

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 5.6.4.15 and KBM 7.9. Subsequent updates may display cosmetic and functional changes.

Use the keyboard or mouse to pause, review, and 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 and 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, and 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.

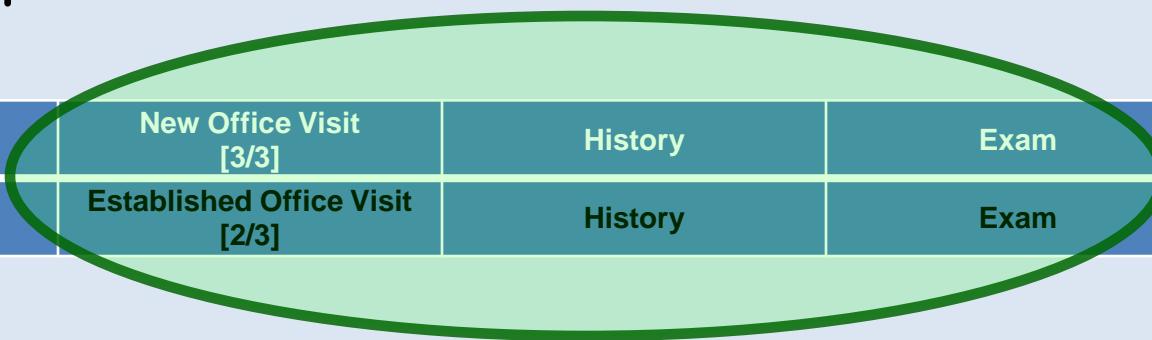
Code	Established Office Visit [2/3]	History	Exam	Decision Making
99211	Level 1 (No physical required)	N/A	N/A	Minimal
99212	Level 2	Problem Focused	1	Straightforward
99213	Level 3	Expanded Problem Focused	2-4	Low
99214	Level 4	Detailed	5-7	Moderate
99215	Level 5	Comprehensive	8	High



E&M Review

- NextGen records whether the patient is new or established.
- NextGen counts the number of history and exam elements documented.
 - This is why it is important to use the HPI, ROS, and exam templates' check boxes as much as possible.
 - If 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, and 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, and 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, and the guidance provided by the Centers for Medicare and 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



10/10/2010 02:50 PM : "E&M History" x

Alert **NEXTGEN**

Intake **Histories** **Summary** **SOAP** **Finalize OV** **Checkout** **Protocols**

Visit type: **New patient** **Established patient** Encounter insurance:

Medical decision making **Straight forward** **Low complexity** **Moderate complexity** **High complexity** **View RiskTable**

PE calculation type **Multi system** **Single system:**

E&M codes [View Other Codes](#)

New patient:	Consultation:	Preventive new:	Preventive established:
<input type="radio"/> 99201	<input type="radio"/> 99241	<input type="radio"/> 99381	<input type="radio"/> 99391
<input checked="" type="radio"/> 99202	<input type="radio"/> 99242	<input type="radio"/> 99382	<input type="radio"/> 99392
<input type="radio"/> 99203	<input type="radio"/> 99243	<input type="radio"/> 99383	<input type="radio"/> 99393
<input type="radio"/> 99204	<input type="radio"/> 99244	<input type="radio"/> 99384	<input type="radio"/> 99394
<input type="radio"/> 99205	<input type="radio"/> 99245	<input type="radio"/> 99385	<input type="radio"/> 99395
Established:	Preventive counseling:	99386	99396
<input type="radio"/> 99211	<input type="radio"/> 99401	<input type="radio"/> 99387	<input type="radio"/> 99397
<input type="radio"/> 99212	<input type="radio"/> 99402		
<input type="radio"/> 99213	<input type="radio"/> 99403		
<input type="radio"/> 99214	<input type="radio"/> 99404		
<input type="radio"/> 99215			
Prenatal:	Behavioral health continued:		
Visit 4-6:	Individual therapy:		
<input type="radio"/> 59425	<input type="radio"/> 90804 (20 - 30 mins)		
	<input type="radio"/> 90806 (45 - 50 mins)		
	<input type="radio"/> 90808 (75 - 80 mins)		
	<input type="radio"/> 90809 (75 - 80 mins)		
	<input type="radio"/> 90810 (Individual/Group)		
	<input type="radio"/> 90811 (Individual/Group)		
	<input type="radio"/> 90812 (Medication management)		
	<input type="radio"/> 90857 (Medication group)		
	View Detailed E&M History		

