Evaluation and Management (E/M) Patient Examples
Office, Established Patient

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IMPORTANT

The sample progress notes below meet criteria for the specified E/M code, but do ***not*** necessarily meet criteria for the multiple other purposes (e.g., clinical, legal) of documentation. For illustration, the documentation meets requirements specified by the codes for the exact levels of each of the 3 key components. In practice, criteria for these codes may be met by documenting only 2 of 3 of the key components at or above the level required by the code.

SERVICES SHOULD ALWAYS BE MEDICALLY NECESSARY.

99213	*Office visit for a 9-year-old male, established patient, with ADHD. Mild symptoms and minimal medication side effects.*	*Office visit for a 27-year-old female, established patient, with stable depression and anxiety. Intermittent moderate stress.*	
HISTORY — CC	9-year-old male seen for follow up visit for ADHD. Visit attended by patient and mother; history obtained from both.	27-year-old female seen for follow up visit for depression and anxiety. Visit attended by patient.	**HISTORY:** *Expanded Problem Focused*
HPI	Grades are good (associated signs and symptoms) but patient appears distracted (quality) in class (context). Lunch appetite poor but eating well at other meals. **HPI scoring**: 3 elements = *Brief*	Difficulty at work but coping has been good. Minimal (severity) situational sadness (quality) and anxiety when stressed (context). **HPI scoring**: 3 elements = *Brief*	
PFSH	N/A	N/A	
ROS	Psychiatric: denies depression, anxiety, sleep problems **ROS scoring**: 1 system = *Problem-pertinent*	Psychiatric: no sadness, anxiety, irritability **ROS scoring**: 1 system = *Problem-pertinent*	
EXAM — Const	Appearance: appropriate dress, comes to office easily	Appearance: appropriate dress, appears stated age	**EXAM:** *Exp. Problem Focused*
MS	N/A	N/A	
Psych	Speech: normal rate and tone; Thought content: no SI/HI or psychotic symptoms; Associations: intact; Orientation: x 3; Mood and affect: euthymic and full and appropriate **Examination scoring**: 6 elements = *Expanded problem-focused*	Speech: normal rate and tone; Thought content: no SI/HI or psychotic symptoms; Associations: intact; Orientation: x 3; Mood and affect: euthymic and full and appropriate; Judgment and insight: good **Examination scoring**: 7 elements = *Expanded problem-focused*	
MEDICAL DECISION MAKING	**Problem 1**: ADHD **Comment**: Relatively stable; mild symptoms **Plan**: Renew stimulant script and increase dose; Return visit in 2 months	**Problem 1**: Depression **Comment**: Stable **Plan**: Renew SSRI script at the same dose; Return visit in 3 months **Problem 2**: Anxiety **Comment**: Stable **Plan**: Same dose of SSRI	**MEDICAL DECISION MAKING:** *Low Complexity*
Prob	**Problem scoring**: 1 established problem, stable (1); total of 1 = *Minimal*	**Problem scoring**: 2 established problems, stable (1 for each = 2); total of 2 = *Limited*	
Data	**Data scoring**: Obtain history from someone other than patient (2); total of 2 = *Limited*	**Data scoring**: None = *Minimal*	
Risk	**Risk scoring**: Chronic illness with mild exacerbation, progression, or side effects; and Prescription drug management = *Moderate*	**Risk scoring**: Two stable chronic illnesses; and Prescription drug management = *Moderate*	

