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**(4) Level of Service** (Information obtained from 1, 2 and 3)

New Office Visit, Initial Office, Hospital Consult, or ED					
Requires 3 components for given level or the left-most column checked.					
History	PF	EPF	D ED: EPF	C ED: D	C
Examination	PF	EPF	D ED: EPF	C ED: D	C
Complexity	SF	SF ED: L	L ED: M	M	H
CPT-time: New OP Cons IP Cons ED	99201 – 10 99241 – 15 99251 – 20 99281	99202 – 20 99242 – 30 99252 – 40 99282	99203 – 30 99243 – 40 99253 – 55 99283	99204 – 45 99244 – 60 99254 – 80 99284	99205 – 60 99245 – 80 99255 – 110 99285
Level	1	2	3	4	5

**Time:**

If rendering critical care (99291 and 99292) the MD's documentation must support medical necessity AND the total time spent in constant attendance with the patient (bedside/unit per day; or other site (ex. office)).

If more than 50% of the visit was counseling (outpatient setting) or counseling and/or coordination of care (inpatient setting), document the total time and the subject and state that the majority of time was spent counseling and/or coordinating care. Select the CPT code with corresponding time of the visit level. *e.g. spent 60 minutes with patient, the majority of which was spent counseling the patient on the risks of non-compliance with hypertension medication.*

If patient visit was prolonged, document the time and circumstance, ex. monitoring the patient following drug administration, etc.

Established Office Visit					
Requires 2 components for given level					
History	Physician presence not required	PF	EPF	D	C
Examination		PF	EPF	D	C
Complexity		SF	L	M	H
CPT-time:		99211 - 5	99212 - 10	99213 - 15	99214 - 25
Level	1	2	3	4	5

Initial Hospital Observation Initial Hospital Visit			
Requires 3 components for given level or the left-most column checked.			
History	D or C	C	C
Examination	D or C	C	C
Complexity	SF or L	M	H
CPT-time: Obs Initial Hospital	99218 99221-30	99219 99222 – 50	99220 99223 - 70
Level	1	2	3

Subsequent Hospital Visit			
Requires 2 components for given level.			
History	PF interval	EPF Interval	D Interval
Examination	PF	EPF	D
Complexity	SF or L	M	H
CPT-time: Subsequent	99231 - 15	99232 - 25	99233 - 35
Level	1	2	3

**The minimum documentation for State and Federal Payers must demonstrate the following:**

- ❖ The Teaching Physician **physically saw the patient.**
- ❖ The Teaching Physician **reviewed Resident's notes, agreeing and/or revising.**
- ❖ The Teaching Physician **actively participated in the care** by either documenting involvement in the development of the plan or by changing the plan.

**Example of acceptable Linking Language:**

- ❖ "I saw the patient with the Resident and agree with the Resident's findings and plan **we developed.**"
- Verbatim language is not required – TP must demonstrate active participation, which "we" addresses.

**The following elements should be documented by the Resident/Fellow, or Teaching Physician for E&M Services:**

- ❖ Chief Complaint
- ❖ History, Examination and Medical Decision Making

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## UC Davis Health System

### Evaluation & Management Service Pocket Guide Version 2.4

This guide is intended to be used with 1995 CPT E/M Guidelines. For 1997 CPT E/M Guidelines please refer to [www.cms.hhs.gov](http://www.cms.hhs.gov)

Health Information Management Department, Coding Education & Training Program