Visit code: Modifier(s): **Calculate Code** **Additional E&M Code**

Submit code **E&M Guidelines: 1997: Web**

Visit code off **Calculated** **Submitted** **ERx:**

Provider sign off **Sign off** **Post Op:** **Visit 4-6:**

Submit to supervising physician for review

I have reviewed and agree with the diagnosis and treatment plan

Medicare patient incident sign off:

- I have met with the patient and participated with the plan of care**
- I was available at the time of service and agree with the plan of care**

Previous **Next**

DOCUMENTS

Chart Note **Patient Plan** **Consult Request** **Referral Request**
Summary Note **Consult Thank You** **Referral Thank You**

CC: Providers

Table of Risk

Level of Risk	Presenting Problem(s)	Diagnostic Procedure(s) Ordered	Management Options Solutions
Minimal	<ul style="list-style-type: none"> One self limited or minor problem, eg, cold, insect bite, tinea corporis 	<ul style="list-style-type: none"> Laboratory tests requiring venipuncture Chest X-rays EKG/EEG Urinalysis Ultrasound, eg, echocardiography KOH prep 	<ul style="list-style-type: none"> Rest Gargles Elastic bandages Superficial dressings
Low	<ul style="list-style-type: none"> 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 	<ul style="list-style-type: none"> Physiologic tests not under stress, eg, pulmonary function tests Superficial needle biopsies Clinical laboratory tests requiring arterial puncture Skin biopsies 	<ul style="list-style-type: none"> Over-the-counter drugs Minor surgery with no identified risk factors Physical therapy Occupational therapy IV fluids without additives
Moderate	<ul style="list-style-type: none"> 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 	<ul style="list-style-type: none"> 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 	<ul style="list-style-type: none"> 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	<ul style="list-style-type: none"> One or more chronic illnesses with severe exacerbation, progression, or side effects of treatment Other chronic illnesses or injuries that pose significant threat to self or others Acute onset of respiratory distress, hypotension, severe pain, or altered mental status, eg, myocardial infarction, stroke, acute abdomen, acute renal failure An abrupt change in neurologic status, eg, seizure, TIA, weakness, sensory loss 	<ul style="list-style-type: none"> Cardiovascular imaging studies with contrast with identified risk factors Diagnostic endoscopies with identified risk factors Discography 	<ul style="list-style-type: none"> Elective major surgery (open, percutaneous or endoscopic) with identified risk factors Emergency surgery (open, percutaneous or endoscopic) Parenteral controlled substances Drug therapy requiring intensive monitoring for toxicity, eg, insulin, digoxin, warfarin, 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



10/10/2010 02:50 PM : "E&M History" x

Alert **NEXTGEN**

Intake **Histories** **Summary** **SOAP** **Finalize OV** **Checkout** **Protocols**

New patient Established patient **Encounter insurance:**

Visit type: **Add or Update Assessment**

Medical decision making Straight forward Low complexity Moderate complexity High complexity **PE calculation type** Multi system Single system:

Counseling Counseled greater than 50% of time and documented content **Counseling Details**

Total visit time (minutes): **Total counsel time (minutes):**

E&M codes **View Other Codes**

New patient:	Consultation:	Preventive new:	Preventive established:
<input type="radio"/> 99201	<input type="radio"/> 99241	<input type="radio"/> 99381	<input type="radio"/> 99391
<input type="radio"/> 99202	<input type="radio"/> 99242	<input type="radio"/> 99382	<input type="radio"/> 99392
<input type="radio"/> 99203	<input type="radio"/> 99243	<input type="radio"/> 99383	<input type="radio"/> 99393
<input type="radio"/> 99204	<input type="radio"/> 99244	<input type="radio"/> 99384	<input type="radio"/> 99394
<input type="radio"/> 99205	<input type="radio"/> 99245	<input type="radio"/> 99385	<input type="radio"/> 99395
Established:	Preventive counseling:	99386	99396
<input type="radio"/> 99211	<input type="radio"/> 99401	<input type="radio"/> 99387	<input type="radio"/> 99397
<input type="radio"/> 99212	<input type="radio"/> 99402		
<input type="radio"/> 99213			

This is where NextGen's layout creates a potential point of confusion:

The user may think 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.