Evaluation and Management (E/M) Patient Examples

99214	Office visit for a 13-year-old male, established patient, with depression, anxiety, and anger outbursts.	Office visit for a 70-year-old male, established patient, with stable depression and recent mild forgetfulness.	
HISTORY — CC	13-year-old male seen for follow up visit for mood and behavior problems. Visit attended by patient and father; history obtained from both.	70-year-old male seen for follow up visit for depression. Visit attended by patient and daughter; history obtained from both.	**HISTORY:** *Detailed*
HPI	Patient and father report increasing (timing), moderate (severity) sadness (quality) that seems to be present only at home (context) and tends to be associated with yelling and punching the walls (associated signs and symptoms) at greater frequency, at least once per week when patient frustrated. Anxiety has been improving and intermittent, with no evident trigger (modifying factors). **HPI scoring**: 6 elements = *Extended*	Patient and daughter report increasing distress related to finding that he has repeatedly lost small objects (e.g., keys, bills, items of clothing) over the past 2-3 months (duration). Patient notices intermittent (timing), mild (severity) forgetfulness (quality) of people's names and what he is about to say in a conversation. There are no particular stressors (modifying factors) and little sadness (associated signs and symptoms). **HPI scoring**: 6 elements = *Extended*	
PFSH	Attending 8th grade without problem; fair grades **PFSH scoring**: 1 element: social = *Pertinent*	Less attention to hobbies **PFSH scoring**: 1 element: social = *Pertinent*	
ROS	Psychiatric: no problems with sleep or attention; Neurological: no headaches **ROS scoring**: 2 systems = *Extended*	Psychiatric: no problems with sleep or anger; Neurological: no headaches, dizziness, or weakness **ROS scoring**: 2 systems = *Extended*	
EXAM — Const	Appearance: appropriate dress, appears stated age	Appearance: appropriate dress, appears stated age	**EXAM:** *Detailed*
MS	N/A	Muscle strength and tone: normal	
Psych	Speech: normal rate and tone; Thought process: logical; Associations: intact; Thought content: no SI/HI or psychotic symptoms; Orientation: x 3; Attention and concentration: good; Mood and affect: euthymic and full and appropriate ; Judgment and insight: good **Examination scoring**: 9 elements = *Detailed*	Speech: normal rate and tone; Thought process: logical; Associations: intact; Thought content: no SI/HI or psychotic symptoms; Orientation: x 3; Attention and concentration: unable to focus on serial 7s; Mood and affect: euthymic and full and appropriate; Recent and remote memory: mild struggle with telling history and remembered 1/3 objects **Examination scoring**: 10 elements = *Detailed*	
MEDICAL DECISION MAKING	**Problem 1**: Depression **Comment**: Worsening; appears associated with lack of structure **Plan**: Increase dose of SSRI; write script; CBT therapist; Return visit in 2 weeks **Problem 2**: Anxiety **Comment**: Improving **Plan**: Patient to work with therapist on identifying context **Problem 3**: Anger outbursts **Comment**: Worsening; related to depression but may represent mood dysregulation **Plan**: Call therapist to obtain additional history; consider a mood stabilizing medication if no improvement in 1-2 months	**Problem 1**: Depression **Comment**: Stable; few symptoms **Plan**: Continue same dose of SSRI; write script Return visit in 1 month **Problem 2**: Forgetfulness **Comment**: New; mildly impaired attention and memory **Plan**: Brain MRI; consider referral to a neurologist if persists	**MEDICAL DECISION MAKING:** *Moderate Complexity*
Prob	**Problem scoring**: 2 established problems, worsening (2 for each problem = 4); 1 established problem, improving (1); total of 5 = *Extensive*	**Problem scoring**: 1 established problem, stable (1); 1 new problem with additional workup (4); total of 5 = *Extensive*	
Data	**Data scoring**: Obtain history from other (2); Decision to obtain history from other (1); total of 3 = *Multiple*	**Data scoring**: Order of test in the radiology section of CPT (1); Obtain history from other (2); total of 3 = *Multiple*	
Risk	**Risk scoring**: One or more chronic illnesses with mild exacerbation, progression; and Prescription drug management = *Moderate*	**Risk scoring**: Undiagnosed new problem with uncertain prognosis; and Prescription drug management = *Moderate*	

