

Evaluation and Management Services

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Responsible Department: Medical Services

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Introduction

The purpose of this document is to outline Workforce Safety & Insurance's (WSI) policy regarding the documentation and billing of evaluation and management (E/M) services.

Policy

WSI has adopted both the *American Medical Association (AMA) 2021 and 2023 CPT® Evaluation and Management (E/M) Code and Guideline Changes* for auditing of the following evaluation and management services:

- Office and Outpatient Services (99202-99215)
- Prolonged Services (99358, 99359, 99417, 99418)
- Hospital Inpatient and Observations Care Services (99221-99223; 99231-99239)
- Emergency Department Services (99281-99285)
- Nursing Facility Services (99304-99310, 99315, 99316)
- Home or Residence Services (99341, 99342, 99344, 99345, 99347-99350)

WSI will audit all E/M service medical records for authentic documentation of the following:

- Medically appropriate history and examination
- Medical decision making (MDM) or total time for physician or other qualified health care professional (QHP) for the E/M services on the date of the encounter
- Medical necessity

WSI will reimburse the appropriate level of service based on the risk and complexity of the service rendered as supported by the medical documentation. A billed service not supported by authentic medical documentation will result in a denial. See [Falsified Medical Records Policy](#) for clarification on criteria for authentic medical documentation.

For detailed guidance on WSI's code and guideline changes, see [Appendix: Evaluation and Management Services](#)

Evaluation and Management Services (Continued)

References

American Medical Association (AMA) CPT® Evaluation and Management (E/M) Office or Other Outpatient (99202-99215) and Prolonged Services (99354, 99355, 99356, 99417) Code and Guideline Changes. Retrieved from <https://www.ama-assn.org/system/files/2019-06/cpt-office-prolonged-svs-code-changes.pdf>, last accessed 12/28/2022.

American Medical Association (AMA) CPT® Evaluation and Management (E/M) Code and Guideline Changes effective January 1, 2023. Retrieved from <https://www.ama-assn.org/system/files/2023-e-m-descriptors-guidelines.pdf>, last accessed 12/28/2022.

American Medical Association (AMA) CPT® 2023 Professional Edition

Appendix

Evaluation and Management Services:

The following guidelines outline the information Workforce Safety & Insurance (WSI) reviews when auditing medical documentation for Office and Other Outpatient Evaluation and Management (E/M) Services (99202-99215) and Prolonged Services (99354-99359, 99417). WSI structured these guidelines based on the *American Medical Association (AMA) 2021 CPT® Evaluation and Management (E/M) Office or Other Outpatient Code and Guideline Changes*.

Evaluation and Management (E/M) office or other outpatient services may be reported based on one of the following:

Medical Decision Making (MDM)

MDM includes establishing diagnoses, assessing the status of a condition, and/or selecting a management option. MDM is defined by the following three elements:

- Number and Complexity of Problems Addressed
- Amount and/or Complexity of Data to be Reviewed and Analyzed
- Risk of Complications and/or Morbidity or Mortality of Patient Management

Total Time

Total time on the date of encounter personally spent by the physician and/or qualified health care professional (QHP) for E/M services.

- **Total Time** for face-to-face and non-face-to-face services must be documented in the medical record. For activities included in time calculation, see [2023 American Medical Association \(AMA\) CPT® E/M descriptors and guidelines](#)
- **Documentation** should include information identifying how the time was spent and be unique to the patient and the encounter

Prolonged Services

A prolonged service is to be reported per the AMA guidelines.

- **+99417** may be reported when total time on the date of the encounter is used as the basis for the selected **office** or **other outpatient** service and the minimum time requirement to report the highest level of service has been exceeded by 15 minutes
- **+99418** may be reported when total time on the date of the encounter is used as the basis for the selected **inpatient** or **observation** service and the minimum time requirement to report the highest level of service has been exceeded by 15 minutes.
- **99358, 99359** is to be utilized for prolonged services on a date other than the date of the face-to-face encounter
- Clinical staff time and time spent performing separately reported services is not included in the total time for the E/M and prolonged services time

Services Reported Separately

Any specifically identifiable procedure or service, i.e., identified with a specific CPT code, performed on the date of the E/M services may be reported separately.

- The actual performance and/or interpretation of diagnostic tests/studies during a patient encounter are not included in determining the levels of E/M services when billed separately