All of that discussion notwithstanding, with practice choosing Decision Making Level becomes fairly easy for most providers

Make your selection here.

The suggested code displays.

10/10/2010 02:50 PM : "E&M History" x

Alert Navigation

Intake Histories Summary SOAP Finalize OV Checkout Protocols

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

High complexity

Counseling

Counseled greater than 50% of time and documented content

Total visit time (minutes): Total counsel time (minutes):

Submit code

Visit code: **99214**

Calculate Code **Additional E&M Code**

Submit Code(s)

Calculated Submitted

Visit Code: **99214** **99214**

eRx:

Established: **99211** **99212** **99213** **99214** **99215**

Preventive counseling: **99386** **99387** **99395** **99396** **99397**

Prenatal: Visit 4-6: **59425**

Visits greater than 6: **59426**

Post Op: **99024**

Behavioral health: **90882** (Case consultation) **90847** (Family/couple therapy)

Individual therapy: **90804** (20 - 30 mins) **90806** (45 - 50 mins) **90808** (75 - 80 mins)

Individual therapy with med mgmt: **90805** (10 - 30 mins) **90807** (45 - 50 mins) **90809** (75 - 80 mins)

Initial psych eval/intake: **90801** (Initial psych eval/intake) **90862** (Med management)

Medication management: **90885** (Medication group)

Consult Request Referral Request Referral Thank You

Previous Next

The code appears in the Submitted box, confirming the submission.

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

Visit type: <input type="text" value="Well child"/>	<input type="button" value="Add or Update Assessment"/>	New patient: <input type="radio"/> 99201 <input type="radio"/> 99202 <input type="radio"/> 99203 <input type="radio"/> 99204 <input type="radio"/> 99205 Established: <input type="radio"/> 99211 <input type="radio"/> 99212 <input type="radio"/> 99213 <input type="radio"/> 99214 <input type="radio"/> 99215	Consultation: <input type="radio"/> 99241 <input type="radio"/> 99242 <input type="radio"/> 99243 <input type="radio"/> 99244 <input type="radio"/> 99245 Preventive: <input type="radio"/> 99381 <input type="radio"/> 99382 <input type="radio"/> 99383 <input type="radio"/> 99384 <input type="radio"/> 99385 <input type="radio"/> 99386 <input type="radio"/> 99387 <input type="radio"/> 99388 <input type="radio"/> 99389 <input type="radio"/> 99390 <input type="radio"/> 99391 <input type="radio"/> 99392 <input type="radio"/> 99393 <input checked="" type="radio"/> 99394 <input type="radio"/> 99395 <input type="radio"/> 99396 <input type="radio"/> 99397										
Medical decision making <input type="radio"/> Straight forward <input type="radio"/> Low complexity <input type="radio"/> Moderate complexity <input type="radio"/> High complexity	PE calculation type <input checked="" type="radio"/> Multi system <input type="radio"/> Single system: <input type="text"/>	<input type="button" value="View RiskTable"/>	Counseling <input type="checkbox"/> Counseled greater than 30% of time and documented content Total visit time (minutes): <input type="text"/> Total counsel time (minutes): <input type="text"/>	Counseling Details									
Submit code	Visit code: <input type="text" value="99394"/> Modifier(s): <input type="text"/> <input type="text"/> <input type="text"/>	<input type="button" value="Calculate Code"/>	<input type="button" value="Additional E&M Code"/>	E&M Guidelines: 1997: Web									
				Behavioral health continued: Individual therapy: <input type="radio"/> 90804 (20 - 30 mins) <input type="radio"/> 90806 (45 - 50 mins) <input type="radio"/> 90808 (75 - 80 mins) Individual therapy with med mgmt: <input type="radio"/> 90805 (10 - 30 mins) <input type="radio"/> 90807 (45 - 50 mins) <input type="radio"/> 90809 (75 - 80 mins)									
<table border="0"> <tr> <td><input type="button" value="Submit Code(s)"/></td> <td>Calculated</td> <td>Submitted</td> </tr> <tr> <td>Visit Code:</td> <td><input type="text" value="99394"/></td> <td><input type="text"/></td> </tr> <tr> <td>eRx:</td> <td><input type="text"/></td> <td><input type="text"/></td> </tr> </table>				<input type="button" value="Submit Code(s)"/>	Calculated	Submitted	Visit Code:	<input type="text" value="99394"/>	<input type="text"/>	eRx:	<input type="text"/>	<input type="text"/>	Provider sign off: <input type="text"/>
<input type="button" value="Submit Code(s)"/>	Calculated	Submitted											
Visit Code:	<input type="text" value="99394"/>	<input type="text"/>											
eRx:	<input type="text"/>	<input type="text"/>											

A common example of this is a Well Child Visit.

