

Documentation in the clinical record must support the level of service as coded and billed.
The Key Components - History, Examination, and Medical Decision Making - must be considered in determining the appropriate code (level of service) to be assigned for a given visit.

History

type of patient		type of history	details of History		
new	est.		HPI	ROS	other history
	99211		M.D. presence not required, minimal problem, typically 5 minute service		
99201	99212	problem focused	brief (1-3 elements)		
99202	99213	exp. prob. focused	brief (1-3 elements)	prob. pertinent (1 system)	
99203	99214	detailed	ext. (≥4 elements)	extended (2-9 systems)	
99204		comprehensive	ext. (≥4 elements)	complete (≥10 systems)	
99205	99215	comprehensive	ext. (≥4 elements)	complete (≥10 systems)	

Examination

type of patient		type of exam	details of Examination
new	est.		
	99211		exam may not be necessary
99201	99212	problem focused	limited - affected area or organ system
99202	99213	exp. prob. focused	limited - affected area / organ system + other related / symptomatic areas
99203	99214	detailed	extended of affected area / organ system + related / symptomatic areas
99204		comprehensive	general multi-system exam or complete exam of single organ system
99205	99215	comprehensive	general multi-system exam or complete exam of single organ system

Medical Decision Making

type of patient		type of decision making	details of Medical Decision Making		
new	est.		# of diagnoses / management options	amount/complexity of data	risk of complications / morbidity / mortality
	99211		may not require medical decision making		
99201		straightforward	minimal	minimal	minimal
99202	99212	straightforward	minimal	minimal	minimal
99203	99213	low complexity	limited	limited	low
99204	99214	moderate complex.	multiple	multiple	moderate
99205	99215	high complexity	extensive	extensive	high

Note: for **new** patients, **all three key components** must meet or exceed the above requirements for a given level of service; for **established** patients, **two of the three key components** must meet or exceed the requirements.

Details of History		Details of Examination	
HPI elements (8): location quality severity duration timing context modifying factors assoc. signs/symptoms	ROS systems (14): symptoms (e.g. cough) eyes ears/nose/throat/mouth cardiovascular respiratory gastrointestinal genitourinary musculoskeletal integumentary neurologic psychiatric endocrine hematologic/lymphatic allergic/immunologic	body areas: head, including face neck chest, inc. breasts, axillae abdomen genitalia, groin, buttocks back, including spine each extremity	organ systems: constitutional (vital signs, general) eyes ears, nose, throat, mouth cardiovascular respiratory gastrointestinal genitourinary musculoskeletal integumentary neurologic psychiatric hematologic/lymphatic /immunologic
other history areas (req. for 99203/14 & up) past history family history social history			

- **four additional factors** may be considered in determining the appropriate code (level of service) for a visit:
 1. **nature of the presenting problem** (minimal, self-limited/minor, low, moderate, or high severity)
 2. **coordination of care with other health care professionals** *
 3. **counseling** *
 4. **time** - see chart below for "typical" time spent face-to-face with patient/family for the various levels of service

	5 min.	10 min.	15 min.	20 min.	25 min.	30 min.	40 min.	45 min.	60 min.
new patient		99201		99202		99203		99204	99205
est. patient	99211	99212	99213		99214		99215		

* when counseling or coordination of care comprises more than 50% of the visit or service rendered, time is the key factor in determining the appropriate code and the total time spent should be clearly documented.