

## Accounts receivable plan XYZ Organization

Standard or action	Timeframe	Responsible party
Case is precertified or verified as appropriate	prior to DOS & within 72 hours of scheduling	Patient accounts biller
Patient contacted - pre-payment of co-pay, co-ins, poss. deductible	prior to DOS & within 72 hours of scheduling	Patient accounts biller
Procedure performed (DOS)	DOS	Surgeon and clinical staff
Case information is entered into surgery log in IS system	DOS	Nursing
Dictate or write Post-op Note	DOS	Surgeon
Transcription Available	within 24 hours of DOS	Transcription Service & Medical Records Clerk
Transcription to Patient Accounts Biller	immediately upon receipt (maximum of 1 hour)	Medical Records Clerk
Case is coded and billed	same day as receipt (within 24 hours of DOS)	Patient Accounts Biller
Case is coded and billed - Path Report Required	within 72 hours of DOS if pathology required	Patient Accounts Biller
Mail received and sorted	daily	Administrative Assistant or assigned
EOBs copied so that each pt account has one for file	daily	Administrative Assistant or assigned
Funds (checks or cash) copied and attached to EOB and given to biller	daily	Administrative Assistant or assigned
Deposit prepared and delivered to bank	same day as received	Administrative Assistant or assigned
Payments Posted	upon receipt (within 24 hours)	Patient Accounts Biller
Balances transferred to secondary ins or guarantor and billed	immediately after posting of payment	Patient Accounts Biller
Denials or incorrect payment - reason identified	immediately upon notification	Patient Accounts Collector
Denials and incorrect payments appealed or refilled as appropriate	immediately upon notification	Patient Accounts Collector
Past due / Aging Reports printed for each payor group	weekly for all accounts > 45 days	Patient Accounts Collector
Insurance tracers - all qualified companies	weekly for all accounts > 30 days	Patient Accounts Collector
Work all accounts > 45 days; oldest and material balances first	weekly or bi-weekly depending on # of accounts	Patient Accounts Collector
Identify trends by payor then address groups of patients when possible	weekly or bi-weekly depending on # of accounts	Patient Accounts Collector
Assure that contracts of payors are enforced (penalty clauses)	at all times	Patient Accounts Collector
Payment Plan accounts are tracked to assure compliance	weekly or bi-weekly depending on # of accounts	Patient Accounts Collector
Statements are printed weekly or bi-weekly	printed weekly or bi-weekly and mailed same day	Patient Accounts Biller
Phone call attempts to collect guarantor past due amounts	biweekly	Patient Accounts Collector
Collection letters sent guarantor past due accounts	at 30, 60 and 90 (final notice) day past due	Patient Accounts Collector
Guarantor due unpaid balances turned over to attorney collections	10 days after final collection letter or return to sender	Patient Accounts Collector
Meetings with Director / Controller designee to update and address needs	weekly	Director and Patient Accounts personnel
<b>Key: DOS = Date of Service</b>	<b>Goals: Average Days Billing in AR is &lt;50Days</b>	
<b>EOB = Explanation of Benefits</b>	<b>Actual Last Days of Billing in AR = 45 days or less</b>	
<b>IS = Computer information system</b>	<b>&lt;15% of Total AR is &gt; 90 days old</b>	

Source: Dawn Q. McLane, RN, MSA, CASC, CNOR, chief development officer for Nikitis Resource Group (NRG), Broomfield, CO. Adapted and