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

OB Prenatal (Add or Update Assessment) # Pregnancy visits:

Medical decision making (View RiskTable)

- Straight forward
- Low complexity
- Moderate complexity
- High complexity

Counseling

Counseled greater than 50% of time and documented content (Counseling Details)

Total visit time (minutes): Total counsel time (minutes):

Submit code (E&M Guidelines: 1997: Web)

Visit code: (Modifier(s))

59425	

(Calculate Code) (Additional E&M Code)

(Submit Code(s))

Visit Code: (Calculated) (Submitted)
eRx: (Calculated) (Submitted)

Provider sign off

Physician sign off request:

Submit to supervising physician for review

Supervising physician sign off:

I have reviewed and agree with the diagnosis and treatment plan

Medicare patient incident sign off:

I have met with the patient and participated with the plan of care

I was available at the time of service and agree with the plan of care

E&M codes (View Other Codes)

New patient:	Consultation:	Preventive new:	Preventive established:
<input type="radio"/> 99201	<input type="radio"/> 99241	<input type="radio"/> 99381	<input type="radio"/> 99391
<input type="radio"/> 99202	<input type="radio"/> 99242	<input type="radio"/> 99382	<input type="radio"/> 99392
<input type="radio"/> 99203	<input type="radio"/> 99243	<input type="radio"/> 99383	<input type="radio"/> 99393
<input type="radio"/> 99204	<input type="radio"/> 99244	<input type="radio"/> 99384	<input type="radio"/> 99394
<input type="radio"/> 99205	<input type="radio"/> 99245	<input type="radio"/> 99385	<input type="radio"/> 99395
Established:	Preventive counseling:	99386	99395
<input type="radio"/> 99211	<input type="radio"/> 99401	<input type="radio"/> 99387	<input type="radio"/> 99396
<input type="radio"/> 99212	<input type="radio"/> 99402	<input type="radio"/> 99403	<input type="radio"/> 99397
<input type="radio"/> 99213	<input type="radio"/> 99404		
<input type="radio"/> 99214			
<input type="radio"/> 99215			

Prenatal:

Visit 4-6: 59425

Visits greater than 6: 59426

Behavioral health continued:

Individual therapy:

- 90804 (20 - 30 mins)
- 90806 (45 - 50 mins)
- 90808 (75 - 80 mins)

Individual therapy with med mgmt:

- 90805 (10 - 30 mins)
- 90807 (45 - 50 mins)
- 90809 (75 - 80 mins)

Behavioral health:

- 90882 (Case consultation)
- 90847 (Family/couple therapy)
- 90853 (Group therapy)

(View Detailed E&M History)



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Alert **NEXTGEN**

Intake **Histories** **Summary** **SOAP** **Finalize OV** **Checkout** **Protocols**

Visit type: **Office Visit** **New patient** **Established patient** Encounter insurance: **Add or Update Assessment**

Medical decision making **Straight forward** **Low complexity** **Moderate complexity** **High complexity** **View RiskTable**

PE calculation type **Multi system** **Single system:**

E&M codes **View Other Codes**

New patient:	99201	Consultation:	99241	Preventive new:	99381
	99202		99242		99382
	99203		99243		99383
	99204		99244		99384
	99205		99245		99385
Established:	99211	Preventive counseling:	99386	Preventive established:	99391
	99212		99387		99392
	99213		99401		99393
	99214		99402		99394
	99215		99403		99395
			99404		99396
Prenatal:		Behavioral health continued:			
Visit 1-5:		Individual therapy:			

Counseling **Counseled greater than 50% of time and documented content** **Counseling Details**

Total visit time (minutes): Total counsel time (minutes):

Submit code **E&M Guidelines: 1997: Web**

Visit code: **Modifier(s):**

You can manually select a code, or override the suggested code, by picking one here. Be cautious about upgrading from the suggested code, however. As mentioned above, if NextGen suggests a code that is significantly lower than you were expecting, you have probably overlooked properly documenting the HPI, ROS, or physical exam.