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99215	Office visit for an established adolescent patient with history of bipolar disorder treated with lithium; seen on urgent basis at family's request because of severe depressive symptoms.	Office visit for a 25-year-old male, established patient with a history of schizophrenia, who has been seen bi-monthly but is complaining of auditory hallucinations.	
HISTORY — CC	17-year-old male seen for urgent visit for depression. Visit attended by patient and parents; history obtained from all 3.	25-year-old male seen for follow up visit for schizophrenia. Visit attended by patient.	**HISTORY:** *Comprehensive*
HPI	Patient doing well until 2 days ago (timing) when, for no apparent reason (context), he refused to leave his bed and appeared extremely (severity) and continuously depressed (quality); he is sleeping more and eating little (associated signs and symptoms). **HPI scoring**: 5 elements = *Extended*	The patient reports doing well until 1 week ago (duration) when he stayed up all night to finish a term paper (context). He has slept poorly (severity) since (timing) and, 2 days ago, began hearing fairly continuous voices (quality) telling him that people plan to shoot him. Attention and organization were good up until this past week (associated signs and symptoms). **HPI scoring**: 6 elements = *Extended*	
PFSH	Stopped attending school; family history of suicide is noted from patient's initial evaluation **PFSH scoring**: Family and social (2 elements) = *Complete*	Doing well in third year of graduate school. Chart notes no family psychiatric history. **PFSH scoring**: Family and social (2 elements) =*Complete*	
ROS	Psychiatric: no problems with anxiety or anger; Neurological: no headaches; All other systems reviewed and are negative. **ROS scoring**: All systems = *Complete*	Psychiatric: denies symptoms of depression or mania; Neurological: no headaches; All other systems reviewed and are negative. **ROS scoring**: All systems = *Complete*	
EXAMINATION — Const	VS: BP (sitting) 120/70, P 90 and regular, R 20; Appearance: appropriate dress, appears stated age	VS: BP (sitting) 115/70, P 86 and regular, Ht 5'10", Wt 180 lbs; Appearance: appropriate dress, appears stated age	**EXAMINATION:** *Comprehensive*
MS	Gait and station: normal	Gait and station: normal	
Psych	Speech: sparse and slow; Thought process: logical; Associations: intact; Thought content: hopelessness, thinks of suicide, no HI or psychotic symptoms; Orientation: x 3; Attention and concentration: impaired; Mood and affect: depressed and constricted; Judgment and insight: poor; Fund of knowledge: good; Recent and remote memory: good; Language: able to repeat phrases **Examination scoring**: All elements of constitutional and psychiatric and 1 element of musculoskeletal = *Comprehensive*	Speech: normal rate and tone; Thought process: logical; Associations: intact; Thought content: auditory hallucinations and paranoid ideation, no SI/HI; Orientation: x 3; Attention and concentration: impaired; Mood and affect: euthymic and full and appropriate; Judgment and insight: good; Fund of knowledge: good; Recent and remote memory: good; Language: able to repeat phrases **Examination scoring**: All elements of constitutional and psychiatric and 1 element of musculoskeletal = *Comprehensive*	
MEDICAL DECISION MAKING	**Problem 1**: Bipolar disorder **Comment**: Major relapse **Plan**: Continue current dose of Lithium for the moment **Problem 2**: Suicidality **Comment**: New **Plan**: Refer to hospital; confer with hospitalist once patient is admitted	**Problem 1**: Psychosis **Comment**: Major relapse **Plan**: Increase dose of antipsychotic; write script; hold off on hospital admission as patient historically very adherent; return for visit in 1 day **Problem 2**: Insomnia **Comment**: Sleep deprivation may have triggered the psychosis relapse **Plan**: Change to a more powerful hypnotic; write script **Problem 3**: ADHD **Comment**: Appears stable **Plan**: Continue same dose of non-stimulant medication	**MEDICAL DECISION MAKING:** *High Complexity*
Prob	**Problem scoring**: 1 established problem, worsening (2); 1 new problem (3); total of 5 = *Extensive*	**Problem scoring**: 1 established problem, stable (1); 2 established problems, worsening (2 for each problem = 4); total of 5 = *Extensive*	
Data	**Data scoring**: Obtain history from other (2); total of 2 = *Limited*	**Data scoring**: None = *Minimal*	
Risk	**Risk scoring**: Chronic illness with severe exacerbation; and Illness that poses a threat to life = *High*	**Risk scoring**: Chronic illness with severe exacerbation = *High*	