X:	MOD:	Fracture (-54)	X:	MOD:	Nose Procedures	X:	MOD:	Cardiac
		27760 Ankle; Medial Malleolus 1 2 3 4			30901 Epistaxis, anterior; simple 1 2 3 4			99440 Newborn Resuscitation 1 2 3 4
		27786 Lateral Mall (distal fibular) 1 2 3 4			30903 Epistaxis, anterior; complex 1 2 3 4			92960 Convert Arrhythmia 1 2 3 4
		27808 Ankle; Bimalleolar 1 2 3 4			30905 Epistaxis, posterior; initial 1 2 3 4			93042 Rhythm Strip; I&R only 1 2 3 4
		27810 Bimalleolar, w manipu 1 2 3 4			30906 Epistaxis, posterior; subsequent 1 2 3 4			92953 Transcutaneous Pacer (Ext) 1 2 3 4
		27816 Ankle; Trimalleolar 1 2 3 4	X:	MOD:	Thrombolysis			33210 Transvenous Pacer 1 2 3 4
		27818 Trimalleolar, w manip 1 2 3 4			37195 Cerebral IV 1 2 3 4			33010 Pericardiocentesis 1 2 3 4
		28400 Calcaneal 1 2 3 4			92977 Coronary IV 1 2 3 4	X:	MOD:	Special Procedures
		25622 Carpal Navicular Scaphoid 1 2 3 4	X:	MOD:	GI Procedures			36600 Arterial Puncture c 1 2 3 4
		23500 Clavicle 1 2 3 4			43460 Esophagogastric Tamponade w Balloon 1 2 3 4			36620 Arterial Line Insertion 1 2 3 4
		27200 Coccygeal 1 2 3 4			43752 NG Tube Placement 1 2 3 4			36420 Cut Down IV <1yr ( Venous) 1 2 3 4
		27508 Femoral; Dis/Med, Lateral 1 2 3 4			43760 Gastrostomy Tube Placement 1 2 3 4			36425 Cut Down IV >1yr (Venous) 1 2 3 4
		27230 Femoral; Proximal End/Neck 1 2 3 4			31505 Laryngoscopy, Indirect; diagnostic 1 2 3 4			36488 CVP/CathPercut < 2yr 1 2 3 4
		27246 Femoral; Greater Trochanteric 1 2 3 4			45300 Proctosigmoidoscopy 1 2 3 4			36489 CVP/CathPercut > 2yr 1 2 3 4
		26720 Finger/Thumb; Shaft Proximal/Mid 1 2 3 4			45307 Proctosigmoidoscopy w FB removal 1 2 3 4			36490 CVP/Cath CutDown <2yr 1 2 3 4
		26750 Finger/Thumb; Distal Phalanx 1 2 3 4			45999 Rectal Prolapse Red/Fecal Impaction 1 2 3 4			36491 CVP Cutdown >2yr 1 2 3 4
		23600 Humeral Neck/Proximal 1 2 3 4			46600 Anoscopy diagnostic 1 2 3 4			36680 Intraosseous Infusion Needle 1 2 3 4
		23605 Humeral Neck Fx w manipu 1 2 3 4			46608 Anoscopy FB removal 1 2 3 4			36000 IV Start 1 2 3 4
		24500 Humeral Shaft 1 2 3 4			49080 Peritoneal Lavage/Paracentesis 1 2 3 4			90782 IM/SQ Injection 1 2 3 4
		24505 Humeral Shaft Fx w manipu 1 2 3 4			91100 GI Bleeding Tube placement/monitor 1 2 3 4			90784 IVP Injection ( Not Pyelogram) 1 2 3 4
		24530 Humeral; Supra/Condylar 1 2 3 4			91105 Gastric Lavage/Intubation/Aspiration (OD) 1 2 3 4			50690 IVP Injection for Pyelogram 1 2 3 4
		26600 Metacarpal 1 2 3 4			22999 Abdominal Hernia Manual Reduction 1 2 3 4			32000 Thoracostomy 1 2 3 4
		28470 Metatarsal 1 2 3 4	X:	MOD:	GU Procedures			32002 Thoracostomy Pneumothorax 1 2 3 4
		28475 Metatarsal; w manipu; each 1 2 3 4			51000 Bladder aspiration 1 2 3 4			32020 Tube Thoracostomy 1 2 3 4
		21310 Nasal 1 2 3 4			51700 Bladder irrigation 1 2 3 4			32160 Thoracostomy w massage 1 2 3 4
		21315 Nasal; w/o stabilization 1 2 3 4			53670 Foley cath simple 1 2 3 4			36430 Transfuse Blood/Components 1 2 3 4
		27193 Pelvic Ring (Fx/Disloc) 1 2 3 4			53675 Foley cath complicated 1 2 3 4			36400 Venipuncture<3yrs Central 1 2 3 4