A note about procedures

If you have performed a procedure, and you wish to also bill an E&M code at the same visit, you need to document the procedure and 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.)

Medicare patient incident sign off:

- I have met with the patient and participated with the plan of care
- I was available at the time of service and agree with the plan of care

DOCUMENTS

- Chart Note
- Patient Plan
- Consult Request
- Referral Request
- Summary Note
- Consult Thank You
- Referral Thank You

CC: Providers

Previous

Next

10/10/2010 02:50 PM : "E&M History" x

Alert **NEXTGEN** Intake Histories Summary SOAP Finalize OV Checkout Protocols

Visit type: **New patient** **Established patient**

Medical decision making: Straight forward Low complexity Moderate complexity High complexity

View RiskTable

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

Total visit time (minutes): Total counseling time (minutes):

Submit code

Visit code: **99214** Modifier(s):

Calculate Code **Additional E&M Code**

Submit Code(s)

Calculated Submitted

Visit Code: 99214	99214
eRx:	

Provider sign off

Physician sign off request: Submit to supervising physician for review

Supervising physician sign off: I have reviewed and agree with the diagnosis and treatment plan

Medicare patient incident sign off: I have met with the patient and participated with the plan of care I was available at the time of service and agree with the plan of care

Previous Next

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.

Prenatal: Visit 4-6: 59425 Visits greater than 6: 59426

Post Op: 99024

Behavioral health: 90882 (Case consultation) 90847 (Family/couple therapy) 90853 (Group therapy)

Individual therapy: 90804 (20 - 30 mins) 90806 (45 - 50 mins) 90808 (75 - 80 mins)

Individual therapy with med mgmt: 90805 (10 - 30 mins) 90807 (45 - 50 mins) 90809 (75 - 80 mins)

Behavioral health continued: Individual therapy: 90801 (Initial psych eval/intake) 90862 (Med management) 90857 (Medication group)

View Detailed E&M History

Documents

Chart Note Patient Plan Consult Request Referral Request Summary Note Consult Thank You Referral Thank You CC: Providers

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

Click File, then Superbill.

File **Edit** **Default** **View** **Tools** **Admin** **Utilities** **Window** **Help**

New **Select Patient...** **Modify Patient...** **Close Patient**

Save **Close**

Print **Custom Print \ Fax** **Export Patient Documents**

Graph **Reports**

ChartMail **Family Unit** **NextMD** **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**

Medicare patient incident sign off:

I have met with the patient and participated with the plan of care

I was available at the time of service and agree with the plan of care

Previous **Next**

DUFFY, ROBERT LAMAR MD

Patient History Inbox PAR Rx Medications Templates Documents Images Procedures Apps

SOAP **Finalize OV** **Checkout**

Protocols

E&M codes

New patient: 99211 99212 99213 99214 99215

Consultation: 99241 99242 99243 99244 99245

Preventive new: 99381 99382 99383 99384 99385

Established: 99211 99212 99213 99214 99215

Preventive counseling: 99386 99387 99388 99389 99390

Prenatal: 99401 99402 99403 99404

Visit 4-6: 59425

Visits greater than 6: 59426

Post Op: 99024

Behavioral health continued:

Individual therapy:

- 90804 (20 - 30 mins)
- 90806 (45 - 50 mins)
- 90808 (75 - 80 mins)

Individual therapy with med mgmt:

- 90805 (10 - 30 mins)
- 90807 (45 - 50 mins)
- 90809 (75 - 80 mins)

Behavioral health:

- 90882 (Case consultation)
- 90847 (Family/couple therapy)
- 90853 (Group therapy)

View Detailed E&M History

Documents

Chart Note Patient Plan Consult Request Referral Request

Summary Note Consult Thank You Referral Thank You

CC: Providers



08/26/2010 02:49 PM : "Em History" Superbill

Assigned Procedures:

Today's Services	Code	A/A	Units	Dx1	Dx2	Dx3	Dx4	Ref.Prov.
Office/outpatient visit, est...	99214		1	110.9				

Available Procedures:

Procedures | Proc Srch | Modifier | Mod Srch |

Category: Active Wound Care

- 97597 ACTIVE WOUND CARE
- 97598 ACTIVE WOUND CARE > 20 CM
- 97602 Rmv devitlza tiss from wo

Available Problems:

