

Evaluation and Management (E/M) Patient Examples

Office, Established Patient



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IMPORTANT

The sample progress notes below meet criteria for the specified E/M code, but do *not* necessarily meet criteria for the multiple other purposes (e.g., clinical, legal) of documentation. For illustration, the documentation meets requirements specified by the codes for the exact levels of each of the 3 key components. In practice, criteria for these codes may be met by documenting only 2 of 3 of the key components at or above the level required by the code.

SERVICES SHOULD ALWAYS BE MEDICALLY NECESSARY.

99213		Office visit for a 9-year-old male, established patient, with ADHD. Mild symptoms and minimal medication side effects.	Office visit for a 27-year-old female, established patient, with stable depression and anxiety. Intermittent moderate stress.	
	CC	9-year-old male seen for follow up visit for ADHD. Visit attended by patient and mother; history obtained from both.	27-year-old female seen for follow up visit for depression and anxiety. Visit attended by patient.	
HISTORY	HPI	Grades are good (associated signs and symptoms) but patient appears distracted (quality) in class (context). Lunch appetite poor but eating well at other meals.	Difficulty at work but coping has been good. Minimal (severity) situational sadness (quality) and anxiety when stressed (context).	HISTORY: Expanded Problem Focused
		HPI scoring : 3 elements = <i>Brief</i>	HPI scoring : 3 elements = <i>Brief</i>	d P
	PFSH	N/A	N/A	RY:
	ROS	Psychiatric: denies depression, anxiety, sleep problems	Psychiatric: no sadness, anxiety, irritability	'em
		ROS scoring : 1 system = <i>Problem-pertinent</i>	ROS scoring : 1 system = <i>Problem-pertinent</i>	
	Const	Appearance: appropriate dress, comes to office easily	Appearance: appropriate dress, appears stated age	
_	MS	N/A	N/A	
EXAM	Psych	Speech: normal rate and tone; Thought content: no SI/HI or psychotic symptoms; Associations: intact; Orientation: x 3; Mood and affect: euthymic and full and appropriate Examination scoring: 6 elements = Expanded problem-focused	Speech: normal rate and tone; Thought content: no SI/HI or psychotic symptoms; Associations: intact; Orientation: x 3; Mood and affect: euthymic and full and appropriate; Judgment and insight: good Examination scoring: 7 elements = Expanded problem-focused	EXAM: Exp. Problem Focused
NOIS		Problem 1: ADHD Comment: Relatively stable; mild symptoms Plan: Renew stimulant script and increase dose; Return visit in 2 months	Problem 1: Depression Comment: Stable Plan: Renew SSRI script at the same dose; Return visit in 3 months	L _C
MEDICAL DECISION			Problem 2: Anxiety Comment: Stable Plan: Same dose of SSRI	MEDICAL DECISION MAKING: Low Complexity
	Prob	Problem scoring : 1 established problem, stable (1); total of 1 = <i>Minimal</i>	Problem scoring : 2 established problems, stable (1 for each = 2); total of 2 = <i>Limited</i>	CIS G:
ED	Data	Data scoring : Obtain history from someone other than patient (2); total of $2 = Limited$	Data scoring: None = Minimal	
Σ	Risk	Risk scoring : Chronic illness with mild exacerbation, progression, or side effects; and Prescription drug management = <i>Moderate</i>	Risk scoring : Two stable chronic illnesses; and Prescription drug management = <i>Moderate</i>	