		24650 Radial Head/Neck 1 2 3 4	X:	MOD:	Gynecologic Procedures			36405 <3yrs Scalp 1 2 3 4
		25500 Radial Shaft 1 2 3 4			57020 Colpocentesis 1 2 3 4			36406 <3yrs Other 1 2 3 4
		25560 Radial & Ulnar Shaft 1 2 3 4			58301 Remove IUD 1 2 3 4			36410 >3yrs (MD skill) 1 2 3 4
		25600 Radial/Colles Distal 1 2 3 4			59300 Episiotomy repair only 1 2 3 4	X:	MOD:	Wound Exploration
		25605 Radial/Colles Distal; w manipu 1 2 3 4			59409 Vaginal Delivery 1 2 3 4			20100 Neck 1 2 3 4
		21800 Rib; Each 1 2 3 4			59414 Placental Delivery only 1 2 3 4			20101 Chest 1 2 3 4
		21820 Sternum 1 2 3 4	X:	MOD:	Nerve Block			20102 Abdomen/Flank/Back 1 2 3 4
		28430 Talus 1 2 3 4			64400 Trigeminal 1 2 3 4			20103 Extremity 1 2 3 4
		27750 Tibial Shaft(+/-) Fibula 1 2 3 4			64402 Facial Nerve 1 2 3 4	X:	MOD:	Injection - Aspiration
		28490 Toe; Great 1 2 3 4			64420 Intercostal Single 1 2 3 4			20550 Tendon sheath/ligament 1 2 3 4
		28510 Toe; 2-5 1 2 3 4			64450 Peripheral/Other 1 2 3 4			20600 Small joint/bursa; finger/toe 1 2 3 4
		28515 Toes 2-5; w manipulation 1 2 3 4	X:	MOD:	Nail Procedures			20605 Interm joint/bursa; elbow/wankle 1 2 3 4
		24670 Ulnar Proximal 1 2 3 4			26951 Amputation Finger/Thumb 1 2 3 4			20610 Major joint/bursa; hip/shoulder 1 2 3 4
		22310 Vertebral Body; require cast/brace 1 2 3 4			11730 Avulsion Nail Plate; one 1 2 3 4	X:	MOD:	Wound Dehiscense
					11732 Avulsion; each addition plate X 1 2 3 4			12020 Simple Closure 1 2 3 4
					11720 Debride; any method 1-5 1 2 3 4			12021 Simple Packing 1 2 3 4
					11721 Debride; any Method 6 or more 1 2 3 4	X:	MOD:	Burns
					26011 Drainage Felon; complicated 1 2 3 4			16000 Treatment initial; 1st Degree 1 2 3 4
					11740 Evacuate Subungual Hematoma 1 2 3 4			16020 Dressing; small* 1 2 3 4
					11760 Repair Nail Bed 1 2 3 4			16025 Dressing; medium* 1 2 3 4
					11765 Wedge Excision Skin Nail Fold 1 2 3 4			16030 Dressing; large 1 2 3 4
			X:	MOD:	Respiratory			16035 Escharotomy; initial incision 1 2 3 4
					31511 Laryngoscopy/Remove FB 1 2 3 4			16036 ea add incision 1 2 3 4
					31515 Laryngoscopy/Direct; for aspiration 1 2 3 4	X:	MOD:	Debridement of Skin
					31502 Trach Tube Change; No Fistula 1 2 3 4			11000 Debride infect skin <10%* 1 2 3 4
					31601 Tracheostomy<2yrs 1 2 3 4			11001 infect skin @ add 10% 1 2 3 4
					31603 Tracheostomy Emergent;transtracheal 1 2 3 4			11040 Debride skin partial thick 1 2 3 4
					36105 Tracheostomy (Crico) 1 2 3 4			11042 Debride skin & SQ 1 2 3 4
					94658 Ventilation asst/mgmt; first day 1 2 3 4			11043 Debride skin, SQ, muscle 1 2 3 4
			X:	MOD:	Eye	X:	MOD:	Casting
					65205 FB Conjunctival Simple 1 2 3 4			29705 Remove/bivalve; arm/leg 1 2 3 4
					65210 FB Conjunctival Embedded 1 2 3 4			29730 Windowing 1 2 3 4
					65220 FB Corneal W/O Slit Lamp 1 2 3 4			29740 Wedging 1 2 3 4
					65222 FB Corneal W/Slit Lamp 1 2 3 4	X:	MOD:	Observation
					92002 Eye Exam Intermediate; New 1 2 3 4			99218 Level 1 1 2 3 4
					92100 Tonometry Serial 1 2 3 4			99219 Level 2 1 2 3 4
								99217 Obs Discharge Diff/Day 1 2 3 4
								99234 Obs/Discharge Same Day 1 2 3 4

