

Emergency Department Charting: Evaluation & Management (E/M) Levels

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E/M Level		History (3/3)				Physical Exam (1/1)			MDM (2/3)			
		Type	HPI	ROS	PFSH	Type	'95 Systems	'97 Bullets	Type	Dx/Tx*	Data*	Risk
I	99281	PF	1-3	0	0	PF	1	1-5	SF	Min (1)	Min (0-1)	Min
II	99282	EPF	1-3	1	0	EPF	2-4	6-11	Low	Lim (2)	Lim (2)	Low
III	99283								Mod	Mult (3)	Mod (3)	Mod
IV	99284	Detailed	4	2-9	1/3	Detailed	5-7	12+ bullets in 2+ systems	High	Ext (4+)	Ext (4+)	High
V	99285	Comp	4	10+	2/3	Comp	8+	9+ systems w/ 2+ bullets				

*Categorical Label (Cumulative Points) - Points based on Marshfield Clinical Scoring Tool & Data Points Scoring – see tables below

Dx/Tx: Diagnosis and Treatment; PFSH = Past Medical, Family, & Social History; (E)PF = (Expanded) Problem Focused; Comp = Comprehensive; SF = Straightforward; Min = Minimum; Mod = Moderate, Lim = Limited, Mult = Multiple, Ext = Extensive

THE BASICS

- 3 essential elements: History, Physical Exam, Medical Decision Making
- Billed as E/M levels 1-5, increasing respectively in complexity and reimbursement. Most ED visits are level 3-5.

HISTORY

- **CC:** Clearly presented Chief Complaint required for all levels (often in patient's own words)
- **HPI:** Location, quality, severity, duration, timing, context, modifying factors, associated signs and symptoms
- **ROS:** Constitutional, Eye, ENT, CV, Respiratory, GI, GU, Musculoskeletal, Integument, Neuro, Psych, Endo, Heme/Lymph, Allergy/Immunology
- **PFSH:** Past Medical, Family, and Social History scored as a group
- **Lowest scoring element (HPI, ROS, PFSH) determines E/M level.** Under-documentation can limit E/M level.

PHYSICAL EXAM

- [1995](#) and [1997](#) E/M Documentation Guidelines – may use either, based on department or provider preference
- General Multi-System Exam or Complete Exam of Single Organ System

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MEDICAL DECISION MAKING (MDM)

- Highest scoring 2 of 3 elements (Dx/Tx, Data, Risk) determines E/M level
- **Dx/Tx:** Cumulative total of points for each active problem and chronic problems complicating diagnosis

Diagnosis/Treatment (Dx/Tx) Points	
-- Add all problem points for cumulative total -- <i>[Marshfield Clinical Scoring Tool]</i>	
1	Self-limited / minor problem (max 2 problems)
1	Established problem: Stable
2	Established problem: Worsening
3	New problem & no added workup (max 1 prob)
4	New problem & added workup required

- **Data:** Cumulative points for data collection & interpretation

Data Points	
1 each	Order/review: Labs, XR/Imaging, ECG, echocardiogram
2 each	Independently interpret: Image, ECG tracing, specimen
1	Old records – Obtain
2	Old records – Review and summarize

- **Risk:** Assessed based on highest level in one of these categories: Problem, Diagnostics, Management

CRITICAL CARE (CC) TIME

- **Current Procedural Terminology (CPT) codes**
 - **99291:** First 30-74 minutes
 - **99292:** Each additional 30 minutes beyond the first 74 minutes
- **CMS definition:** A condition which “impairs one or more vital organ systems, that there is a high probability of imminent or life-threatening deterioration in the patient’s condition”.
- Cumulative time w/ required minimum of 30 minutes. Calculated separately from the point system of E/M
- **Included in CC Time:** Cardiac output measurements, ECG & CXR interpretation, ABGs & arterial puncture, pulse oximetry, NG tube placement, transcutaneous pacing, ventilator management, peripheral vascular access
- **Excluded from CC Time:** Procedure that are billed separately, e.g. intubation and central line placement.
 - CC Time requires direct attending involvement (resident time is excluded).

RESOURCES:

- CMS: [Evaluation & Management Services Guide \(August 2015\)](#)
- CMS: [1995 E/M Documentation Guidelines](#) & [1997 E/M Documentation Guidelines](#)
- E/M University: [Problem Points](#) & [Data Points](#)
- ACEP: [Medical Decision Making & the Marshfield Clinical Scoring Tool FAQ](#)

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