Problems

- Routine infant or child health check (V20.2) 08/26/2010 02:49 PM Status (Routine)
- Upper Respiratory Infection, Acute (465.9) 08/26/2010 02:49 PM Status (Routine)
- Dermatophytosis of unspecified site (110.9) 06/21/2010 11:38 PM Status (Stable)
03/24/2010 11:48 PM Status (Chronic)
- Apnea (786.03) 03/24/2010 11:48 PM
- Epilepsy, unspecified (345.9) 03/24/2010 11:48 PM
- Short stature (783.43) 03/24/2010 11:48 PM
- Pharyngitis, Acute (462) 03/23/2010 09:23 AM
02/08/2010 11:25 AM
03/20/2010 10:53 AM

Select the undesired code, then click Delete.

Patient History

P... P... C...

New Lock

08/26/2010 02:49 PM

- Peds H...
- PEDS O...
- Em Hist...

- 07/01/2010 02:49 PM
- 06/21/2010 11:25 AM
- 04/01/2010 12:00 PM
- 03/31/2010 11:25 AM
- 03/30/2010 05:00 PM
- 03/29/2010 07:00 PM
- 03/28/2010 07:00 PM
- 03/27/2010 06:00 PM
- 03/26/2010 05:00 PM
- 03/25/2010 04:00 PM
- 03/24/2010 11:48 PM
- 03/23/2010 02:00 PM
- 03/23/2010 09:00 AM
- 03/20/2010 10:53 AM

Custom



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.)

Assigned Procedures:

Payer:

Change

Today's Services

Code

A/A

Units

Dx1

Dx2

Dx3

Dx4

Ref.Prov.

Available Procedures:

Procedures Proc Srch Modifier Mod Srch

Description

99213

Search

Code:

Available Problems:

Delete

Save

Problems

Routine infant or child health check (V20.2)
08/26/2010 02:49 PM Status (Routine)

Others

Apnea (786.03)
03/24/2010 11:48 PM

Epilepsy, unspecified (345.9)
03/24/2010 11:48 PM

Short stature (783.43)
03/24/2010 11:48 PM

Pharyngitis, Acute (462)
03/23/2010 09:23 AM

02/08/2010 11:25 AM

03/20/2010 10:53 AM

Then click Search.

Dx 1

Dx 2

Dx 3

Dx 4

- 03/31/2010 11
- 03/30/2010 05
- 03/29/2010 07
- 03/28/2010 07
- 03/27/2010 06
- 03/26/2010 05
- 03/25/2010 04
- 03/24/2010 11
- 03/23/2010 02
- 03/23/2010 09
- 03/20/2010 10

Custom





USA FAMILY MEDICINE

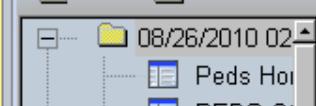
DUFFY, ROBERT LAMAR MD



Patient History



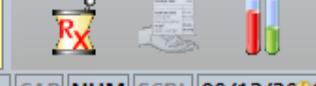
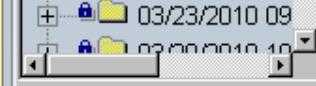
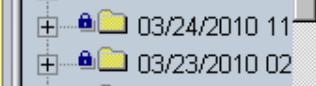
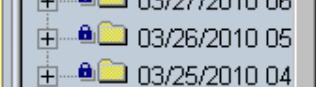
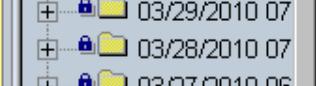
New Lock



08/26/2010 02:49 PM Em Hist 07/01/2010 00:02

06/21/2010 11:38 AM 04/01/2010 12:00 PM 03/31/2010 11:48 AM 03/30/2010 05:00 PM 03/29/2010 07:00 AM 03/28/2010 07:00 AM 03/27/2010 06:00 PM 03/26/2010 05:00 PM 03/25/2010 04:00 PM 03/24/2010 11:48 AM 03/23/2010 02:00 PM 03/23/2010 09:00 AM 03/20/2010 10:53 AM

Custom ...



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

Assigned Procedures:

Payer:

Change

Today's Services Code A/A Units Dx1 Dx2 Dx3 Dx4 Ref.Prov.

