2023 Must Know E/M Terms and Modifiers*

Acute illness with systemic symptoms	An illness that causes systemic symptoms & has a high risk of morbidity w/o treatment. For systemic general symptoms such as fever, body aches or fatigue in a minor illness that may be treated to alleviate symptoms, shorten the course of illness or to prevent complications, see the definitions for 'self-limited or minor' or 'acute, uncomplicated.' Systemic symptoms may not be general, but may be single system. *Examples may include pyelonephritis, pneumonitis, or colitis.*
Acute or chronic illness/injury poses a threat to life or bodily function	An acute illness with systemic symptoms, or an acute complicated injury, or a chronic illness or injury with exacerbation and/or progression or side effects of treatment, that poses a threat to life or bodily function in the near term without treatment. *Examples may include: acute MI, PE, severe respiratory distress*
Acute, complicated injury	An injury which requires treatment that includes evaluation of body systems that are not directly part of the injured organ, the injury is extensive, or the treatment options are multiple and/or associated with risk of morbidity. *An example may include a head injury with brief loss of consciousness.*
Acute, uncomplicated illness/injury	A recent or new short-term problem w/low risk of morbidity. Little to no risk of mortality, full recovery expected. *Examples: allergic rhinitis or a simple sprain.*
Amount and/or Complexity of Data to be reviewed and Analyzed	Data includes medical records, tests, and/or other information that must be obtained, ordered, reviewed, and analyzed for the encounter. Tests ordered are presumed to be analyzed when the results are reported. Therefore, when they are ordered during an encounter, they are counted in that encounter. Tests ordered outside of an encounter may be counted in the encounter in which they are analyzed. *Each unique test, order, or document contributes to the combination of 2 or combination of 3 in Category 1.
Appropriate source	For the purpose of the Discussion of Management data element, an appropriate source includes professionals who are not health care professionals, but may be involved in the management of the patient (eg, lawyer, parole officer, case manager, teacher). It does not include discussion with family or informal caregivers.
Chief complaint (CC)	Concise statement describing the symptom, problem, condition, diagnosis, or other factor that is the reason for the encounter, usually stated in the patient's words.
Chronic illness w/exacerbation	A chronic illness that is acutely worsening, poorly controlled or progressing with an intent to control progression and requiring additional supportive care or requiring attention to treatment for side effects, but that does not require consideration of hospital level of care. *Example: unstable hypertension.*
Chronic illness with severe exacerbation, or side effects	The severe exacerbation or progression of a chronic illness or severe side effects of treatment that have significant risk of morbidity and may require hospital level of care. *Examples may include: Exacerbated COPD or T2DM requiring hospitalization to stabilize.*
Clinical Staff	A person who works under the supervision of a physician or other QHPand who is allowed by law, regulation, and facility policy to perform or assist in the performance of a specified professional service but who does not individually report that professional service.
Consultation	A type of evaluation and management service provided at the request of another phsician, other qualified health care professional, or appropriate source to recommend care for a specific condition or problem.
