2 Evaluation and Management Services
The evaluation and management (E/M) services codes (99201-99499) were introduced into the CPT® code set in 1992. E/M codes are not procedure codes; instead, they describe services provided by physicians and other qualified health care professionals (QHP) to evaluate patients and manage their care. Physicians of all specialties as well as other qualified health care professionals (QHP) use these codes, which describe a large portion of the medical care provided to patients.

A “physician or other qualified health care professional” is an individual who is qualified by education, training, licensure or regulation (when applicable), and facility privileging (when applicable) to perform a professional service within his or her scope of practice and independently report that professional service. These professionals are distinct from “clinical staff.” A clinical staff member is a person who works under the supervision of a physician or other qualified health care professional and who is allowed by law, regulation, and facility policy to perform or assist in the performance of a specified professional service but who does not individually report that professional service. Other policies may also affect who may report specific services.

E/M services include examinations, evaluations, consultations, treatments, conferences, counseling with patients and/or family, preventive pediatric and adult health supervision, adult and pediatric critical and intensive care, emergency department services, home care, nursing home care, and similar medical services, such as the determination of the need and/or location for appropriate care.

Evaluation and management services
Physician services commonly associated with patient’s visit to his or her physician in which the physician/QHP takes the patient’s history, performs a physical examination, determines the cause of the patient’s health issues, orders and interprets appropriate tests, decides on necessary treatments, and monitors the patient for changes in his or her health status, including routine checkups.

Physician or other qualified health care professional
An individual who is qualified by education, training, licensure or regulation (when applicable), and facility privileging (when applicable) to perform a professional service within his or her scope of practice and independently report that professional service.

ADVICE/ALERT NOTE
Throughout the CPT code set, use of terms such as physician, qualified health care professional, or individual is not intended to indicate that other entities may not report the service. In selected instances, specific instructions may define a service as limited to professionals or limited to other entities (eg, hospital or home health agency).
Contributory Factors

Counseling, coordination of care, and nature of presenting problem are considered contributory factors in most patient encounters. Note that it is not required that these services be provided at every or any patient encounter.

Time

One of the least understood elements of E/M coding is when to use time as the key factor when selecting a code. Times are included in many of the E/M code descriptors, but generally those times are not meant to be used to select the level of E/M service reported.

It is important to note that the specific times in the visit code descriptors are averages and that a patient’s actual visit times may be higher or lower, depending on the clinical circumstances. In addition, it is crucial to note that the times included in the E/M codes reflect actual face-to-face time (also known as intraservice time) involved in an E/M service. Other components of the provided service, such as review of X rays, telephone calls associated with the visit, and review of other laboratory tests (also known as preservice and postservice work), may involve additional time, which is not reflected in the time stated but is included in determining the work value of an E/M service. Note that time is not part of the code descriptor for E/M emergency department services.

CODING TIP

Professional services are characterized by face-to-face encounters rendered by physicians/QHPs who may report E/M services using a specific CPT E/M code(s). Therefore, services provided without a face-to-face encounter, such as telephone renewal of a prescription, are not considered in E/M code selection, when patients are identified as either new or established.

When counseling and/or coordination of care dominate (over 50%) the encounter with the patient and/or family (face-to-face time in the office or other outpatient setting or floor/unit time in the hospital or nursing facility), time should be considered the key, or controlling, factor to qualify for a particular level of E/M services. This includes time spent with parties who have assumed responsibility for the patient’s care or decision making, regardless if they are family members (eg, foster parents, person acting in locum parentis, legal guardian). The extent of counseling and/or coordination of care must be documented in the medical record.

Thus, the first question to ask when coding E/M services is, “Did counseling or coordination of care dominate the visit?” If counseling and/or coordination of care did not constitute more than 50% of the encounter, the level of service is selected based on the key components that were met. If counseling and/or coordination of care did dominate the visit, the code should be selected based on time.

CODING TIP

Counseling and/or coordination of care are used as the basis of selecting the level of E/M service because of a patient or family request, as a result of a particular illness, or as the practice style.
specialty (e.g., electrophysiology specialists in a cardiology group, a hand surgeon in an orthopedic group). It is possible for a patient receiving professional services from a subspecialist within the same group to be considered a new patient to another physician/QHP in the group. For example, if the subspecialists within the group practice have a separate tax identification number for their subspecialty that is different from the general group tax identification number, the patient receiving professional services from the subspecialist may be considered a new patient. Another possible scenario involves a physician/QHP who leaves one group practice and joins a different group practice elsewhere in the state.

**CASE EXAMPLE 1**

Dr A leaves his group practice in Frankfort, Illinois, and joins a new group practice in Rockford, Illinois. When he provides professional services to patients in the Rockford practice, will he report these patients as new or established patients?

**Concurrent Care**

For CPT coding purposes, when concurrent care is provided, no special reporting is required. However, when concurrent care is provided, the International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM) diagnosis code that is reported should reflect the need for provision of similar services to the same patient by more than one physician/QHP on the same day. It is important to note that if the most specific ICD-10-CM diagnosis code is for the same condition, this does not preclude billing for concurrent care (see example 1).

**EXAMPLE 1**

Dr B, an endocrinologist, visits a patient in the hospital to manage the patient’s uncontrolled type 2 diabetes mellitus while Dr C, an infectious diseases specialist, visits the same patient on the same day to manage the patient’s pneumonia. Each physician reports the appropriate level of E/M service based on the content of the service provided (e.g., extent of the history obtained, extent of the examination performed, and complexity of medical decision making). The ICD-10-CM diagnosis code reported should reflect each physician’s role in management of the patient.

**Counseling**

CPT defines counseling, as it relates to E/M coding, as a discussion with the patient and/or family member(s) or other caregiver(s) concerning one or more of the following areas:

- Diagnostic results, impressions, and/or recommended diagnostic studies
- Prognosis