NEXTGEN
E&M CODING
DEMONSTRATION

This demonstration reviews usage of the E&M Coding template. Details of the workflow will likely vary somewhat among departments, though this should give you a good idea of NextGen functionality.

This has been prepared with EHR 5.8 & KBM 8.3, though a few screen shots from earlier versions may be used when they do not hamper the clarity of the presentation. Subsequent program updates may display cosmetic & functional changes.

Use the keyboard or mouse to pause, review, & resume as necessary.

Overview

- E&M coding can be pretty confusing under the best of circumstances.

- NextGen gives you some help if you document history & physical components properly within the templates.

- The ultimate decision on the billing code, however, remains that of the provider.

E&M Review

- Codes are first divided into new vs established patients
- If >50% of the direct contact time consists of counseling, the billing code is based on the time spent.

Code	New Office Visit [3/3]	History	Exam	Decision Making	Time
99201	Level 1	Problem Focused	1	Straightforward	10 min
99202	Level 2	Expanded Problem Focused	2-4	Straightforward	20 min
99203	Level 3	Detailed	5-7	Low	30 min
99204	Level 4	Comprehensive	8+	Moderate	45 min
99205	Level 5	Comprehensive	8+	High	60 min
Code	Established Office Visit [2/3]	History	Exam	Decision Making	Time
99211	Level 1 (No physical required)	N/A	N/A	Minimal	5 min
99212	Level 2	Problem Focused	1	Straightforward	10 min
99213	Level 3	Expanded Problem Focused	2-4	Low	15 min
99214	Level 4	Detailed	5-7	Moderate	25 min
99215	Level 5	Comprehensive	8	High	40 min

E&M Review

- Most visits, however, will be based on the amount of detail or difficulty of 3 factors: History, Physical Exam, & Decision Making.

Code	New Office Visit [3/3]	History	Exam	Decision Making
99201	Level 1	Problem Focused	1	Straightforward
99202	Level 2	Expanded Problem Focused	2-4	Straightforward
99203	Level 3	Detailed	5-7	Low
99204	Level 4	Comprehensive	8+	Moderate
99205	Level 5	Comprehensive	8+	High
Code	**Established Office Visit [2/3]**	**History**	**Exam**	**Decision Making**
99211	Level 1 (No physical required)	N/A	N/A	Minimal
99212	Level 2	Problem Focused	1	Straightforward
99213	Level 3	Expanded Problem Focused	2-4	Low
99214	Level 4	Detailed	5-7	Moderate
99215	Level 5	Comprehensive	8	High

E&M Review

- For new patients, the highest level meeting all 3 criteria determines the code.

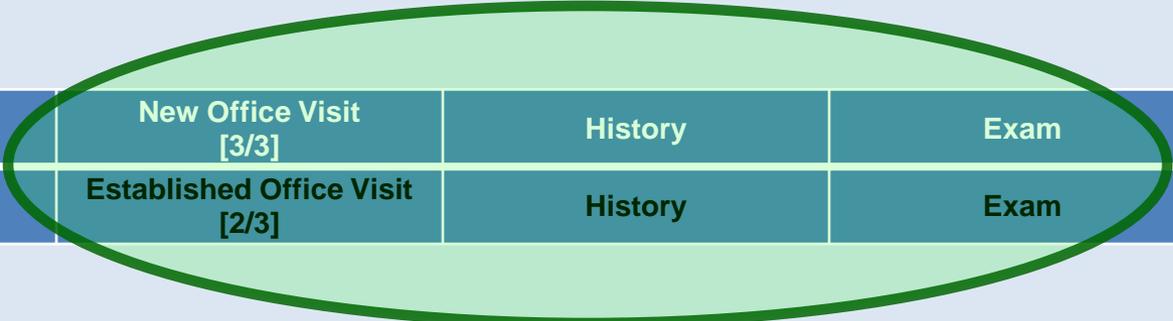| Code	New Office Visit [3/3]	History	Exam	Decision Making
99201	Level 1	Problem Focused	1	Straightforward
99202	Level 2	Expanded Problem Focused	2-4	Straightforward
99203	Level 3	Detailed	5-7	Low
99204	Level 4	Comprehensive	8+	Moderate
99205	Level 5	Comprehensive	8+	High

E&M Review

- For established patients, the highest level meeting 2 of the 3 criteria determines the code.

Code	Established Office Visit [2/3]	History	Exam	Decision Making
99211	Level 1 (No physical required)	N/A	N/A	Minimal
99212	Level 2	Problem Focused	1	Straightforward
99213	Level 3	Expanded Problem Focused	2-4	Low
99214	Level 4	Detailed	5-7	Moderate
99215	Level 5	Comprehensive	8	High

E&M Review

- NextGen records whether the patient is new or established.

- NextGen counts the number of history & exam elements documented.

    – But it can only do this if you use the HPI, ROS, & exam templates' check boxes as much as possible. If you do much of your entry in text boxes, the coding assistant won't capture these details, & you'll probably need to manually select your billing code.

    – However, if you use the checkboxes & NextGen calculates a code that is much lower than you expected, the most common reason is that you have overlooked documenting one of these components.

Code	New Office Visit [3/3]	History	Exam	Decision Making
Code	Established Office Visit [2/3]	History	Exam	Decision Making

E&M Review

- The provider must choose the level of Decision Making.

- Unfortunately, level of Decision Making is the most subjective aspect, & often the most confusing for providers.

Code	New Office Visit [3/3]	History	Exam	Decision Making
Code	Established Office Visit [2/3]	History	Exam	Decision Making

Decision Making

- Level of Decision Making is made of 3 components: Number of diagnoses/management options, Amount/complexity of data to review, & Risk.
- The highest level meeting 2 of the 3 criteria determines the Level of Decision Making.