Source: Sinaiko Healthcare Consulting Inc., Los Angeles. www.sinaikohc.com.

# Evaluation and Management Tool

MRN#: \_\_\_\_\_ SPECIALTY: \_\_\_\_\_ DATE: \_\_\_\_\_

DOS Noted: \_\_\_\_\_ PHYSICIAN: \_\_\_\_\_

E/M Service: \_\_\_\_\_ CPT Assigned: \_\_\_\_\_ CPT Recommended: \_\_\_\_\_ Modifier: \_\_\_\_\_

HISTORY		EXAM		MEDICAL DECISION MAKING	
<b>HPI:</b> <input type="checkbox"/> Location <input type="checkbox"/> Quality <input type="checkbox"/> Severity <input type="checkbox"/> Duration <input type="checkbox"/> Timing <input type="checkbox"/> Context <input type="checkbox"/> Modifying factors <input type="checkbox"/> Associated signs <input type="checkbox"/> and symptoms	<b>ROS:</b> <input type="checkbox"/> Constitutional (wt loss, etc) <input type="checkbox"/> Eyes <input type="checkbox"/> ENMT (Ears, nose, mouth, throat) <input type="checkbox"/> Card/was <input type="checkbox"/> Resp <input type="checkbox"/> GI <input type="checkbox"/> GU <input type="checkbox"/> Musculo <input type="checkbox"/> Integumentary (skin, breast) <input type="checkbox"/> Neuro <input type="checkbox"/> Psych <input type="checkbox"/> Endo <input type="checkbox"/> Hem/lymph <input type="checkbox"/> Allergy/imm <input type="checkbox"/> "All others negative"	<b>PFSH:</b> <input type="checkbox"/> Past medical history <input type="checkbox"/> meds/allerg <input type="checkbox"/> surg/hospital diet <input type="checkbox"/> illness/injury <input type="checkbox"/> immun <input type="checkbox"/> Family History <input type="checkbox"/> Social History <input type="checkbox"/> marital <input type="checkbox"/> employment <input type="checkbox"/> occup <input type="checkbox"/> living <input type="checkbox"/> alcohol use <input type="checkbox"/> tobacco use <input type="checkbox"/> education <input type="checkbox"/> sex history	<b>Constitutional:</b> * Sit/stand BP, sup BP, resp. pulse rate/reg, temp, ht, wt * General appearance <b>Eyes:</b> * Conjunctivae/lids * Pupils/irises * Optic discs <b>Ears, Nose, Mouth and Throat:</b> * Ext exam of ears and nose * Ext exam of ext auditory canals/lympnic membranes * Hearing assessment <b>Neck:</b> * Neck exam (masses, symmetry, etc) * Thyroid exam (enlargement, tenderness, etc) <b>Respiratory:</b> * Resp effort * Chest percussion * Chest palpation * Auscultation of lungs <b>Cardiovascular:</b> * Heart palpation * Auscultation of heart * Exam of: carotid arteries abd arteries fem arteries	<b>Cardiovascular: (cont.)