Discussion of Management or Test Interpretation	Discussion requires an interactive exchange with external physician, other health care professional or appropriate source (not separately reported). -This is an individual (doctor or non-physician practitioner) not in the same group or with a different specialty. (*This can also include other licensed professionals practicing independently. It may also be a facility such as hospital, nursing facility, or home health care agency. A pharmacist or mental health practitioner could be appropriate. A practitioner with a different specialty could be appropriate. A practitioner with the same specialty, but in a different group could also be appropriate.*) -The exchange must be direct and not through intermediaries. (Sending chart notes or written exchanges within the progress notes do not qualify.) -The discussion does not need to be on the date of the encounter. However, shall only be counted once and only when used in the decision making of the encounter. -It may be asynchronous, and the practitioner must initiate and complete within a short period, within a day or two. -This would not include a discussion between a resident and teaching physician. -Documentation should show how the discussion played a part in the medical decision for the patient.
Domiciliary	A facility which provides room, board, and other personal assistance services, generally on a long-term basis. 99324-99337
Drug therapy requiring intensive monitoring for toxicity	Monitoring is performed for assessment of these adverse effects and not primarily for assessment of therapeutic efficacy. Monitoring affects the level of medical decision making in an encounter in which it is considered in the management of the patient. *Examples may include: monitoring for a cytopenia in the use of an antineoplastic agent between dose cycles or the short-term intensive monitoring of electrolytes and renal function in a patient who is undergoing diuresis.*
Drug therapy requiring intensive monitoring for toxicity	A therapeutic agent that has the potential to cause serious morbidity or death. Monitoring is performed for assessment of these, not primarily for therapeutic efficacy Should be monitoring that is generally accepted practice for the agent May be patient specific in some cases if not generally accepted practice
E/M (E&M or EM) Evaluation and Management service (visit)	A face-to-face encounter between the physician/other qualified healthcare professional and the patient. The code is dependent on type of E/M (e.g., office, consultation) and place of service (e.g., clinic, FQHC, ER, etc.)
Elements of Medical Decision Making	The three components that are considered for level of Medical Decision Making selection. -Number & Complexity of Problems addressed -Amount and/or Complexity of Data Reviewed and Analyzed -Risk of Complications and/or Morbidity/Mortality of Patient Management
Emergency department services	An organized hospital-based facility for the provision of unscheduled episodic services to patients who present for immediate medical attention. The facility must be available 24 hours a day. 99281-99288
Established patient	A patient who has received professional services from the physician/qualified health care professional or another physician/qualified health care professional of the exact same specialty and subspecialty who belongs to the same group practice, within the past three years.
Evaluation and Management Services	Physician services commonly associated with patient's visits in which the physician/QHP takes medically necessary history, exam, determines cause of presentation and provides elements of medical decision making.
Family History	An age-appropriate review of past and current activities that include significant information about marital status, current employment, use of drugs/alcohol/tobacco, level of education, sexual history, and other relevant social factors.
High complexity medical decision making	Number & Complexity of Problems addressed is HIGH, amount and/or Complexity of Data Reviewed and Analyzed is EXTENSIVE, and risk of Complications and/or Morbidity/Mortality of Patient Management is HIGH.
History of present illness (HPI)	A chronological description of the development of the patient's present illness from the first sign/symptom to the present. The eight qualifiers for services other than outpatient visits include: location, duration, quality, severity, timing, context, modifying factors, associated signs and symptoms and duration.
Independent historian(s)	An individual (eg, parent, guardian, surrogate, spouse, witness) who provides a history in addition to a history provided by the patient who is unable to provide a complete or reliable history (eg, due to developmental stage, dementia, or psychosis) or because a confirmatory history is judged to be necessary.