TYPE OF DECISION MAKING	NUMBER OF DIAGNOSES OR MANAGEMENT OPTIONS	AMOUNT AND/OR COMPLEXITY OF DATA TO BE REVIEWED	RISK OF SIGNIFICANT COMPLICATIONS, MORBIDITY, AND/OR MORTALITY
Straightforward	Minimal	Minimal or None	Minimal
Low Complexity	Limited	Limited	Low
Moderate Complexity	Multiple	Moderate	Moderate
High Complexity	Extensive	Extensive	High

Decision Making

- A complete discussion of these gradations is beyond the scope of this lesson, & the guidance provided by the Centers for Medicare & Medicaid Services is more by example than by clear rules.

- However, most people find the first two criteria to be relatively intuitive.

TYPE OF DECISION MAKING	NUMBER OF DIAGNOSES OR MANAGEMENT OPTIONS	AMOUNT AND/OR COMPLEXITY OF DATA TO BE REVIEWED	RISK OF SIGNIFICANT COMPLICATIONS, MORBIDITY, AND/OR MORTALITY
Straightforward	Minimal	Minimal or None	Minimal
Low Complexity	Limited	Limited	Low
Moderate Complexity	Multiple	Moderate	Moderate
High Complexity	Extensive	Extensive	High

Decision Making

- The Risk category is less clear:
  - For many, it is less intuitive.
  - It is guided by yet another table.
  - Confusingly, the criteria in that table are somewhat redundant with the other two criteria here.

TYPE OF DECISION MAKING	NUMBER OF DIAGNOSES OR MANAGEMENT OPTIONS	AMOUNT AND/OR COMPLEXITY OF DATA TO BE REVIEWED	RISK OF SIGNIFICANT COMPLICATIONS, MORBIDITY, AND/OR MORTALITY
Straightforward	Minimal	Minimal or None	Minimal
Low Complexity	Limited	Limited	Low
Moderate Complexity	Multiple	Moderate	Moderate
High Complexity	Extensive	Extensive	High

Level of Risk Table

- Here, the *one highest* column determines the risk.

Level of Risk	Presenting Problem(s)	Diagnostic Procedure(s)	Management
Minimal	1 self-limited/minor problem—EG cold, insect bite, rash	Blood work Basic X-rays; EKG/EEG; U/S; echo U/A; wet prep	Rest Gargles Elastic bandages Superficial dressings
Low	≥ 2 self-limited/minor problems 1 stable chronic illness—EG well controlled HTN, NIDDM, BPH Acute uncomplicated illness or injury—EG cystitis, allergic rhinitis, simple sprain	Physiologic tests not under stress—EG PFT Non-cardiovascular imaging studies with contrast—EG BE Superficial needle or skin biopsies Lab tests requiring arterial puncture	OTC drugs Minor surgery with no identified risk factors Physical/occupational therapy IV fluids without additives
Moderate	1 or more chronic illnesses with mild exacerbation, progression, or side effects of treatment ≥ 2 stable chronic illnesses Undiagnosed new problem with uncertain prognosis—EG lump in breast Acute illness with systemic Sx—EG pyelonephritis, pneumonitis, colitis Acute complicated injury—EG head injury with brief LOC	Physiologic tests under stress—EG GXT, fetal contraction stress test Diagnostic endoscopies with no identified risk factors Deep needle or incisional biopsy Cardiovascular imaging studies with contrast and no identified risk factors—EG arteriogram, cardiac cath Obtain fluid from body cavity	Minor surgery with identified risk factors Elective major surgery with no identified risk factors Prescription drug management Therapeutic nuclear medicine IV fluids with additives Closed treatment of fracture or dislocation without manipulation
High	1 or more chronic illnesses with severe exacerbation, progression, or side effects of treatment Acute or chronic illnesses or injuries that pose a threat to life or bodily function An abrupt change in neurologic status—EG seizure, TIA, motor/sensory loss	Cardiovascular imaging studies with contrast with identified risk factors Cardiac electrophysiological tests Diagnostic endoscopies with identified risk factors Discography	Elective major surgery with identified risk factors Emergency major surgery Parenteral controlled substances Drug therapy requiring intensive monitoring for toxicity DNR decision

Level of Risk Table

- Some helpful primary care/outpatient criteria are highlighted.

Level of Risk	Presenting Problem(s)	Diagnostic Procedure(s)	Management
Minimal	1 self-limited/minor problem—EG cold, insect bite, rash	Blood work Basic X-rays; EKG/EEG; U/S; echo U/A; wet prep	Rest Gargles Elastic bandages Superficial dressings
Low	≥ 2 self-limited/minor problems 1 stable chronic illness—EG well controlled HTN, NIDDM, BPH Acute uncomplicated illness or injury—EG cystitis, allergic rhinitis, simple sprain	Physiologic tests not under stress—EG PFT Non-cardiovascular imaging studies with contrast—EG BE Superficial needle or skin biopsies Lab tests requiring arterial puncture	OTC drugs Minor surgery with no identified risk factors Physical/occupational therapy IV fluids without additives
Moderate	1 or more chronic illnesses with mild exacerbation, progression, or side effects of treatment ≥ 2 stable chronic illnesses Undiagnosed new problem with uncertain prognosis—EG lump in breast Acute illness with systemic Sx—EG pyelonephritis, pneumonitis, colitis Acute complicated injury—EG head injury with brief LOC	Physiologic tests under stress—EG GXT, fetal contraction stress test Diagnostic endoscopies with no identified risk factors Deep needle or incisional biopsy Cardiovascular imaging studies with contrast and no identified risk factors—EG arteriogram, cardiac cath Obtain fluid from body cavity	Minor surgery with identified risk factors Elective major surgery with no identified risk factors Prescription drug management Therapeutic nuclear medicine IV fluids with additives Closed treatment of fracture or dislocation without manipulation
High	1 or more chronic illnesses with severe exacerbation, progression, or side effects of treatment Acute or chronic illnesses or injuries that pose a threat to life or bodily function An abrupt change in neurologic status—EG seizure, TIA, motor/sensory loss	Cardiovascular imaging studies with contrast with identified risk factors Cardiac electrophysiological tests Diagnostic endoscopies with identified risk factors Discography	Elective major surgery with identified risk factors Emergency major surgery Parenteral controlled substances Drug therapy requiring intensive monitoring for toxicity DNR decision