</b> pedal pulses ext (edema/varicose) <b>Chest: (Breast)</b> * Inspect breast * Breast/axillae palpation <b>GI:</b> * Abdomen * Liver/Spleen * Hernia * Stool sample taken <b>GU:</b> Male * scrotum * penis * DRE/ * urethra * prostate * cervix * uterus * adnexa/ * parametria Female * external genitalia * bladder <b>Lymphatic:</b> * 2 of neck, axilla, groin and other <b>Musculoskeletal:</b> * Gait/station exam * Digits/nails inspect * Exam of joint, bones, muscle >1 of: head/neck spine/ribs/pelvis r/l/t upper ext r/l/t lower ext	<b>Skin:</b> * Inspect skin/sub tissue * Palp skin/sub tissue <b>Neurologic:</b> * Test cranial nerves w/ deficits * Exam deep tendon reflex w/ path reflex notation * Sensation Exam (touch, pin, vibrator, etc) <b>Psychiatric:</b> * Describe patient's judgement/insight * Brief assess of mental status (orientation of time/place/person, recent/remote memory, mood/affect)
<b>Diagnoses or Treatment Options:</b> Self-limited/minor (Max 2) _____ X 1 pt = Est. prob; stable/improved _____ X 1 pt = Est. prob; worsening _____ X 2 pt = New prob; no work-up (Max) _____ X 3 pt = New prob; w/ work-up _____ X 4 pt = Total _____		<b>Amount and/or Complexity of Data:</b> Review and/or order lab test _____ 1 pt = Review and/or order rad test _____ 1 pt = Review and/or order med test _____ 1 pt = Discuss test results w/ attending phy _____ 1 pt = Decision to obtain old MR _____ 1 pt = Case history-other source: summarize old MR; discuss w/another provider _____ 2 pt = Independent visual/test/study _____ 2 pt = Total _____		<b>Risk and/or Morbidity/Mortality: See next page</b> _____ 1 pt = _____ 2 pt = Total _____	
<b>PHYSICIAN PRESENCE FOR 'PATH'</b> <input type="checkbox"/> Documented <input type="checkbox"/> Not Documented <input type="checkbox"/> Co-Signature <input type="checkbox"/> Meets Primary Care Exception Rule <input type="checkbox"/> Other: (Specify Below)		<b>DOCUMENTED BY</b> <input type="checkbox"/> Attending Only <input type="checkbox"/> Attending w/ Resident <input type="checkbox"/> Resident Only Other: (Specify Below) _____		<b>MEDICAL DECISION MAKING</b> <input type="checkbox"/> MIN <input type="checkbox"/> LOW <input type="checkbox"/> MOD <input type="checkbox"/> HIGH	

Draw a line down the column with 2 or 3 circles and circle the decision making level. OR Draw a line down the column with the center circle and circle the decision making level.

