Levels of E/M Services

Key Components

The levels of E/M services are based on key components:

- History
- Examination
- Medical decision making

Key components are present in every patient case, with the exception of counseling encounters.

History

The history is the subjective information the patient tells the physician. It has four elements:

- Chief Complaint (CC): This is a concise statement that describes the symptom, problem, condition, diagnosis, or reason for the patient encounter. The CC is usually stated in the patient’s own words. For example, patient complains of nausea, fatigue, upset stomach.

- History of Present Illness (HPI): This is a chronological description of the development of the patient’s present illness from the first symptom or sign, or from the previous encounter to the present. The HPI elements include the following:
  - Location (example: right arm)
  - Quality (example: burning, aching)
  - Severity (example: 7 on a scale of 1 to 10)
  - Duration (example: started 4 days ago)
  - Timing (example: constant, at night, or comes and goes)
  - Context (example: lifted heavy object at work)
  - Modifying factors (example: better when heat is applied)
• Associated signs and symptoms (example: tingling in the fingers)

• Review of Systems (ROS): This is an inventory of body systems obtained by asking a series of questions in order to identify signs and/or symptoms that the patient may be experiencing or has experienced. The inventory of systems may be made by means of a questionnaire filled out by the patient or ancillary staff, but the physician must evaluate and review it for it to be qualified as an ROS.

For example, an ROS inquires about the system directly related to the problem identified in the HPI. If the patient complains of earache, one system—the ear—is reviewed.

• CC: Earache
• ROS: Positive for right ear pain. Patient confirms occasional headache and dizziness.

• Past, Family, and/or Social History (PFSH): PFSH consists of a review of three areas:
  • Past history including experiences with illnesses, operations, injuries, and treatments
  • Family history including a review of medical events, diseases, and hereditary conditions that may place the patient at risk
  • Social history including an age appropriate review of past and current activities.

For example, if a patient has coronary artery disease, the PFSH could include details on past surgeries, and/or family history.

Examination

Once the patient has presented the physician with the subjective information regarding the complaint in the history portion of the encounter, the physician will do an examination of the patient for objective information. The physician documents these findings in the patient’s medical record.

The levels of E/M services are based on four types of examination:

• Problem Focused – A limited examination of the affected body area or organ system
• Expanded Problem Focused – A limited examination of the affected body area or organ system and any other symptomatic or related body area(s) or organ system(s)
• Detailed – An extended examination of the affected body area(s) or organ system(s) and any other symptomatic or related body area(s) or organ system(s)
• Comprehensive – A general multi-system examination or complete examination of a single organ system
Medical Decision Making

Medical decision making refers to the complexity of establishing a diagnosis and/or selecting a management option. Complexity of decision making is based on three factors:

- The number of possible diagnoses and/or the number of management options that must be considered. The options can be minimal, limited, multiple, or extensive.

- The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be obtained, reviewed, and analyzed. The data can be minimal or none, limited, moderate, or extensive.

- The risk of significant complications, morbidity, and/or death if the condition goes untreated. Risk can be minimal, low, moderate, or high.

The table below depicts the elements for each level of medical decision making. To qualify for a given type of medical decision making, two of the three elements must either be met or exceeded.

<table>
<thead>
<tr>
<th>TYPE OF DECISION MAKING</th>
<th>NUMBER OF DIAGNOSES OR MANAGEMENT OPTIONS</th>
<th>AMOUNT AND/OR COMPLEXITY OF DATA TO BE REVIEWED</th>
<th>RISK OF SIGNIFICANT COMPlications</th>
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</thead>
<tbody>
<tr>
<td>Straightforward</td>
<td>Minimal</td>
<td>Minimal or None</td>
<td>Minimal</td>
</tr>
<tr>
<td>Low Complexity</td>
<td>Limited</td>
<td>Limited</td>
<td>Low</td>
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<tr>
<td>Moderate Complexity</td>
<td>Multiple</td>
<td>Moderate</td>
<td>Moderate</td>
</tr>
<tr>
<td>High Complexity</td>
<td>Extensive</td>
<td>Extensive</td>
<td>High</td>
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