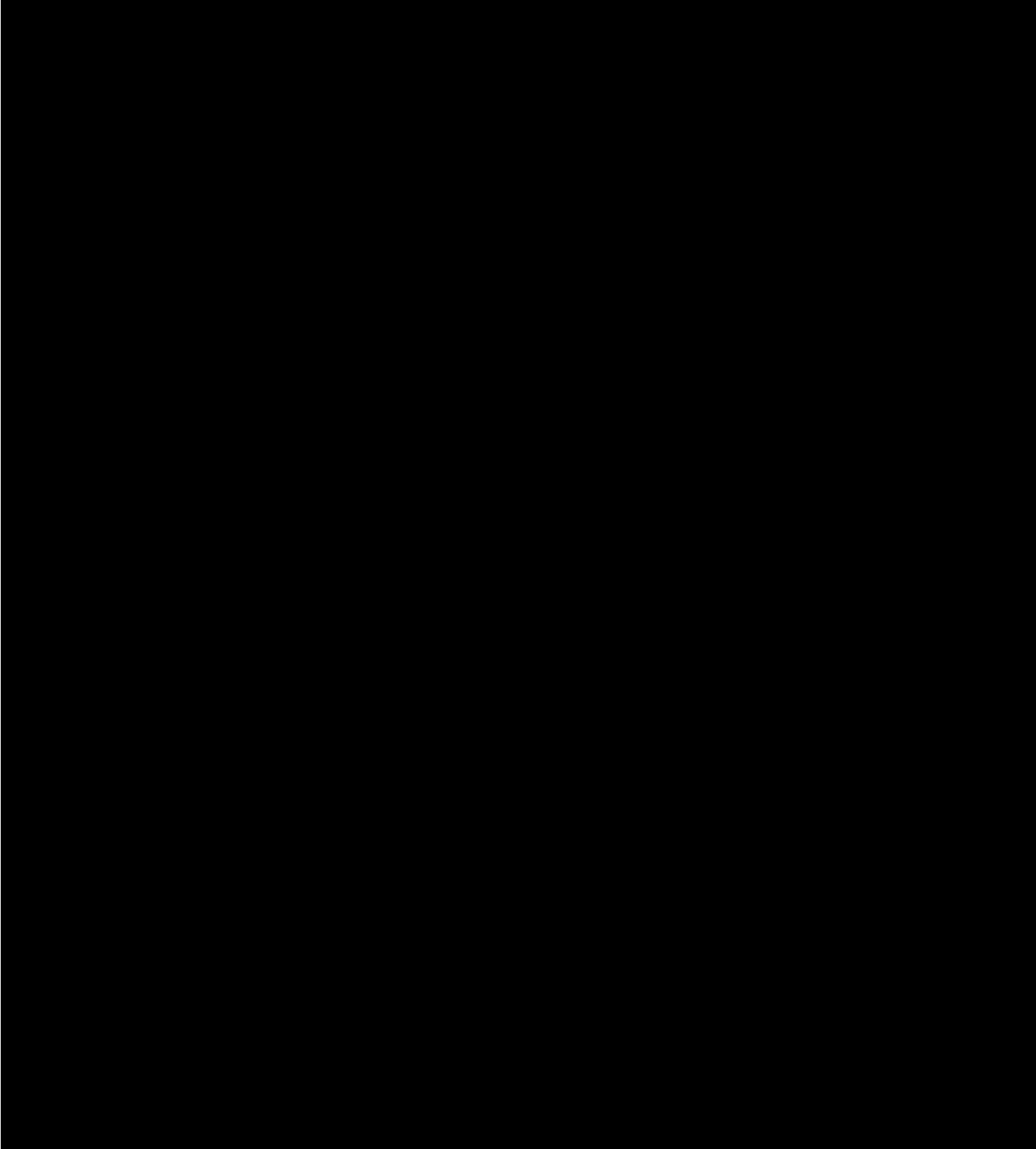


Risk	Presenting Problems	Diagnostic Procedures	Management
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Selecting the Target Code



History

[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]	<input checked="" type="checkbox"/>	[REDACTED]

[REDACTED]

HPI: The [REDACTED]

[REDACTED]

Target Code	History	Exam	MDM
[REDACTED]	<input checked="" type="checkbox"/>	[REDACTED]	[REDACTED]

E/M Insight. Problem Focused History

A problem focused [REDACTED]

[REDACTED]

[REDACTED]





AS

Exam

Constitutional	Eyes	ENMT	Neck	Lungs	CV	GI	GU
						Chest/Breasts	
						Skin	
						Musculoskeletal	
						Neurologic	
						Psychiatric	
						MDM	
						SF	