Diagnoses Treatment Option	0-1 pt	2 pts	3 pts	High
Amount and/or Data Complexity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Risk and/or Morbidity/Mortality	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
HPI ROS PFSH (Established) No PFSH required: 99231-33, 99261-63, 99311-13, 99331-33 PFSH (New) No PFSH required: 99231-33, 99261-63, 99311-13, 99331-33	1-3 elements 1 system 0	1-3 elements 1 system 2-9 systems	>3 elements >3 systems 1 history 0 1 or 2 history	>8 Systems or Complete Single Organ System 2-7 Extended Problem + Additional 2-7 Problem + Additional 1 Problem Related Based upon 1995 Documentation Guideline

Evaluation and Management Tool

Level of Risk	Presenting Problem(s)	Diagnostic Procedure(s) Ordered	Management Options Selected
<b>MINIMAL</b>	<input type="checkbox"/> One self-limited or minor problem, e.g., cold, insect bite, tinea corporis	<input type="checkbox"/> Lab tests requiring venipuncture <input type="checkbox"/> Chest X-rays <input type="checkbox"/> EKG/EEG <input type="checkbox"/> Urinalysis <input type="checkbox"/> Ultrasound, e.g., echocardiography <input type="checkbox"/> KOH prep	<input type="checkbox"/> Rest <input type="checkbox"/> Gargles <input type="checkbox"/> Elastic bandages <input type="checkbox"/> Superficial dressings
<b>LOW</b>	<input type="checkbox"/> Two or more self-limited or minor problems <input type="checkbox"/> One stable chronic illness, e.g., well controlled hypertension, non-insulin dependent diabetes, cataract, BPH <input type="checkbox"/> Acute uncomplicated illness or injury, e.g., cystitis, allergic rhinitis, simple sprain	<input type="checkbox"/> Physiologic tests not under stress, <input type="checkbox"/> Non-cardiovascular imaging studies with contrast, e.g., barium enema <input type="checkbox"/> Superficial needle biopsies <input type="checkbox"/> Clinical laboratory tests requiring arterial puncture <input type="checkbox"/> Skin biopsies	<input type="checkbox"/> Over-the-counter drugs <input type="checkbox"/> Minor surgery with no identified risk factors <input type="checkbox"/> Physical therapy <input type="checkbox"/> Occupational therapy <input type="checkbox"/> IV fluids without additives
<b>MODERATE</b>	<input type="checkbox"/> One or more chronic illnesses w/ mild exacerbation, progression, or side effects of treatment <input type="checkbox"/> Two or more stable chronic illnesses <input type="checkbox"/> Undiagnosed new problem w/ uncertain prognosis, e.g., lump in breast <input type="checkbox"/> Acute illness w/ systemic symptoms e.g., pyelonephritis, pneumonitis, colitis <input type="checkbox"/> Acute complicated injury e.g., head injury w/ brief loss of consciousness	<input type="checkbox"/> Physiologic tests under stress, e.g., cardiac stress test, fetal contraction stress test <input type="checkbox"/> Diagnostic endoscopies w/ no identified risk factors <input type="checkbox"/> Deep needle or incisional biopsy <input type="checkbox"/> Cardiovascular imaging studies w/ contrast and no identified risk factors, e.g., arteriogram, cardiac catheterization <input type="checkbox"/> Obtain fluid from body cavity, e.g., lumbar puncture, thoracentesis, culdocentesis	<input type="checkbox"/> Minor surgery w/ identified risk factors <input type="checkbox"/> Elective major surgery (open percutaneous or endoscopic) w/ no identified risk factors <input type="checkbox"/> Prescription drug management <input type="checkbox"/> Therapeutic nuclear medicine <input type="checkbox"/> IV fluids w/ additives <input type="checkbox"/> Closed treatment of fracture or dislocation without manipulation
<b>HIGH</b>	<input type="checkbox"/> One or more chronic illnesses w/ severe exacerbation, progression, or side effects of treatment <input type="checkbox"/> Acute or chronic illnesses or injuries that pose a threat to life or bodily function, e.g., multiple trauma, acute MI, pulmonary embolus, severe respiratory distress, progressive severe rheumatoid arthritis, psychiatric illness w/ potential threat to self or others, peritonitis, acute renal failure <input type="checkbox"/> An abrupt status, e.g., seizure, TIA, weakness, sensory loss	<input type="checkbox"/> Cardiovascular imaging studies w/ contrast w/ identified risk factors <input type="checkbox"/> Cardiac electrophysiological tests <input type="checkbox"/> Diagnostic Endoscopies w/ identified risk factors <input type="checkbox"/> Discography	<input type="checkbox"/> Elective major surgery (open, percutaneous or endoscopic) <input type="checkbox"/> Parenteral controlled substances <input type="checkbox"/> Drug therapy requiring intensive monitoring for toxicity <input type="checkbox"/> Decision not to resuscitate or to de-escalate care because of poor prognosis

