3 Consultations and Admissions (History and Physical Exam)

All 3 Key Elements (HISTORY, PHYSICAL EXAM, & MDM) must be met in a column. To code by time instead, total unit/floor time (of which >50% is counseling or coordinating care) should correlate with the typical/avg. time* associated with the E&M code.

Consult, Outpatient (ER/Observation) ***Not Medicare Covered***	99241 15 min.*	99242 30 min.*	99243 40 min.*	99244 60 min.*	99245 80 min.*
Consult, Inpatient ***Not Medicare Covered***	99251 20 min.*	99252 40 min.*	99253 55 min.*	99254 80 min.*	99255 110 min.*
Admission, Inpatient			99221 30 min.*	99222 50 min.*	99223 70 min.*
HISTORY	**Problem–Focused**	**Expanded Problem–Focused**	**Detailed**	**Comprehensive**	
HPI: location, quality, severity, duration, timing, context, modifying factors, associated signs/symptoms	1-3 elements	1-3 elements	4 elements	4 elements	
ROS: constitutional, eyes, ENT, CV, resp, GI, GU, musculo,skin, neuro, psych, endo, hem/lymph, all/immun		1 in addition to HPI system	2-9	10	
Past, Family, Social History (PFSH)			**Pertinent:** 1 or 2 areas must be documented	**Complete:** At least 1 item from each area must be documented	
PHYSICAL EXAM	**Problem–Focused**	**Expanded Problem–Focused**	**Detailed**	**Comprehensive**	
Using 1995 Documentation Guidelines	1 system	2 - 7 systems	2 - 7 systems with detail	8 systems	

IMPORTANT: E&M Code Scoring System May Vary by Payer

4 Subsequent Hospital Visits

Requires 2 out of 3 key elements (INTERVAL HISTORY, PHYSICAL EXAM, & MDM). To code by time instead, total unit/floor time (of which >50% is counseling or coordinating care) should correlate with the typical/avg. time* associated with the E&M code.

CPT Code	**99231** 15 min.*	**99232** 25 min.*	**99233** 35 min.*
Description	Patient is stable, recovering, or improving	Patient has developed a complication or not responding to treatment	Unstable patient or patient developed a significant complication or new problem
INTERVAL HISTORY	**Problem – Focused**	**Expanded Problem – Focused**	**Detailed**
HPI: (see 3 for explanation)	1-3 elements	1-3 elements	4 elements or status of 3 chronic conditions
ROS: (see 3 for explanation)		1 in addition to HPI system	2-9
PHYSICAL EXAM	**Problem – Focused**	**Expanded Problem – Focused**	**Detailed**
Using 1995 Documentation Guidelines	1 system	2-7 systems	2-7 systems with detail
MEDICAL DECISION MAKING (MDM)	**SF/Low**	**Moderate**	**High**
Assessment: (see 1 for explanation)	1-2 points	3 points	4 points
Data: (see 1 for explanation)	1-2 points	3 points	4 points
Risk Level: (see 2 for Table of Risk)	Minimal/Low	Moderate	High

Prolonged Services

Add-on codes that are billed in conjunction with an E&M code to account for time that is beyond the typical/avg. time*.

Prolonged Service, Outpatient (ER/Observation) *Face-to-Face Time*	99354	99355
Prolonged Service, Inpatient *Floor/Unit Time—Medicare only counts face-to-face time*	99356	99357
Time: total time must = the typical/avg. time* associated with the companion E&M code *+ at least 30 min. of additional time.*	first 30 – 74 min.	each add. 15 – 30 min. (beyond 1st hr.)

Critical Care Visits

Time-based codes that require highly complex MDM combined with a high probability of imminent or life threatening deterioration.

CPT Code	99291	99292
Time: can be intermittent and is not restricted to a fixed number of hours, days, or physicians. Only one physician may bill for critical care services during any one single period of time.	first 30 – 74 min.	each add. 15 – 30 min. (beyond 1st hr.)

CPT Coding and Documentation Guidelines for Inpatient Infectious Diseases Consultants

(May 2010)

Infectious Diseases Society of America
Clinical Affairs Committee
1300 Wilson Boulevard, Suite 300
Arlington, VA 22209
703-299-0200; 866-638-6840 (fax)
www.idsociety.org

For additional correct coding information please visit the IDSA website at www.idsociety.org/correctcoding.htm or the Medicare Learning Network at www.cms.gov/MLNMattersArticles

1 Consultations and Admissions (Medical Decision Making)

All 3 Key Elements (HISTORY, PHYSICAL EXAM, & MDM) must be met in a column. To code by time instead, total unit/floor time (of which >50% is counseling or coordinating care) should correlate with the typical/avg. time* associated with the E&M code.