⚠ TOB   ⊘ HTN   ⊘ DM   ⊘ CAD   ✿

Specialty ▾ Family Practice   Visit Type ▾ Office Visit

| Intake | Histories | SOAP | Finalize | Checkout |

Order Management | Document Library | Procedures | Tobacco Cessation

Panel Control: ⊙ Toggle ⊘ ↶ Cycle ↷

General

Established patient   New patient   RF Type: Multisystem   Single system: E&M Guidelines1997: Web

Today's Assessment

Add Common Assessment

#	Diagnosis Description	Code	Status
1	COPD	496	
2	Mixed Hyperlipidemia	272.2	
3	Acute bronchitis	466.0	

Add   Edit   Sort   Remove

Provider Sign Off   ⊙

Evaluation and Management Coding   ▲

Medical Decision Making View MDM Guidelines | View Risk Table
○ Straight forward   ○ Low complexity
○ Moderate complexity   ○ High complexity

Counseling
☐ Counseled greater than 50% of time and documented content
Total visit time (minutes): [   ]   ✦ Counseling Details
Total counsel time (minutes): [   ]

On NextGen's E&M Coding template, you select your Decision Making Level here.
You can also click View Risk Table to see the risk table we just reviewed.

Table of Risk

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

Risk table is displayed.
Click OK or Cancel to close the popup.
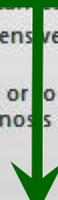
[OK] [Cancel]

⚠ TOB   ⊘ HTN   ⊘ DM   ⊘ CAD   ⚙

Specialty ▾ Family Practice   Visit Type ▾ Office Visit

| 🏠 | Intake | Histories | SOAP | Finalize | Checkout |

Order Management | Document Library | Procedures | Tobacco Cessation

ontrol: ⊙ Toggle ⊙ ↶ Cycle ↷

General   ⊙

○ Established patient ○ New patient   PE Type: ○ Multi system ○ Single system: E&M Guidelines1997: (Web)

Today's Assessment   ⊙

You can also click View MDM Guidelines to see an overall review of the Medical Decision Making guidelines that are summarized in this lesson.

Add Common Assessment

#	Diagnosis Description	Code	Status
1	COPD	496	
2	Mixed Hyperlipidemia	272.2	
3	Acute bronchitis	466.0	

(Add)   (Edit)   (Sort)   (Remove)

Provider Sign Off   ⊙

Evaluation and Management Coding   ⊙

Medical Decision Making View MDM Guidelines | View Risk Table   Counseling
○ Straight forward   ○ Low complexity   ☐ Counseled greater than 50% of time and documented content
○ Moderate complexity ○ High complexity   Total visit time (minutes): [   ]   ❖ Counseling Details
                                                                       Total counsel time (minutes): [   ]

DOCUMENTATION OF THE COMPLEXITY OF MEDICAL DECISION MAKING

The levels of E/M services recognize four types of medical decision making (straight-forward, low complexity, moderate complexity and high complexity). Medical decision making refers to the complexity of establishing a diagnosis and/or selecting a management option as measured by:

- The number of possible diagnoses and/or the number of management options that must be considered
- The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be obtained, reviewed and analyzed
- The risk of significant complications, morbidity and/or mortality, as well as comorbidities, associated with the patient's presenting problem(s), the diagnostic procedure(s) and/or the possible management options.

The chart below shows the progression of the elements required for each level of medical decision making. To qualify for a given type of decision making, **two of the three elements in the table must be either met or exceeded.**

Number of diagnosis or Management options	Amount and/or complexity of data to be reviewed	Risk of complications and/or morbidity of mortality	Type of decision making
Minimal	Minimal or none	Minimal	Straightforward
Limited	Limited	Low	Low Complexity
Multiple	Moderate	Moderate	Moderate Complexiity
Extensive	Extensive	High	High Complexity

Each of the elements of medical decision making is described below.

NUMBER OF DIAGNOSES OR MANAGEMENT OPTIONS

The number of possible diagnoses and/or the number of management options that must be considered is based on the number and types of problems addressed during the encounter, the complexity of establishing a diagnosis and the management decisions that are made by the physician. Generally, decision making with respect to a diagnosed problem is easier than that for an identified but undiagnosed problem. The number and types of diagnostic tests employed may be indicative of the number of possible diagnoses. Problems which are improving or resolving are less complex than those which are worsening or failing to change as expected. The need to seek advice from others is another indicator of complexity of diagnostic or management problems.

DG: For each encounter, an assessment, clinical impression, or diagnosis should be documented. It may be explicitly stated or implied in documented decisions regarding management plans and/or further evaluation.
- For a presenting problem with an established diagnosis the record should reflect whether the problem is:
  a) improving, well controlled, resolving or resolved; or, b) inadequately controlled, worsening, or failing to change as expected.
- For a presenting problem without an established diagnosis the assessment or clinical impression may be stated in the form of a differential diagnoses or as "possible", "probable", or "rule out" (R/O) diagnoses.

DG: The initiation of, or changes in, treatment should be documented. Treatment includes a wide range of management options including patient instructions, nursing instructions, therapies, and medications.

DG: If referrals are made, consultations requested or advice sought, the record should indicate to whom or where the referral or consultation is made or from whom the advice is requested.

It's a bit long & involved, but it's nice to have it here when you need to refresh your memory about something.
Click the X to close the popup when done.

⊘ TOB   ⊘ HTN   ⊘ DM   ⊘ CAD   ⚙

Specialty ▾ Family Practice   Visit Type ▾ Office Visit

| Intake | Histories | SOAP | Finalize | Checkout |

NextGen's layout sometimes creates a potential point of confusion:

The user may slip into thinking that the Risk Table is the sole determiner of Decision Making Level, whereas it is actually only 1 of 3 components.