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99214		Office visit for a 13-year-old male, established patient, with depression, anxiety, and anger outbursts.		Office visit for a 70-year-old male, established patient, with stable depression and recent mild forgetfulness.		
	CC		3-year-old male seen for follow up visit for mood and behavior problems. Visit ttended by patient and father; history obtained from both.		70-year-old male seen for follow up visit for depression. Visit attended by patient and daughter; history obtained from both.	
HISTORY	HPI	Patient and father report increasing (timing), moderate (severity) sadness (quality) that seems to be present only at home (context) and tends to be associated with yelling and punching the walls (associated signs and symptoms) at greater frequency, at least once per week when patient frustrated. Anxiety has been improving and intermittent, with no evident trigger (modifying factors).		lost small objects (e.g., keys, bills, items of clothing) over the past 2-3 months (duration). Patient notices intermittent (timing), mild (severity) forgetfulness (quality) of people's		HISTORY Detailed
		HPI scoring : 6 elements = <i>Extended</i>		HPI scoring: 6	elements = Extended	OR uilea
	PFSH	Attending 8 th grade without problem; fair grades		Less attention to hobbies		X :
		PFSH scoring : 1 element: social = <i>Pertinent</i>		PFSH scoring : 1 element: social = <i>Pertinent</i>		
	ROS	Psychiatric: no problems with sleep or attention; Neurological: no headaches		Psychiatric: no problems with sleep or anger; Neurological: no headaches, dizziness, or weakness		
		ROS scoring : 2 systems = <i>Extended</i>		ROS scoring: 2	2 systems = Extended	
	Const	Appearance: appropriate dress, appears stated age		Appearance: a	appropriate dress, appears stated age	
	MS	N/A		Muscle strength and tone: normal		
EXAM	Psych	Speech: normal rate and tone; Thought process: logical; Associations: intact; Thought content: no SI/HI or psychotic symptoms; Orientation: x 3; Attention and concentration: good; Mood and affect: euthymic and full and appropriate; Judgment and insight: good		content: no Sl unable to focu	al rate and tone; Thought process: logical; Associations: intact; Thought /HI or psychotic symptoms; Orientation: x 3; Attention and concentration: as on serial 7s; Mood and affect: euthymic and full and appropriate; mote memory: mild struggle with telling history and remembered 1/3	EXAM: Detailed
		Examination scoring: 9 elements = Detailed		Examination s	coring: 10 elements = Detailed	
MEDICAL DECISION MAKING		Problem 1: Comment: Plan:	Depression Worsening; appears associated with lack of structure Increase dose of SSRI; write script; CBT therapist; Return visit in 2 weeks	Problem 1: Comment: Plan:	Depression Stable; few symptoms Continue same dose of SSRI; write script Return visit in 1 month	IW
		Problem 2: Comment:	Anxiety Improving	Problem 2: Comment:	Forgetfulness New; mildly impaired attention and memory	ΞDIC.
Z		Plan:	Patient to work with therapist on identifying context	Plan:	Brain MRI; consider referral to a neurologist if persists	AL]
CISION		Problem 3: Comment:	Anger outbursts Worsening; related to depression but may represent			DECIS:
AL DE		Plan:	mood dysregulation Call therapist to obtain additional history; consider a mood stabilizing medication if no improvement in 1-2 months			MEDICAL DECISION MAKING: Moderate Complexity
EDIC.	Prob	Problem scoring : 2 established problems, worsening (2 for each problem = 4); 1 established problem, improving (1); total of 5 = <i>Extensive</i>			ng : 1 established problem, stable (1); with additional workup (4); total of 5 = <i>Extensive</i>	AKIN
W	Data	Data scoring: Obtain history from other (2); Decision to obtain history from other (1); total of $3 = Multiple$			Order of test in the radiology section of CPT (1); from other (2); total of 3 = <i>Multiple</i>	G:
	Risk	Risk scoring : One or more chronic illnesses with mild exacerbation, progression; and Prescription drug management = <i>Moderate</i>		Risk scoring: U	Indiagnosed new problem with uncertain prognosis; and g management = Moderate	