Independent Interpretation	The interpretation of a test for which there is a CPT code and an interpretation or report is customary. This does not apply when the clinician is reporting the service or has previously reported the service for the patient. A form of interpretation should be documented, but need not conform to the usual standards of a complete report for the test.
Initial Services during a Hospital or Nursing Facility stay	An initial service is when the patient has not received any professional services from the physician or other qualified health care professional or another physician or other qualified health care professional of the exact same specialty and subspecialty who belongs to the same group practice, during the inpatient, observation, or nursing facility admission and stay.
Interval history	New history information obtained since the last physician patient encounter. Effectively, this means you can determine the level of history without considering PFSH. (This is used for established inpatient encounters). (Principles of CPT Coding, pg 47-48.)
Level of Medical Decision Making (MDM)	There are four types (levels) of medical decision-making (straightforward, low complexity, moderate complexity and high complexity) The complexity of medical decision-making is based on 3 elements: Number & Complexity of Problems addressed, amount and/or Complexity of Data Reviewed and Analyzed, and risk of Complications and/or Morbidity/Mortality of Patient Management. To qualify for a given type of decision making, two of the three elements in the table must be either met or exceeded.
Low complexity medical decision making	Number & Complexity of Problems addressed is LOW, amount and/or Complexity of Data Reviewed and Analyzed is LIMITED, and risk of Complications and/or Morbidity/Mortality of Patient Management is LOW.
Medical Decision Making	The process by which a diagnosis or treatment plan is formulated from the available test information, often with incorporation of known patient preferences. The complexity of establishing a diagnosis and/or selecting a management option as measured by three elements: Problems, Data, Risk.
Medical Team	A group of professionals, each with different training, who cooperate together to improve the health of a person.
Medicare Preventive Services	Medicare approved routine health care that includes screenings, check-ups, and patient counseling to prevent illnesses, disease, or other health problems. There is a list of topics that must be addressed at the service to be considered Medicare approved.
Moderate complexity medical decision making	Number & Complexity of Problems addressed is MODERATE, amount and/or Complexity of Data Reviewed and Analyzed is MODERATE, and risk of Complications and/or Morbidity/Mortality of Patient Management is MODERATE.
Morbidity	State of illness or functional impairment expected to be of substantial duration during which: Functioning is limited Quality of life is impaired Organ damage that may not be transient despite treatment
Neonate	Infant of 28 days of age or less 99468-99469, 99477
New patient	A patient who has not received professional services from the physician/qualified health care professional or another physician/qualified health care professional of the exact same specialty and subspecialty who belongs to the same group practice within the past three years.
New Patient per AMA	A new patient (9920X) is one who has not received any professional services from the qualified health care professional or another qualified health care professional of the exact same specialty and subspecialty who belongs to the same group practice, within the past three years.
Number & Complexity of Problems Addressed	A problem is addressed when it is evaluated or treated at the encounter by the qualified health care professional reporting the service. Notation that another professional is managing the problem w/o additional assessment or care coordination documented does not qualify as being addressed or managed. Referral w/o evaluation or consideration of treatment does not qualify as being addressed or managed.
Nursing facility	Provides convalescent, rehabilitative, or long-term care. 99304-99310
Observation	A patient has not yet been admitted as an inpatient but is being observed to determine if admission is necessary. Observation is an outpatient place of service. Patients admitted to “Observation” are laying in beds right next to inpatients in the hospital but are registered as Observation outpatients and do not “qualify” for inpatient admit. Usually, they stay for 24 hours or less. 99217-99226, 99234-99236
Past Medical History	A review of past experiences with illnesses, injuries, and treatments. Includes information about prior surgeries, hospitalizations, current meds, allergies (e.g., drug/food), age-appropriate immunization status, age-appropriate feeding/dietary status.
PFSH	Past medical history, family, and social history combined.
Physician	an individual who has received a "Doctor of Medicine" (MD) or a "Doctor of Osteopathic Medicine" (DO) degree or an equivalent degree following successful completion of a prescribed course of study from a school of medicine or osteopathic medicine AND qualified with facility privileging (when applicable) to perform a professional service and independently report that service.
Place of Service (POS)	The entity (location/site) where services(s) were rendered.
Preventive Medicine Services	Evaluation and management of a patient including a comprehensive, age/gender appropriate, history and exam, counseling/anticipatory guidance/risk factor reduction interventions, and the ordering of appropriate labs/diagnostic procedures. 99381-99397
Problem addressed	When a problem/illness/injury/condition is evaluated or treated at the encounter by the clinician
Problem(s)	A disease, condition, illness, injury, symptom, sign, finding, complaint or other matter addressed at the encounter, with or without a diagnosis being established at the time of the encounter.
Prolonged service	Used when a physician provides prolonged service involving direct face-to-face patient contact that is beyond the usual service in either the inpatient or outpatient setting. These are add-on codes. Note that there are also rarely used codes for non-face-to-face Prolonged Services, 99354-99359. See 99417 for prolonged office visit codes. Code 99417 is only used when the office or other outpatient service has been selected using time alone as the basis and only after the total time of the highest-level service (ie, 99205 or 99215) has been exceeded. To report a unit of 99417, 15 minutes of additional time must have been attained. Do not report 99417 for any additional time increment of less than 15 minutes.
other Qualified Health Care Provider (QHP)	An individidual who is qualified by education, training, licensure or regulation (when applicable), and facility privileging (when applicable) to perform a professional service within their scope of practice and idependelthy reports that professional service. These professionals are distinct from "clinical staff". *Examples: Nurse Practitioner (NP), Certified Nurse Specialist (CNS), Physician Assistant (PA), Certified Nurse Midwife (CNM), Certified Registered Nurse Anesthetist (CRNA), Licensed Clinical Social Worker (LCSW), Physical Therapist (PT)*
Review of systems (ROS)	An inventory about the body systems obtained through a series of questions by the provider to the patient seeking to identify signs/symptoms which the patient may be experiencing or has experienced. ROS is not medical history or history of prior diagnoses.
Risk of Complications and/or Morbidity/Mortality of Patient Management	For the purposes of medical decision making, level of risk is based upon consequences of the problem(s) addressed at the encounter when appropriately treated. Risk also includes medical decision making related to the need to initiate or forego further testing, treatment and/or hospitalization. While condition risk and management risk may often correlate, the risk from the condition is distinct from the risk of the management.
Self-limited or Minor Problem	A problem that runs a definite and prescribed course, is transient in nature, and is not likely to permanently alter health status.