Make sure to pick Decision Making Level based on all 3 components: Number of diagnoses/management options, Amount/complexity of data to review, and Risk.

Add   Edit   Sort   Remove

Provider Sign Off

Evaluation and Management Coding

Medical Decision Making   View MDM Guidelines | View Risk Table
○ Straight forward   ○ Low complexity
○ Moderate complexity ○ High complexity

Counseling
☐ Counseled greater than 50% of time and documented content
Total visit time (minutes): [   ]   ✦ Counseling Details
Total counsel time (minutes): [   ]

All of that discussion notwithstanding, with practice choosing Decision Making Level becomes fairly easy for most providers.
Make your selection here.

Then click the Calculate Code button.

The suggested code displays.

02/24/2014 10:21 AM : Finalize

Diagnosis Description | Code | Status
Mixed Hyperlipidemia | 272.2 |
| 466.0 |
| 496 |

Add | Edit | Sort | Remove

Provider Sign Off

Evaluation and Management Coding

Medical Decision Making   View MDM Guidelines | View Risk Table
○ Straight forward   ○ Low complexity
● Moderate complexity   ○ High complexity

Counseling
☐ Counseled greater than 50% of time and documented content

Total visit time (minutes):

Evaluation and Management Code
Visit code: [   ] [   ] [   ]
Modifier(s): [ ] [ ] [ ] [ ] [ ] [ ]
(Calculate Code) (Submit Code)
(CQM Check)
Calculated EM code: [99214]
Submitted code: [   ]
Calculated eRx code: [   ]
Submitted eRx code: [   ]

✦ Additional EM Code | ✦ View Other Codes | ✦ SNOMED Visit Type (optional) | ✦ Medicare Preventive Codes

New patient:	Established:	Consultation:	Preventive new:	Preventive established:	Preventive counseling:	Post Op:
○ 99201	○ 99211	○ 99241	○ 99381			○ 99024
○ 99202	○ 99212	○ 99242	○ 99382	○ 99391	○ 99401	Prenatal:
○ 99203	○ 99213	○ 99243	○ 99383	○ 99392	○ 99402	Visit 4-6:
○ 99204	○ 99214	○ 99244	○ 99384	○ 99393	○ 99403	○ 59425
○ 99205	○ 99215	○ 99245	○ 99385	○ 99394	○ 99404	Visits greater than 6:
			○ 99386	○ 99395		○ 59426
			○ 99387	○ 99396		
				○ 99397		

Behavioral Health:
○ 90791 (Initial eval, no med services)
○ 90792 (Initial eval, w/ med services)
○ 90832 (Psychotherapy, 30 minutes)
○ 90834 (Psychotherapy, 45 minutes)
○ 90837 (Psychotherapy, 60 minutes)
○ 90845 (Psychoanalysis)

○ 90846 (Family/Couple therapy, w/o patient)
○ 90847 (Family/Couple therapy, w/patient)
○ 90853 (Group therapy)
○ 90882 (Case consultation)

✦ Additional Behavioral Health Codes

Today's Assessment   ▲

Add Common Assessment

#	Diagnosis Description	Code	Status
1	COPD	496	
2	Mixed Hyperlipidemia	272.2	
3	Acute bronchitis	466.0	

Next click the Submit Code button.
(Clicking this button after checking the code is something new users frequently overlook.)

Add   Edit   Sort   Remove

Provider Sign Off   ▼

Evaluation and Management Coding   ▲

Medical Decision Making   View MDM Guidelines | View Risk Table

○ Straight forward   ○ Low complexity

◉ Moderate complexity ○ High complexity

Counseling

☐ Counseled greater than 50% of time and documented content

Total visit time (minutes): [   ]   ❖ Counseling Details

Total counsel time (minutes): [   ]

Evaluation and Management Code

Visit code: [99214] [   ] [   ]

Modifier(s): [ ] [ ] [ ] [ ] [ ]

(Calculate Code) (Submit Code)

(CQM Check)

Calculated EM code: [99214]

Submitted code: [   ]

Calculated eRx code: [   ]

Submitted eRx code: [   ]

❖ Additional E&M Code | ❖ View Other Codes | ❖ SNOMED Visit Type (optional) | ❖ Medicare Preventive Codes

New patient:	Established:	Consultation:	Preventive new:	Preventive established:	Preventive counseling:	Post Op:
○ 99201	○ 99211	○ 99241	○ 99381			○ 99024
○ 99202	○ 99212	○ 99242	○ 99382	○ 99391	○ 99401	Prenatal:
○ 99203	○ 99213	○ 99243	○ 99383	○ 99392	○ 99402	Visit 4-6:
○ 99204	◉ 99214	○ 99244	○ 99384	○ 99393	○ 99403	○ 59425
○ 99205	○ 99215	○ 99245	○ 99385	○ 99394	○ 99404	Visits greater than 6:
			○ 99386	○ 99395		○ 59426
			○ 99387	○ 99396		
				○ 99397		

Behavioral Health:

○ 90791 (Initial eval, no med services)

○ 90792 (Initial eval, w/ med services)

○ 90832 (Psychotherapy, 30 minutes)

○ 90834 (Psychotherapy, 45 minutes)

○ 90837 (Psychotherapy, 60 minutes)

○ 90845 (Psychoanalysis)

○ 90846 (Family/Couple therapy, w/o patient)

○ 90847 (Family/Couple therapy, w/patient)

○ 90853 (Group therapy)

○ 90882 (Case consultation)

❖ Additional Behavioral Health Codes

Today's Assessment

Add Common Assessment

#	Diagnosis Description	Code	Status
1	COPD	496	
2	Mixed Hyperlipidemia	272.2	
3	Acute bronchitis	466.0	

(Add)   (Edit)   (Sort)   (Remove)