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99215		Office visit for an established adolescent patient with history of bipolar disorder treated with lithium; seen on urgent basis at family's request because of severe depressive symptoms.	Office visit for a 25-year-old male, established patient with a history of schizophrenia, who has been seen bi-monthly but is complaining of auditory hallucinations.	
	CC	17-year-old male seen for urgent visit for depression. Visit attended by patient and parents; history obtained from all 3.	25-year-old male seen for follow up visit for schizophrenia. Visit attended by patient.	
HISTORY	HPI	Patient doing well until 2 days ago (timing) when, for no apparent reason (context), he refused to leave his bed and appeared extremely (severity) and continuously depressed (quality); he is sleeping more and eating little (associated signs and symptoms).	The patient reports doing well until 1 week ago (duration) when he stayed up all night to finish a term paper (context). He has slept poorly (severity) since (timing) and, 2 days ago, began hearing fairly continuous voices (quality) telling him that people plan to shoot him. Attention and organization were good up until this past week (associated signs and symptoms).	HISTORY: Comprehensive
)Ţ(HPI scoring : 5 elements = <i>Extended</i>	HPI scoring : 6 elements = <i>Extended</i>	:ehе
HIS	PFSH	Stopped attending school; family history of suicide is noted from patient's initial evaluation	Doing well in third year of graduate school. Chart notes no family psychiatric history.	RY: ensive
		PFSH scoring : Family and social (2 elements) = <i>Complete</i>	PFSH scoring : Family and social (2 elements) = Complete	
	ROS	Psychiatric: no problems with anxiety or anger; Neurological: no headaches; All other systems reviewed and are negative.	Psychiatric: denies symptoms of depression or mania; Neurological: no headaches; All other systems reviewed and are negative.	
		ROS scoring : All systems = <i>Complete</i>	ROS scoring : All systems = <i>Complete</i>	
_	Const	VS: BP (sitting) 120/70, P 90 and regular, R 20; Appearance: appropriate dress, appears stated age	VS: BP (sitting) 115/70, P 86 and regular, Ht 5'10", Wt 180 lbs; Appearance: appropriate dress, appears stated age	1
O	MS	Gait and station: normal	Gait and station: normal	
EXAMINATION	Psych	Speech: sparse and slow; Thought process: logical; Associations: intact; Thought content: hopelessness, thinks of suicide, no HI or psychotic symptoms; Orientation: x 3; Attention and concentration: impaired; Mood and affect: depressed and constricted; Judgment and insight: poor; Fund of knowledge: good; Recent and remote memory: good; Language: able to repeat phrases	Speech: normal rate and tone; Thought process: logical; Associations: intact; Thought content: auditory hallucinations and paranoid ideation, no SI/HI; Orientation: x 3; Attention and concentration: impaired; Mood and affect: euthymic and full and appropriate; Judgment and insight: good; Fund of knowledge: good; Recent and remote memory: good; Language: able to repeat phrases	EXAMINATION Comprehensive
		Examination scoring : All elements of constitutional and psychiatric and 1 element of musculoskeletal = <i>Comprehensive</i>	Examination scoring : All elements of constitutional and psychiatric and 1 element of musculoskeletal = <i>Comprehensive</i>	
KING		Problem 1: Bipolar disorder Comment: Major relapse Plan: Continue current dose of Lithium for the moment	Problem 1: Psychosis Comment: Major relapse Plan: Increase dose of antipsychotic; write script; hold off on hospital admission as patient historically very adherent; return for visit in 1 day	MEDIO
MEDICAL DECISION MAKING		Problem 2: Suicidality Comment: New Plan: Refer to hospital; confer with hospitalist once patient is admitted	Problem 2: Insomnia Comment: Sleep deprivation may have triggered the psychosis relapse Plan: Change to a more powerful hypnotic; write script	MEDICAL DECISION MAKING: High Complexity
DECIS			Problem 3: ADHD Comment: Appears stable Plan: Continue same dose of non-stimulant medication	L DECISION N High Complexity
ICAI	Prob	Problem scoring : 1 established problem, worsening (2); 1 new problem (3); total of $5 = Extensive$	Problem scoring : 1 established problem, stable (1); 2 established problems, worsening (2 for each problem = 4); total of $5 = Extensive$	MAK ty
ED	Data	Data scoring: Obtain history from other (2); total of 2 = <i>Limited</i>	Data scoring: None = Minimal	Ę
M	Risk	Risk scoring : Chronic illness with severe exacerbation; and Illness that poses a threat to life = $High$	Risk scoring : Chronic illness with severe exacerbation = $High$	G.