<b>MEDICAL DECISION MAKING RESULT</b>	
<input type="checkbox"/> MINIMAL	<input type="checkbox"/> MODERATE
<input type="checkbox"/> LOW	<input type="checkbox"/> HIGH

OUTPATIENT E&M CODES										
NEW PATIENT CONSULTATION AND EMERGENCY ROOM										
HISTORY	PF	EPF	DET	COMP	COMP	COMP	COMP	# of Key Components Required		
EXAM	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	3 of 3
MDM	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	3 of 3
New Pt (Office Visit)	99201	99202	99203	99204	99205	99206	99207	99208	99209	3 of 3
Consult (Outpatient)	99241	99242	99243	99244	99245	99246	99247	99248	99249	3 of 3
Emergency Room	99281	99282	99283	99284	99285	99286	99287	99288	99289	3 of 3
ESTABLISHED PATIENT										
HISTORY	Presence of physician not required	PF	EPF	DET	COMP	COMP	COMP	# of Key Components Required		
EXAM	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	2 of 3
MDM	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	2 of 3
Established Pt	99211	99212	99213	99214	99215	99216	99217	99218	99219	2 of 3
INPATIENT E&M CODES										
HOSPITAL OBSERVATION, ADMISSION AND INITIAL SERVICES										
HISTORY	DET or COMP	COMP	COMP	COMP	COMP	COMP	COMP	# of Key Components Required		
EXAM	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	3 of 3
MDM	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	3 of 3
Observation Care Discharge Services - 99217										
Initial Observation (New/Est Pt)	99218	99219	99220	99221	99222	99223	99224	99225	99226	3 of 3
Initial Hospital (New/Est Pt)	99221	99222	99223	99224	99225	99226	99227	99228	99229	3 of 3
SUBSEQUENT HOSPITAL CARE										
HISTORY	PF	EPF	DET	COMP	COMP	COMP	COMP	# of Key Components Required		
EXAM	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	2 of 3
MDM	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	2 of 3
Subsequent Hosp (Hosp V/ist) 99231 99232 99233										
OBSERVATION OR INPATIENT CARE SERVICES (including Admission/Discharge Services)										
HISTORY	DET or COMP	COMP	COMP	COMP	COMP	COMP	COMP	# of Key Components Required		
EXAM	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	3 of 3
MDM	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	3 of 3
Observation or Admit with Same Day Discharge 99234 99235 99236										
HOSPITAL DISCHARGE SERVICES										
Hospital Discharge Day Management ( 30 minutes or less ) - 99238										
Hospital Discharge Day Management ( more than 30 minutes ) - 99239										
INPATIENT CONSULTATION										
HISTORY	PF	EPF	DET	COMP	COMP	COMP	COMP	# of Key Components Required		
EXAM	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	3 of 3
MDM	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	3 of 3
Initial Inpt Consult 99251 99252 99253 99254 99255										
INPATIENT FOLLOW-UP CONSULTATION										
HISTORY	PF	EPF	DET	COMP	COMP	COMP	COMP	# of Key Components Required		
EXAM	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	2 of 3
MDM	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	2 of 3
Inpt Follow-Up Consult (Est Pt) 99261 99262 99263										

PF = Problem Focused  
 SF = Straight Forward  
 EPF = Expanded Problem Focused  
 DET = Detail  
 MOD = Moderate  
 COMP = Comprehensive