Provider Sign Off

Evaluation and Management Coding

Medical Decision Making   View MDM Guidelines | View Risk Table

○ Straight forward   ○ Low complexity

⦿ Moderate complexity   ○ High complexity

Counseling

☐ Counseled greater than 50% of time and documented content

Total visit time (minutes): [   ]   ✧ Counseling Details

Total counsel time (minutes): [   ]

Evaluation and Management Code

Visit code: [99214] [   ] [   ]

Modifier(s): [ ] [ ] [ ] [ ] [ ] [ ]

(Calculate Code)   **Submitted**

(CQM Check)

Calculated EM code: [99214]

Submitted code: [99214]

Calculated eRx code: [   ]

Submitted eRx code: [   ]

✧ Additional E&M Code

New patient: Establis
○ 99201   ○ 992
○ 99202   ○ 992
○ 99203   ○ 992
○ 9920   ⦿ 992
○ 99205   ○ 992

The code appears in the **Submitted** box, along with a red Submitted notice, confirming the submission.

○ 99387   ○ 99396
                 ○ 99397

Behavioral Health:

○ 90791 (Initial eval, no med services)
○ 90792 (Initial eval, w/ med services)
○ 90832 (Psychotherapy, 30 minutes)
○ 90834 (Psychotherapy, 45 minutes)
○ 90837 (Psychotherapy, 60 minutes)
○ 90845 (Psychoanalysis)

○ 90846 (Family/Couple therapy, w/o patient)
○ 90847 (Family/Couple therapy, w/patient)
○ 90853 (Group therapy)
○ 90882 (Case consultation)

✧ Additional Behavioral Health Codes

Today's Assessment

COPD
Mixed Hyperlipidemia
...

COPD		
Mixed Hyperlipidemia		272.2

Add Common Assessment

(Add)   (Edit)   (Sort)   (Remove)

Provider Sign Off   ⊙

Evaluation and Management Coding   ⊙

If you have a preventive services visit type selected for the encounter, you don't have to select Decision Making Level. Simply clicking Calculate Code will select the age-appropriate preventive services code.

Medical Decision Making   View MDM Guidelines | View Risk Table
○ Straight forward   ○ Low complexity
⊙ Moderate complexity   ○ High complexity

Counseling
☐ Counseled greater than 50% of time and documented content
Total visit time (minutes): [   ]   ❖ Counseling Details
Total counsel time (minutes): [   ]

Evaluation and Management Code
Visit code: [99214] [   ] [   ]
Modifier(s): [ ] [ ] [ ] [ ] [ ] [ ]

(Calculate Code)   (Submit Code)
(CQM Check)
Calculated EM code: [99214]
Calculated eRx code: [   ]
Submitted eRx code: [   ]

❖ Additional E&M Code | ❖ View Other Codes | ❖ SNOMED Visit Type (optional) | ❖ Medicare Preventive Codes 🔵

New patient:	Established:	Consultation:	Preventive new:	Preventive established:	Preventive counseling:	Post Op:
○ 99201	○ 99211	○ 99241	○ 99381			○ 99024
○ 99202	○ 99212	○ 99242	○ 99382	○ 99391	○ 99401	Prenatal:
○ 99203	○ 99213	○ 99243	○ 99383	○ 99392	○ 99402	Visit 4-6:
○ 99204	⊙ 99214	○ 99244	○ 99384	○ 99393	○ 99403	○ 59425
○ 99205	○ 99215	○ 99245	○ 99385	○ 99394	○ 99404	Visits greater than 6:
						○ 59426

Behavioral Health

❖ 99397

○ 90791 (Initial eval, no med services)
○ 90792 (Initial eval, w/ med services)
○ 90832 (Psychotherapy, 30 minutes)   ○ 90846 (Family/Couple therapy, w/o patient)
○ 90834 (Psychotherapy, 45 minutes)   ○ 90847 (Family/Couple therapy, w/patient)
○ 90837 (Psychotherapy, 60 minutes)   ○ 90853 (Group therapy)
○ 90845 (Psychoanalysis)   ○ 90882 (Case consultation)
                                          ❖ Additional Behavioral Health Codes

A common example of this is a Well Child Visit.

Today's Assessment   ▲

#	Diagnosis Description	Code	Status
1	COPD	496	
2	Mixed hyperlipidemia	272.2	
3	Acute bronchitis	466.0	

We usually check Prenatal Visit 4-6 for prenatal visits; most of our prenatal care is paid globally, & this is handled later by HSF billing.

Add   Edit   Sort   Remove

Provider Sign Off   ▼

Evaluation and Management Coding   ▲

Medical Decision Making   View MDM Guidelines | View Risk Table
○ Straight forward   ○ Low complexity
◉ Moderate complexity   ○ High complexity

Counseling
☐ Counseled greater than 50% of time and documented content
Total visit time (minutes): [   ]   ✦ Counseling Detail
Total counsel time (minutes): [   ]

Evaluation and Management Code
Visit code: [99214] [   ] [   ]
Modifier(s): [ ][ ][ ][ ][ ][ ]

✦ Additional E&M Code | ✦ View Other Codes | ✦ SNOMED Visit Type (optional) | ✦ Medicare Preventive Codes

New patient:	Established:	Consultation:	Preventive new:	Preventive established:	Preventive counseling:	Post Op:
○ 99201	○ 99211	○ 99241	○ 99381			○ 99024
○ 99202	○ 99212	○ 99242	○ 99382	○ 99391	○ 99401	**Prenatal:**
○ 99203	○ 99213	○ 99243	○ 99383	○ 99392	○ 99402	**Visit 4-6:**
○ 99204	◉ 99214	○ 99244	○ 99384	○ 99393	○ 99403	○ 59425
○ 99205	○ 99215	○ 99245	○ 99385	○ 99394	○ 99404	**Visits greater than 6:**
			○ 99386	○ 99395		○ 59426
			○ 99387	○ 99396		
				○ 99397		

