Evaluation and Management (E/M) Training

Module 10
AMA Disclaimer
CPT® copyright 2011 American Medical Association. All rights reserved.

Fee schedules, relative value units, conversion factors and/or related components are not assigned by the AMA, are not part of CPT®, and the AMA is not recommending their use. The AMA does not directly or indirectly practice medicine or dispense medical services. The AMA assumes no liability for data contained or not contained herein.

CPT® is a registered trademark of the American Medical Association.
Pediatrics is much like family practice in that it focuses on total health; however, pediatrics is geared more towards the health of children from birth to age 18. Pediatric patients are often accompanied by their parent or guardian and the history is often obtained by the parent or legal guardian instead of the patient. Many of the visits seen in pediatrics are preventive visits with immunization administration and school physicals. Here, we will also address removal of foreign bodies from the ears as parents of toddlers often find them putting small toys in their ears.

**Immunization Administration**

Administration services for vaccines/toxoids are reported with 90460–90474. 90460–90461 are reported for patients only up to age 18 using any route (example, IM or oral) with counseling provided by the physician or another health care professional. 90471–90474 codes are based on the delivery or route the vaccine/toxoids are given without counseling provided. Often, you will code separately for the substance administered.

Code 90460 is reported for each vaccine component administered for patients up to age 18 when a physician or other qualified health care provider counsels the patient regarding the vaccine. When combination vaccines are administered, report 90461 for each additional vaccine/toxoid component.

For example, a two-year-old is administered Measles, mumps and rubella virus vaccine (MMR) (live, SubQ), DTaP-Hib (IM), and Hepatitis A (2-dose schedule, IM) vaccine. The physician provides counseling regarding the vaccine to the patient and her mother.

The administration-with counseling codes are reported based on the number of components. To code this correctly, we would need to review the number of components (antigens) per vaccine:

<table>
<thead>
<tr>
<th>Vaccine</th>
<th>Number of Components</th>
<th>Administration Codes w/ Counseling</th>
<th>Vaccine Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>MMR</td>
<td>3</td>
<td>90460 90461 x 2</td>
<td>90707</td>
</tr>
<tr>
<td>DTaP-Hib</td>
<td>4</td>
<td>90460 90461 x 3</td>
<td>90721</td>
</tr>
<tr>
<td>Hepatitis A</td>
<td>1</td>
<td>90460</td>
<td>90633</td>
</tr>
</tbody>
</table>

In this case, report 90460 x 3 and 90461 x 5.

Report administration codes 90471–90474 per dose not per component. Note that some codes may describe administration for a single disease (for instance, 90703 Tetanus toxoid absorbed, for intramuscular use) or a combination of diseases (such as 90701, Diphtheria, tetanus toxoids, and whole cell pertussis vaccine [DTP], for intramuscular use). Do not select a vaccine administration per component using codes 90471–90474.

Let’s look at the same example as above without counseling:

A two-year-old is administered Measles, mumps and rubella virus vaccine (MMR) (live, SubQ), DTaP-Hib (IM), and Hepatitis A (2-dose schedule, IM) vaccine during her preventive medicine exam.
### Vaccine Codes

<table>
<thead>
<tr>
<th>Vaccine</th>
<th>Number of Components</th>
<th>Administration Codes w/o Counseling</th>
<th>Vaccine Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>MMR</td>
<td>3</td>
<td>90471</td>
<td>90707</td>
</tr>
<tr>
<td>DTaP-Hib</td>
<td>4</td>
<td>90472</td>
<td>90721</td>
</tr>
<tr>
<td>Hepatitis A</td>
<td>1</td>
<td>90472</td>
<td>90633</td>
</tr>
</tbody>
</table>

In this case, the preventive visit code would be reported, along with vaccination codes, and 90471 and 90472 x 2 for the administration.

There are specific ICD-9-CM codes for each vaccine administered. For example, V06.4 for MMR. The specific vaccine V code should be linked to the correct vaccine CPT® code for processing by the insurance carrier.