E/M Insight: Problem Focused Exam

It is difficult (but not impo



Medical Decision-Making

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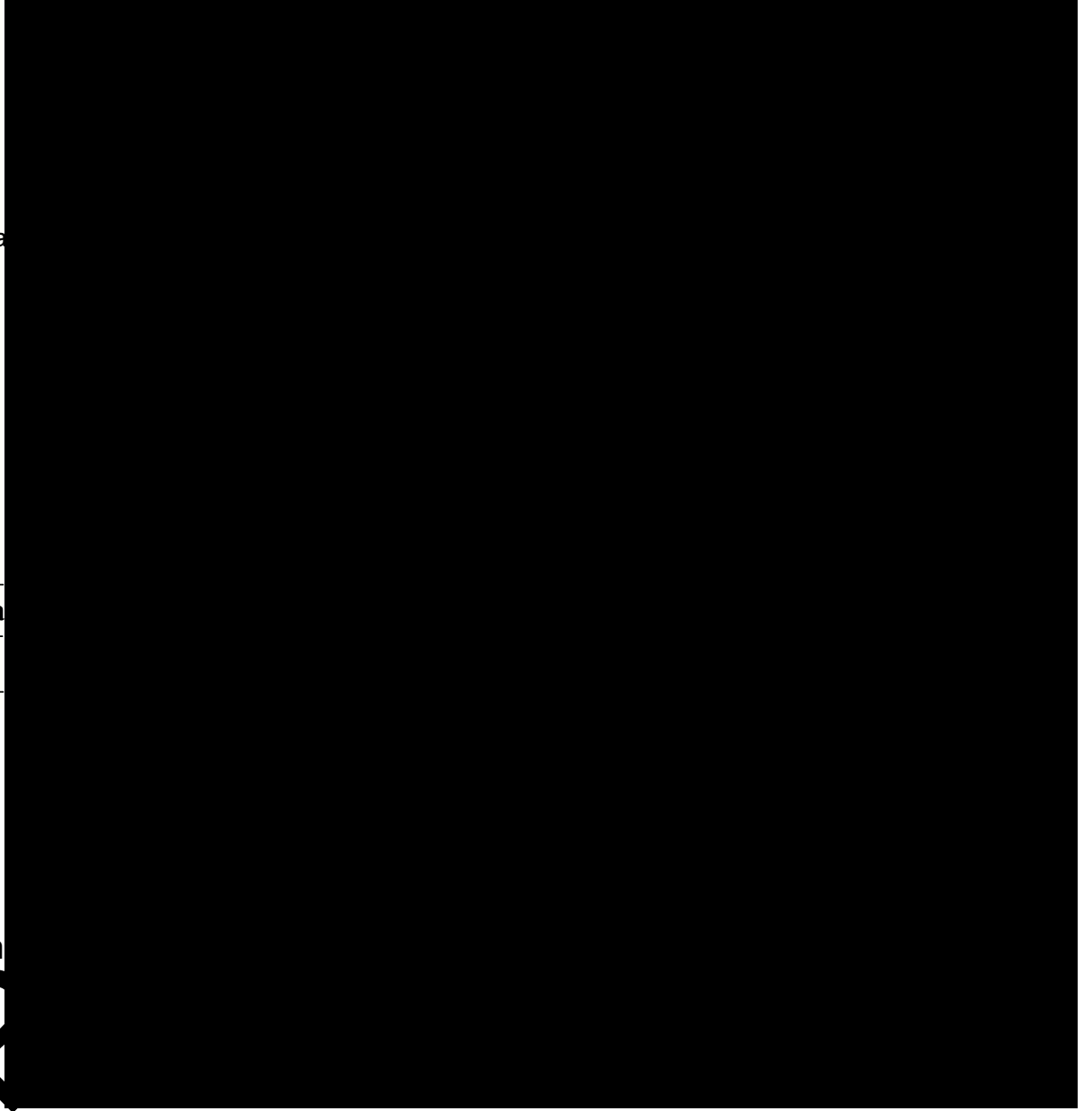
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99251

Reason for consult: [REDACTED]

[REDACTED]

[REDACTED] labs for the last three days.

Vitals: 125/75, 18, 82, 98.6

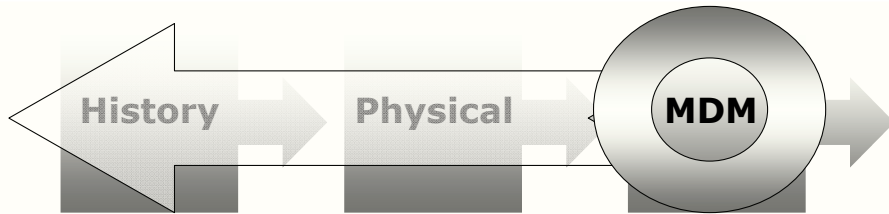
Gen: NAD, conversant [REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

Redacted Version



- Perform the documentation in a purpose-driven manner
- Don't document more than is necessary to take care of the patient and maintain compliance
- Three out of three key components are always

■ [Redacted]



E/M UNIVERSITY

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