Calculate Code   Submit Code
CQM Check
Calculated EM code: [99214]
Submitted code: [   ]
Calculated eRx code: [   ]
Submitted eRx code: [   ]

Behavioral Health:
○ 90791 (Initial eval, no med services)
○ 90792 (Initial eval, w/ med services)
○ 90832 (Psychotherapy, 30 minutes)
○ 90834 (Psychotherapy, 45 minutes)
○ 90837 (Psychotherapy, 60 minutes)
○ 90845 (Psychoanalysis)

○ 90846 (Family/Couple therapy, w/o patient)
○ 90847 (Family/Couple therapy, w/patient)
○ 90853 (Group therapy)
○ 90882 (Case consultation)

✦ Additional Behavioral Health Codes

You can manually select a code, or override the suggested code, by picking one here. You might do this if you have not been using the checkboxes on the various history items, yet you are confident your documentation meets the standard for these codes. However, if you *have* been using the checkboxes & NextGen suggests a code that is significantly lower than you were expecting, you have probably overlooked properly documenting the HPI, ROS, or physical exam, so go back & check again.

Diagnosis Description | Code | Status
Mixed Hyperlipidemia | 272.2

Provider Sign Off

Evaluation and Management Coding

○ Straight forward   ○ Low complexity   ☐ Counseled greater than 50% of time and documented content
⦿ Moderate complexity   ○ High complexity

Total visit time (minutes): [   ]   ❖ Counseling Details
Total counsel time (minutes): [   ]

Evaluation and Management Code

Visit code: [99214] [   ] [   ]
Modifier(s): [ ] [ ] [ ] [ ] [ ]

(Calculate Code)   (Submit Code)
(CQM Check)

Calculated EM code: [99214]
Submitted code: [   ]
Calculated eRx code: [   ]
Submitted eRx code: [   ]

❖ Additional E&M Code | ❖ View Other Codes | ❖ SNOMED Visit Type (optional) | ❖ Medicare Preventive Codes

New patient:	Established:	Consultation:	Preventive new:	Preventive established:	Preventive counseling:	Post Op:
○ 99201	○ 99211	○ 99241	○ 99381			○ 99024
○ 99202	○ 99212	○ 99242	○ 99382	○ 99391	○ 99401	Prenatal:
○ 99203	○ 99213	○ 99243	○ 99383	○ 99392	○ 99402	Visit 4-6:
○ 99204	⦿ 99214	○ 99244	○ 99384	○ 99393	○ 99403	○ 59425
○ 99205	○ 99215	○ 99245	○ 99385	○ 99394	○ 99404	Visits greater than 6:
			○ 99386	○ 99395		○ 59426
			○ 99387	○ 99396		

Behavioral Health:
   ○ 90791 (Initial eval, no med services)   ○ 99397
   ○ 90792 (Initial eval, w/ med services)
   ○ 90832 (Psychotherapy, 30 minutes)   ○ 90846 (Family/Couple therapy, w/o patient)
   ○ 90834 (Psychotherapy, 45 minutes)   ○ 90847 (Family/Couple therapy, w/patient)
   ○ 90837 (Psychotherapy, 60 minutes)   ○ 90853 (Group therapy)
   ○ 90845 (Psychoanalysis)   ○ 90882 (Case consultation)
                                                              ❖ Additional Behavioral Health Codes

Today's Assessment

Add Common Assessment

#	Diagnosis Description	Code	Status
1	COPD	496	
2	Mixed Hyperlipidemia	272.2	
3	Acute bronchitis	466.0	

A note about procedures

If you have performed a procedure, & you wish to also bill an E&M code at the same visit, you need to document the procedure & submit it to the superbill *before* you submit your E&M code. If you do this, the proper modifier will be added to your E&M code; if you don't, you may receive error messages, or one of your charges just may not get submitted.

(Charges for nursing services, such as injections and office labs, may be submitted at any time during the visit, without regard to the order of other services.)

Visit code: 99214

Modifier(s):

New patient:
- 99201
- 99203
- 99205

Established:
- 99211
- 99213
- 99215

Consultation:
- 99241
- 99243
- 99245

Preventive new:
- 99381

Preventive established:

Preventive counseling:
- 99402

Post Op:
- 99024

Submitted eRx code:

- 90791 (Initial eval, no med services)
- 90792 (Initial eval, w/ med services)
- 90832 (Psychotherapy, 30 minutes)
- 90834 (Psychotherapy, 45 minutes)
- 90837 (Psychotherapy, 60 minutes)
- 90845 (Psychoanalysis)

- 90846 (Family/Couple therapy, w/o patient)
- 90847 (Family/Couple therapy, w/patient)
- 90853 (Group therapy)
- 90882 (Case consultation)

❖ Additional Behavioral Health Codes

Today's Assessment   ▲

Add Common Assessment

#	Diagnosis Description	Code	Status
1	COPD	496	
2	Mixed Hyperlipidemia	272.2	
3	Acute bronchitis	466.0	

After you have submitted your E&M code, you *cannot* come back to the E&M template to change it, though there *is* another way to do it. It is helpful to have your desired alternate CPT code in mind.

