

INPATIENT DOCUMENTATION CARD

1995 E&M DOCUMENTATION GUIDE - NEW INPATIENT EVALUATIONS

Admitting CPT Code				99221	99222	99223
Consultation CPT Code		99251	99252	99253	99254	99255
Time – Admitting*		N/A	N/A	30	50	70
Time – Consult*		20	40	55	80	110
Chief Complaint		Required	Required	Required	Required	Required
Category 1 History	HPI Elements	1-3	1-3	4	4	4
	HX: Past Medical, Social, Family	N/A	N/A	1 of 3	3 of 3	3 of 3
	Review of Systems	N/A	1	2-9	10+	10+
Category 2 Exam	Body Areas AND/OR Organ Systems (OS)	1	2-7	2-7 with at least 1 in detail	8+ OS or 1 complete OS	8+ OS or 1 complete OS
Category 3 MDM	Complexity	Straight Forward	Straight Forward	Low	Moderate	High

Service Level is based on documentation in 3 of 3 categories

*Time based coding requires > 50% counseling/coordination of care; must document total time

For any billing questions, including use of time-based codes, call Compliance at 275-1609.
Confidentially report improper, unethical or noncompliant activity to 756-8888.

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1995 E&M DOCUMENTATION GUIDE – FOLLOW-UP INPATIENT VISITS

CPT Code		99231	99232	99233
Time*		15	25	35
Chief Complaint		Required	Required	Required
Category 1 History	HPI Elements	1-3	1-3	4
	HX: Past Medical, Social, Family	N/A	N/A	1 of 3
	Review of Systems	N/A	1	2-9
Category 2 Exam	Body Areas AND/OR Organ Systems (OS)	1	2-7	2-7 with at least 1 in detail
Category 3 MDM	Complexity	Straight Forward or Low	Moderate	High

Discharge Day: Care Management < 30 minutes = **99238**; Care Management > 30 minutes = **99239**

Service Level is based on documentation in 2 of 3 categories

*Time based coding requires > 50% counseling/coordination of care; must document total time

MEDICAL NECESSITY of a service is the overarching criterion,
in addition to CPT Code requirements, in determining service level.

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