Consult, Outpatient (ER/Observation) ***Not Medicare Covered***	99241 15 min.*	99242 30 min.*	99243 40 min.*	99244 60 min.*	99245 80 min.*
Consult, Inpatient ***Not Medicare Covered***	99251 20 min.*	99252 40 min.*	99253 55 min.*	99254 80 min.*	99255 110 min.*
Admission, Inpatient			99221 30 min.*	99222 50 min.*	99223 70 min.*
MEDICAL DECISION MAKING (MDM)	**Straight Forward**		**Low Complexity**	**Moderatey Complexity**	**High Complexity**
Assessment: 1 point for each stable established problem, 2 points for each worsening established problem; 3 points for new problem w/o additional work-up; 4 points for new problem w/ additional work-up	1 established problem, stable (1 point)		1 or 2 established problems, worsening (2 points)	NEW PROBLEM W/O ADDITIONAL WORK-UP (3 points)	NEW PROBLEM W/ ADDITIONAL WORK-UP (4 points)
Data: 1 point for ordering or reviewing labs, 1 point for ordering or reviewing X-rays,1 point for ordering or reviewing tests from medicine section of CPT (such as EKG, PFT, etc.), 1 point for obtaining hx from someone else, 2 points for independent review of tests, 2 points for summarization of old records or discussing the patient with another doctor	1 point		2 points	3 points	4 points
Risk Level (see Table of Risk to the right)	Minimal		Low	Moderate	High

Choose the type of MEDICAL DECISION MAKING based on the two highest elements (Assessment, Data, Risk Level)

2 of 3 elements in the MEDICAL DECISION MAKING table must be met or exceeded

IMPORTANT: E&M Code Scoring System May Vary by Payer—Billing Level *Should Be Driven* by MDM

2 Table of Risk: Use as a guide to assign Risk Level. Risk is highest level assigned in any of 3 columns

Risk Level	Presenting Problem(s) Definition and Examples	Diagnostic Procedure(s) Ordered Definition and Examples	Management Options Selected Definition and Examples
Low	Acute uncomplicated or stable chronic illness or ≥2 self-limited or minor problems ■ Skin abscess in patient with diabetes ■ Uncomplicated zoster on trunk ■ Cellulitis <5 cm	Imaging studies w/ contrast (not CV), superficial needle biopsies ■ Blood cultures ■ Wound cultures ■ CT or MRI of head	Minor surgery (low risk), OTC medications, IV fluids w/o additives ■ Topical antibiotic therapy ■ I&D paronychia ■ Referral to other specialists
Moderate	≥1chronic illness w/ progression or treatment side effects; ≥2 stable chronic illnesses; undiagnosed new problem w/ uncertain prognosis; acute illness w/ systemic symptoms ■ HIV patient with pneumocystis pneumonia ■ Diabetic patient s/p total knee arthroplasty with surgical site infection ■ Patient with erythema migrans and swollen knee	Diagnostic endoscopies, deep needle or incisional biopsy, fluid aspirate from body cavity ■ Lumbar puncture ■ Aspiration of knee joint effusion ■ Bone marrow biopsy ■ Transesophageal echocardiogram ■ MRI or CT scan of ≥1 anatomical region ■ Mediastinoscopy ■ Thoracentesis	Minor surgery w/ risk factors, elective major surgery, prescription drug management, IV fluids w/ additives ■ Removal of transvenous pacemaker ■ Debridement of diabetic ulcer ■ Intravenous antibiotic therapy ■ Decision to withhold antibiotics and monitor clinical status ■ Decision to begin ARV therapy on HIV patients
High	≥1 chronic illnesses w/ severe exacerbation, progression, or side effects of treatment; acute or chronic illnesses that pose a threat to bodily functions, abrupt change in neuro status ■ Neutropenic lymphoma patient with fever and obtundation ■ Post-surgical patient with witnessed aspiration on pressor blood pressure support, intubated and febrile ■ Diabetic patient with limb-threatening leg ulcer and sepsis	Diagnostic endoscopies w/ identified risk factors, cardiac electrophysiologic tests ■ Emergent cardiac catheterization prior to valve replacement in patient with active endocarditis ■ Pericardiocentesis ■ Bronchoscopy ■ Neuroradiological biopsy of epidural space ■ Thoracentesis with pleural biopsy	Elective major surgery w/ identified risk factors, emergency major surgery, drug therapy requiring intensive monitoring for toxicity ■ Colistin treatment for multidrug resistant *Pseudomonas* pneumonia ■ Replacement of an infected prosthetic hip ■ Sepsis management ■ Decision to begin ARV therapy on HIV patients with other complex medical conditions

SEE OTHER SIDE for HISTORY and PHYSICAL EXAM Requirements