Provider Sign Off

Evaluation and Management Coding

Medical Decision Making   View MDM Guidelines | View
○ Straight forward   ○ Low complexity
◉ Moderate complexity   ○ High complexity

Total visit time (minutes):   [   ]   ✦ Counseling Details
Total counsel time (minutes): [   ]

Evaluation and Management Code

Visit code: [99214] [   ] [   ]

✦ Additional E&M Code | ✦ View Other Codes | ✦ SNOMED Visit Type (optional) | ✦ Medicare Preventive Codes

Modifier(s): [ ][ ][ ][ ][ ]

New patient:	Established:	Consultation:	Preventive new:	Preventive established:	Preventive counseling:	Post Op:
○ 99201	○ 99211	○ 99241	○ 99381			○ 99024
○ 99202	○ 99212	○ 99242	○ 99382	○ 99391	○ 99401	**Prenatal:**
○ 99203	○ 99213	○ 99243	○ 99383	○ 99392	○ 99402	**Visit 4-6:**
○ 99204	◉ 99214	○ 99244	○ 99384	○ 99393	○ 99403	○ 59425
○ 99205	○ 99215	○ 99245	○ 99385	○ 99394	○ 99404	**Visits greater than 6:**
			○ 99386	○ 99395		○ 59426
			○ 99387	○ 99396		
				○ 99397		

(Calculate Code)   **Submitted**

(CQM Check)

Calculated EM code: [99214]
Submitted code: [99214]
Calculated eRx code: [   ]
Submitted eRx code: [   ]

Behavioral Health:

○ 90791 (Initial eval, no med services)
○ 90792 (Initial eval, w/ med services)
○ 90832 (Psychotherapy, 30 minutes)
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○ 90837 (Psychotherapy, 60 minutes)
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○ 90846 (Family/Couple therapy, w/o patient)
○ 90847 (Family/Couple therapy, w/patient)
○ 90853 (Group therapy)
○ 90882 (Case consultation)

✦ Additional Behavioral Health Codes

File Edit Default View Tools Admin Utilities Window Help

New
Select Patient...   Alt + P
Modify Patient...
Close Patient

Save
Close

Print
Custom Print \ Send
Export Patient Documents
Generate CCD...

Graph
Reports

ChartMail
Family Unit
HIE Consent...
Patient Portal
Patient Education
Patient Group
Summary

Superbill

System \ Practice Template

Work Flow...   Alt + F3
User Workgroups...   Alt + F5
Provider Approval Queue...   F8

Change Enterprise/Practice...

Logout   Alt + L
Exit   Alt + X

MEDICINE ▾ DUFFY, ROBERT LAMAR MD ▾   Patient History Inbox PAQ Medications EPM Templates Documents Images Orders Procedures Ap

/02/1957 (57 years)   Weight: 162.00 lb (73.48 Kg)   Allergies: (4)   Problems: (6)   Diagnoses: (22) Medications: (4)

In this example, we'll change the 99214 code to 99213.

Click File, then Superbill.

Code   Status
496
272.2
466.0

Add   Edit   Sort   Remove

ding

M Guidelines | View Risk Table   Counseling
mplexity   ☐ Counseled greater than 50% of time and documented content
mplexity   Total visit time (minutes): [   ] ✧ Counseling Details
                                        Total counsel time (minutes): [   ]

✧ Additional E&M Code | ✧ View Other Codes | ✧ SNOMED Visit Type (optional) | ✧ Medicare Preventive Codes
New patient: Established: Consultation: Preventive new: Preventive   Preventive   Post Op:
○ 99201   ○ 99211   ○ 99241   ○ 99381   established: counseling: ○ 99024

Payer: MEDICAID OF ALABAMA Change...

Assigned Procedures:

Today's Services	Code	A/A	Units	Dx1	Dx2	Dx3	Dx4	Dx9	Dx10
Office/outpatient visit, est, ...	99214		1	496	272.2	466.0			

Delete   Save

Available Procedures:

Procedures | Proc Srch | Modifier | Mod Srch

Category: Active Wound Care ▼

☐ 97597 ACTIVE WOUND CARE/20 CM OR <
☐ 97598 ACTIVE WOUND CARE > 20 CM
☐ 97602 Rmv devitlzd tiss from wound; non-slcty debrd

Available ICDs:

ICD

ICD Code	Description
☐ Current	
496	COPD
272.2	Mixed Hyperlipidemia
466.0	Acute bronchitis
484.00	Acute laryngitis without mention of obs
401.1	Benign essential hypertension
V49.81	Asymptomatic postmenopausal status
477.9	Allergic Rhinitis
462	Pharyngitis, Acute
473.1	Chronic frontal sinusitis
788.41	Urination Frequency
786.2	Cough
788.1	Dysuria
784.0	Headache
564.00	Constipation, unspecified
785.6	Lymphadenopathy
368.9	Unspecified visual disturbance
599.72	MICROSCOPIC HEMATURIA
780.60	Fever
214.9	Lipoma, unspecified site

Dx 1
Dx 2
Dx 3
Dx 4

Change

Select the undesired code, then click Delete.

Assigned Procedures:

Payer: | MEDICAID OF ALABAMA | Change...

Today's | | | Dx2 | Dx3 | Dx4 | Dx9 | Dx10

Click the Proc Srch tab.

Type your desired code 99213. (You can also search by Description, but you will find it quicker to search for a specific code, if you know it.)

Available Procedures:

Available ICDs: Delete   Save

| Procedures | Proc Srch | Modifier | Mod Srch |

ICD

Description [   ]   Search

Code: [99213]

ICD Code	Description		Dx 1
Current			Dx 2
496	COPD		
272.2	Mixed Hyperlipidemia		Dx 3
466.0	Acute bronchitis		
			Dx 4

Then click Search.

ut mention of obs
rtension
V45.81	Asymptomatic postmenopausal status
477.9	Allergic Rhinitis
462	Pharyngitis, Acute
473.1	Chronic frontal sinusitis
788.41	Urination Frequency
786.2	Cough
788.1	Dysuria
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564.00	Constipation, unspecified
785.6	Lymphadenopathy
368.9	Unspecified visual disturbance
599.72	MICROSCOPIC HEMATURIA
780.60	Fever
214.9	Lipoma, unspecified site

Change

Assigned Procedures:

Payer: MEDICAID OF ALABAMA   Change...

Today's Services	Code	A/A	Units	Dx1	Dx2	Dx3	Dx4	Dx9	Dx10

Your code will appear. Click the Check Box to select it.

