Evaluation and Management (E/M) Services
Common Quandaries & Tips

E/M Services Level of Service

- Bill the Level of Service based on what was rendered and documented and not on the "type" of visit or only on patient "risk".
- A New/Consult patient has to have 3 of 3 Key components (history, exam and medical decision making) to support the E/M level being billed for the service.
- An established patient only needs 2 of 3 Key components (history, exam and/or medical decision making) to support the E/M level being billed for the service.

Consultations

- Require a reason and request for opinion and/or advice.
- Require that the opinion and/or advice be communicated back to the requesting physician (in the office setting without a shared common medical record) in a written report.
- Requires 3 key components (history, exam and medical decision making).

Preventive Medicine & E/M Visit

- Preventive medicine services are categorized by the age of the patient.
- A problem oriented and/or a preexisting problem addressed during the preventive medicine service can be reported in addition to the age appropriate code for the preventive medicine exam.
- The appropriate office/outpatient E/M service should have the modifier -25 appended and the diagnosis code should demonstrate the medical necessity for reporting the additional service.

Counseling and Coordination of Care

- Remember to document "time and topics".
- Indicate the duration of the visit and demonstrate that greater than 50% was spent in appropriate "counseling/coordination of care".

Teaching Physician Regulations

- ATTEST-TIE-MANAGE – Teaching physicians need to ATTEST he/she SAW the patient, TIE his/her documentation with the residents and document his/her participation in the CARE PLAN MANAGEMENT.

Primary Care Exception (PCE)

- Under PCE rule, providers can only bill the first three E/M levels unless they "see" the patient.
- Providers "supervising" the residents can have no other responsibilities and supervise no more than 4 residents at any given time.
- Providers must discuss review and discuss with the resident the patient's history, exam and treatment plan.

Teaching Physician Critical Care

- Providing medical care to a critically ill patient in a critical care unit does not in itself qualify as critical care.
- The teaching physician must be present during the entire period of time billed as critical care.
- Time spent teaching may not be counted towards critical care time.
- Time spent by the resident in the absence of the teaching physician cannot be billed by the teaching physician as critical care.

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