Available Procedures:

Procedures Proc Srch Modifier Mod Srch

Description Search

Code:

99213: Office/outpatient visit, est, exp prob

Available Problems:

Delete Save

Problems

- Routine infant or child health check (V20.2)
 - 08/26/2010 02:49 PM Status (Routine)
- Others
 - Upper Respiratory Infection, Acute (465.9)
 - 06/21/2010 11:38 PM
 - 03/24/2010 11:48 PM
 - Dermatophytosis of unspecified site (110.9)
 - 06/21/2010 11:38 PM Status (Stable)
 - 04/01/2010 12:00 PM Status (Chronic)
 - Apnea (786.03)
 - 03/24/2010 11:48 PM
 - Epilepsy, unspecified (345.9)
 - 03/24/2010 11:48 PM
 - Short stature (783.43)
 - 03/24/2010 11:48 PM
 - Pharyngitis, Acute (462)
 - 03/23/2010 09:23 AM
 - 02/08/2010 11:25 AM
 - 03/20/2010 10:53 AM

The code is added to today's services.

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

Available Procedures:

Procedures Proc Srch Modifier Mod Srch

Description: Search

Code:

99213: Office/outpatient visit, est, exp prob

Available Problems:

Problems Delete Save

- DX Routine infant or child health check (V20.2)
 - 08/26/2010 02:49 PM Status (Routine)
- Others
 - DX Upper Respiratory Infection, Acute (465.9)
 - 06/21/2010 11:38 PM
 - 03/24/2010 11:48 PM
 - DX Dermatophytosis of unspecified site (110.9)
 - 06/21/2010 11:38 PM Status (Stable)
 - 04/01/2010 12:00 PM Status (Chronic)
 - DX Apnea (786.03)
 - 03/24/2010 11:48 PM
 - DX Epilepsy, unspecified (345.9)
 - 03/24/2010 11:48 PM
 - DX Short stature (783.43)
 - 03/24/2010 11:48 PM
 - DX Pharyngitis, Acute (462)
 - 03/23/2010 09:23 AM
 - 02/08/2010 11:25 AM
 - 03/20/2010 10:53 AM



USA FAMILY MEDICINE

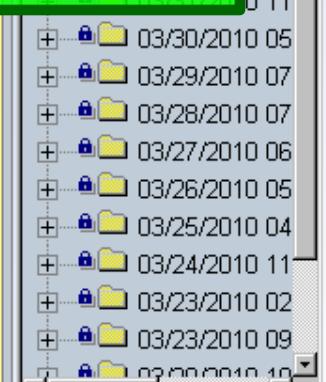
DUFFY, ROBERT LAMAR MD



Patient History



New Lock



08/26/2010 02:49 PM : "Em History" Superbill

Assigned Procedures:

Payer:

Change

Today's Services	Code	A/A	Units	Dx1	Dx2	Dx3	Dx4	Ref.Prov.
Office/outpatient visit, est...	99213							

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

Select a diagnosis, then click the Dx 1 button.

Available Problems:

Problems

Delete Save

- Dx Routine infant or child health check (V20.2)
 - 08/26/2010 02:49 PM Status (Routine)
- Dx Others
 - Dx Upper Respiratory Infection, Acute (465.9)
 - 06/21/2010 11:38 PM
 - 03/24/2010 11:48 PM
 - Dx Dermatophytosis of unspecified site (110.9)
 - 06/21/2010 11:38 PM Status (Stable)
 - 04/01/2010 12:00 PM Status (Chronic)
 - Dx Apnea (786.03)
 - 03/24/2010 11:48 PM
 - Dx Epilepsy, unspecified (345.9)
 - 03/24/2010 11:48 PM
 - Dx Short stature (783.43)
 - 03/24/2010 11:48 PM
 - Dx Pharyngitis, Acute (462)
 - 03/23/2010 09:23 AM
 - 02/08/2010 11:25 AM
 - 03/20/2010 10:53 AM

Dx 1

Dx 2

Dx 3

Dx 4



USA FAMILY MEDICINE

DUFFY, ROBERT LAMAR MD



08/26/2010 02:49 PM : "Em History" Superbill X

Assigned Procedures:

Today's Services	Code	A/A	Units	Dx1	Dx2	Dx3	Dx4	Ref.Prov.
Office/outpatient visit, est...	99213		1	465.9				

The diagnosis code appears here.