Available Procedures:

Available ICDs:

Delete   Save

Procedures | Proc Srch | Modifier | Mod Srch

ICD

Description [   ]   Search

Code: [   ]

☐ 99213: Office/outpatient visit, est, exp prob

ICD Code	Description	
Current		
496	COPD	
272.2	Mixed Hyperlipidemia	
466.0	Acute bronchitis	
Other		
464.00	Acute laryngitis without mention of obs	
401.1	Benign essential hypertension	
V49.81	Asymptomatic postmenopausal status	
477.9	Allergic Rhinitis	
462	Pharyngitis, Acute	
473.1	Chronic frontal sinusitis	
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785.6	Lymphadenopathy	
368.9	Unspecified visual disturbance	
599.72	MICROSCOPIC HEMATURIA	
780.60	Fever	
214.9	Lipoma, unspecified site	

Dx 1
Dx 2
Dx 3
Dx 4

Change

Assigned Procedures:

Payer: | MEDICAID OF ALABAMA | Change...

Today's Services	Code	A/A	Units	Dx1	Dx2	Dx3	Dx4	Dx9	Dx10
Office/outpatient visit, est, ...	99213		1						

The code is added to today's services.

Available Procedures:

Available ICDs:

Delete | Save

Procedures | Proc Srch | Modifier | Mod Srch

ICD

Description [   ] Search

Code: [   ]

☑ 99213: Office/outpatient visit, est, exp prob

ICD Code	Description			
Current				Dx 1
496	COPD			Dx 2
272.2	Mixed Hyperlipidemia			
466.0	Acute bronchitis			Dx 3
Other				Dx 4
464.00	Acute laryngitis without mention of obs			
401.1	Benign essential hypertension			
V49.81	Asymptomatic postmenopausal status			
477.9	Allergic Rhinitis			
462	Pharyngitis, Acute			
473.1	Chronic frontal sinusitis			
788.41	Urination Frequency			
786.2	Cough			
788.1	Dysuria			
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564.00	Constipation, unspecified			
785.6	Lymphadenopathy			
368.9	Unspecified visual disturbance			
599.72	MICROSCOPIC HEMATURIA			
780.60	Fever			
214.9	Lipoma, unspecified site			Change

Payer: MEDICAID OF ALABAMA | Change...

Assigned Procedures:

Today's Services	Code	A/A	Units	Dx1	Dx2	Dx3	Dx4	Dx9	Dx10
Office/outpatient visit, est, ...	99213		1						

At least one diagnosis needs to be associated with this charge. A list of diagnoses made today, and at other recent visits, displays here.

Available Procedures:

Procedures | Proc Srch | Modifier | Mod Srch

Description [_____] Search

Code: [_____]

☑ 99213: Office/outpatient visit, est, exp prob

Available ICDs:

ICD

ICD Code	Description	
Current		
496	COPD	
272.2	Mixed Hyperlipidemia	
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...4.00	Acute laryngitis without mention of obs	
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785.6	Lymphadenopathy	
368.9	Unspecified visual disturbance	
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780.60	Fever	
214.9	Lipoma, unspecified site	

Delete | Save

Dx 1
Dx 2
Dx 3
Dx 4

Change

Select a diagnosis, then click the Dx 1 button.

Assigned Procedures:

Payer: MEDICAID OF ALABAMA   Change...

Today's Services	Code	A/A	Units	Dx1	Dx2	Dx3	Dx4	Dx9	Dx10
Office/outpatient visit, est, ...	99213		1	496					

The diagnosis code appears here.

Available Procedures:

Available ICDs: Delete   Save

| Procedures | Proc Srch | Modifier | Mod Srch |

| ICD |

Description [   ]

Click Save, then close the Superbill tab. (If asked to confirm your changes, answer Yes.)

Code: [   ]

☑ 99213: Office/outpatient visit, est, exp prob

| Dx 1 |
| Dx 2 |
| Dx 3 |
| Dx 4 |

401.1	Benign essential hypertension
V49.81	Asymptomatic postmenopausal status
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Change

Today's Assessment

Add Common Assessment

#	Diagnosis Description	Code	Status
1	COPD	496	
2	Mixed Hyperlipidemia	272.2	
3	Acute bronchitis	466.0	

(Add)   (Edit)   (Sort)   (Remove)

Provider Sign   ▼

Evaluation and Management Coding   ▲

If you ever make a billing error that you are unable to remedy, contact your clinic superuser to help you correct it.

Medical Decision Making   View MDM Guidelines | View Risk Tab
○ Straight forward   ○ Low complexity
● Moderate complexity   ○ High complexity

Counseling
☐ Counseled greater than 50% of time and documented content
Total visit time (minutes): [   ]   ✦ Counseling Details

Total counsel time (minutes): [   ]

Evaluation and Management Code
Visit code: [99214] [   ] [   ]
Modifier(s): [ ][ ][ ][ ][ ][ ]

(Calculate Code)   **Submitted**
(CQM Check)
Calculated EM code: [99214]
Submitted code: [99214]
Calculated eRx code: [   ]
Submitted eRx code: [   ]

✦ Additional E&M Code | ✦ View Other Codes | ✦ SNOMED Visit Type (optional) | ✦ Medicare Preventive Codes

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○ 99201	○ 99211	○ 99241	○ 99381			○ 99024
○ 99202	○ 99212	○ 99242	○ 99382	○ 99391	○ 99401	**Prenatal:**
○ 99203	○ 99213	○ 99243	○ 99383	○ 99392	○ 99402	**Visit 4-6:**
○ 99204	● 99214	○ 99244	○ 99384	○ 99393	○ 99403	○ 59425
○ 99205	○ 99215	○ 99245	○ 99385	○ 99394	○ 99404	**Visits greater than 6:**
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			○ 99387	○ 99396		
				○ 99397		

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○ 90853 (Group therapy)
○ 90882 (Case consultation)
✦ Additional Behavioral Health Codes

This concludes the NextGen E&M Coding demonstration.

If a mime is arrested do they tell him he has the right to talk?

Do they tell him he has the right to remain silent?

R. Lamar Duffy, M.D.
Associate Professor
University of South Alabama
College of Medicine
Department of Family Medicine