SOAP Medical Record Format	A common method used by clinicians to organize their typical patient encounter: Subjective – What the patient tells the clinician (history) Objective – What the clinician examines, observes or measures (exam) Assessment– What the clinician thinks is wrong (diagnosis/es) (MDM) Plan – The treatment plan and/or need for further studies (MDM)
Social Determinants of Health	Economic and social conditions that influence the health of people and communities. Food insecurity. Homelessness. Insufficient social insurance and welfare support. Many others *Smoking and alcohol use are considered social history and not SDoH*
Social History	An age-appropriate review of past and current activities that include significant information about marital status, current employment, use of drugs/alcohol/tobacco, level of education, sexual history, and other relevant social factors.
Stable, acute illness	A problem that is new or recent for which treatment has been initiated. The patient is improved and, while resolution may not be complete, is stable with respect to this condition.
Stable, chronic illness	A problem with expected duration of at least a year or until death of the patient. Conditions are treated as chronic whether or not stage or severity changes.
Straightforward medical decision making	Number & Complexity of Problems addressed is MINIMAL, amount and/or Complexity of Data Reviewed and Analyzed is MINIMAL or NONE, and risk of Complications and/or Morbidity/Mortality of Patient Management is MINIMAL.
Subsequent Services during a Hospital or Nursing Facility stay	A subsequent service is when the patient has received professional service(s) from the physician or other qualified health care professional or another physician or other qualified health care professional of the exact same specialty and subspecialty who belong to the same group practice during the admission and stay.
Total Encounter Time	Total encounter time includes both face to face (F2F) and non-F2F time personally spent by the clinician on the day of the encounter. Clinical staff time cannot be counted. Activities including relevant pre, intra and post-service work should be well-documented. Time spent performing separately reported services other than the E/M service is not counted toward the time.
Undiagnosed new problem w/uncertain prognosis	A problem in the differential diagnosis that represents a condition likely to result in a high risk of morbidity without treatment. *An example may include a lump in the breast.*
"when performed" CPT code description	It is not a required component for code selection. Commonly performed with the service, but not always.
Modifier 25	a significant, separately identifiable evaluation and management (E/M) service by the same physician or other qualified health care professional on the same day of a procedure or other service.
Modifier 32	(Mandated Services) Use this modifier only when reporting a service mandated by an outside entity such as an insurance company, employer, etc. If a consultation is mandated (eg. By a third-party payer) modifier 32 should be reported.
Modifier AI	Admitting physician appends to the initial inpatient hospital care evaluation and management service (99221-99223). Admitting physician appends to the initial nursing facility evaluation and management service (99304-99306). Informational modifier. Append after "payment" modifiers.
When would modifier 24 be used on an E/M code?	When there is an unrelated E/M service by the same physician or other qualified health care provider during a postoperative period.
When would modifier 25 be used on an E/M code?	When the clinician needs to indicate that on the day a procedure or service was performed, the patient's condition required a significant separately identifiable E/M service above and beyond other services provided or beyond the usual pre-service and post-service care. Modifier 25 can also be used when two or more E/Ms are coded by the same provider on the same day. This is a controversial issue with payers.
When would modifier 51 be used on an E/M code?	Never
When would modifier 52 be used on an E/M code?	Under certain circumstances a service or procedure is partially reduced or eliminated at the physician's discretion.
When would modifier 57 be used on an E/M code?	When E/M resulted in the initial decision to perform the surgery. (Note that for Medicare the surgery must be a "major" surgery with a 90-day post-op period.)
Which E/M codes require an "interval history"?	Subsequent Hospital Care 99231-99233 Subsequent Observation Care 99224-99226 Subsequent Nursing Facility Care 99307-99310, 99318 Domiciliary, Rest Home established patients 99334-99337 Home Services, established patients 99347-99350

***This list of E/M terms come from a variety of Guidelines and Resources including AMA CPT, CMS IOMs, & NCCI. See the following links to access the official resources in their entirety.**

https://www.ama-assn.org/system/files/2023-e-m-descriptors-guidelines.pdf

Internet-Only Manuals (IOMs) | CMS

https://www.cdc.gov/nchs/icd/Comprehensive-Listing-of-ICD-10-CM-Files.htm

https://www.cms.gov/medicare-medicaid-coordination/national-correct-coding-initiative-ncci/ncci-medicare/medicare-ncci-policy-manual

https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/Downloads/clm104c12.pdf