Available Procedures:

Procedures Proc Srch Modifier Mod Srch

Description Search

Code:

99213

Available Problems:

Problems

- Routine infant or child health check (V20.2)
 - 08/26/2010 02:49 PM Status (Routine)
- Others
 - Upper Respiratory Infection, Acute (465.9)
 - 06/21/2010 11:38 PM
 - 03/24/2010 11:48 PM
 - 04/07/2010 11:48 PM Status (Stable)
 - Apnea (786.03)
 - 03/24/2010 11:48 PM
 - Epilepsy, unspecified (345.9)
 - 03/24/2010 11:48 PM
 - Short stature (783.43)
 - 03/24/2010 11:48 PM
 - Pharyngitis, Acute (462)
 - 03/23/2010 09:23 AM
 - 02/08/2010 11:25 AM
 - 03/20/2010 10:53 AM

Patient History

P... P... C...

New Lock

08/26/2010 02:49 PM

Peds H... P... Em Hist...
07/01/2010 02
06/21/2010 11
04/01/2010 12
03/31/2010 11
03/30/2010 05
03/29/2010 07
03/28/2010 07
03/27/2010 06
03/26/2010 05
03/25/2010 04
03/24/2010 11
03/23/2010 02
03/23/2010 09
03/20/2010 10

Dx 1
Dx 2
Dx 3
Dx 4

Custom



10/10/2010 02:50 PM : "E&M History" x

Navigation

NEXTGEN

Intake

Histories

Summary

SOAP

Finalize OV

Checkout

Protocols

Visit type:
Office Visit

New patient
 Established patient

Encounter insurance:

Add or Update Assessment

Medical decision making

- Straight forward
- Low complexity
- Moderate complexity
- High complexity

View RiskTable

PE calculation type

- Multi system
- Single system:

Counseling

Counseled greater than 50% of time and documented content

Counseling Details

Total visit time (minutes):

Total counsel time (minutes):

Submit code

E&M Guidelines: 1997: Web

Visit code: Modifier(s):

99211

Additional E&M Code

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

Provider sign off

Physician sign off request:

Submit to supervising physician for review

Supervising physician sign off:

I have reviewed and agree with the diagnosis and treatment plan

Medicare patient incident sign off:

I have met with the patient and participated with the plan of care

I was available at the time of service and agree with the plan of care

E&M codes

View Other Codes

New patient:	Consultation:	Preventive new:	Preventive established:
<input type="radio"/> 99201	<input type="radio"/> 99241	<input type="radio"/> 99381	<input type="radio"/> 99391
<input type="radio"/> 99202	<input type="radio"/> 99242	<input type="radio"/> 99382	<input type="radio"/> 99392
<input type="radio"/> 99203	<input type="radio"/> 99243	<input type="radio"/> 99383	<input type="radio"/> 99393
<input type="radio"/> 99204	<input type="radio"/> 99244	<input type="radio"/> 99384	<input type="radio"/> 99394
<input type="radio"/> 99205	<input type="radio"/> 99245	<input type="radio"/> 99385	<input type="radio"/> 99395
Established:	Preventive counseling:	99386	99396
<input type="radio"/> 99211	<input type="radio"/> 99401	<input type="radio"/> 99387	<input type="radio"/> 99397
<input type="radio"/> 99212	<input type="radio"/> 99402		
<input type="radio"/> 99213	<input type="radio"/> 99403		
<input type="radio"/> 99214	<input type="radio"/> 99404		
<input type="radio"/> 99215			

Prenatal:

- Individual therapy: 90805 (10 - 30 mins)
- 90806 (45 - 50 mins)
- 90807 (50 - 60 mins)
- 90808 (60 - 90 mins)
- Individual therapy with med mgmt: 90805 (10 - 30 mins)
- 90807 (45 - 50 mins)
- 90808 (50 - 60 mins)

Post Op:

99024

Behavioral health:

- 90882 (Case consultation)
- 90847 (Family/couple therapy)
- 90853 (Group therapy)
- 90801 (Initial psych eval/intake)
- 90862 (Med management)
- 90857 (Medication group)

View Detailed E&M History

Documents

<input type="button"/> Chart Note	<input type="button"/> Patient Plan	<input type="button"/> Consult Request	<input type="button"/> Referral Request
<input type="button"/> Summary Note	<input type="button"/> Consult Thank You	<input type="button"/> Referral Thank You	
<input type="button"/> CC: Providers			

Previous

Next

Ready

NGProd USA Health Services Foundation rlduffy CAP NUM SCRL 10/19/2010

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?