**School and Sports Physicals**

Before children begin school, they are required by most states to have a form completed. This form certifies that all required immunizations are up to date for the specified age.
**Tennessee Department of Health**

**CERTIFICATE OF IMMUNIZATION**

**Child's Name** (Last name, first name, middle)  

**Birthday** (mm/dd/yy)  

**Parent/Guardian Name** (Last name, first name, middle)  

**Phone** (please include area code xxx-xxx-xxxx)  

**Address**  

**City**  

**State**  

**Zip Code**  

---

### Religious Exemption

- [ ] Check here if religious exemption to immunization selected by parent/guardian  

### Health Examination Documentation (if required)

- [ ] This child has been examined: 

### Certified by (Signature/Stamp)

- [ ] Check if needed  

  - [ ] Dental Screening  
  - [ ] Vision Screening  

---

Unless specifically exempted by law, Tennessee law requires a certificate on file for each child in attendance in any school or child care facility in Tennessee. Detailed instructions for this form and explanation of requirements are in "Instructions for Completion of Immunization Certificates" and the "Official Immunization Schedule" at the Tennessee Department of Health website (http://health.state.tn.us/CEDS/required.html) and on the Tennessee Web Immunization System.

<table>
<thead>
<tr>
<th>VACCINE</th>
<th>DATE</th>
<th>DATE</th>
<th>DATE</th>
<th>DATE</th>
<th>DATE</th>
<th>DATE</th>
<th>Total Doses</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hib</td>
<td>1/20</td>
<td>2/20</td>
<td>8/20</td>
<td>9/20</td>
<td>9/20</td>
<td>1/20</td>
<td>4</td>
</tr>
<tr>
<td>Pneumococcal (PCV)</td>
<td>1/20</td>
<td>2/20</td>
<td>8/20</td>
<td>9/20</td>
<td>9/20</td>
<td>2/20</td>
<td>4</td>
</tr>
<tr>
<td>DTP, DTaP, DT, Td</td>
<td>1/20</td>
<td>2/20</td>
<td>8/20</td>
<td>9/20</td>
<td>9/20</td>
<td>1/20</td>
<td>4</td>
</tr>
<tr>
<td>Poliomyelitis</td>
<td>1/20</td>
<td>2/20</td>
<td>8/20</td>
<td>9/20</td>
<td>9/20</td>
<td>1/20</td>
<td>3</td>
</tr>
<tr>
<td>Hepatitis B</td>
<td>2/20</td>
<td>4/20</td>
<td>8/20</td>
<td>9/20</td>
<td>9/20</td>
<td>1/20</td>
<td>4</td>
</tr>
<tr>
<td>Hepatitis A</td>
<td>2/15</td>
<td>9/15</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>2</td>
</tr>
<tr>
<td>Measles</td>
<td></td>
<td></td>
<td>9/20</td>
<td>9/20</td>
<td></td>
<td></td>
<td>1</td>
</tr>
<tr>
<td>Mumps</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>2/15</td>
<td>9/15</td>
<td>1</td>
</tr>
<tr>
<td>Rubella</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Varicella</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Tdap Booster</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

---

**Recommended Vaccines (Documentation Optional)**

- Rotavirus  
- Influenza  
- Meningococcal  
- HPV  

---

**This section must be completed by provider (\*select one\*)**

- [ ] A) Temporary - Expiration Date  
  
  Expiration one month after date next catch-up immunization is due.  

- [ ] B) Child Care Up to Date  
  
  Requirements incomplete, but up to date for age. Certificate valid until 19 months of age.  

- [ ] C) Child Care / Pre-School / Pre-K Complete\*  
  
  Fulfills requirements for child care / pre-school <5 years of age.  

- [ ] D) Complete K-6th Grade\*  
  
  Fulfills requirements, Kindergarten through 6th grade.  

- [ ] E) Complete 7th grade or higher  
  
  Fulfills requirements, 7th grade or higher.  

\*If age 4 years and fulfills requirements for Pre-School and Kindergarten, check BOTH Boxes C and D.

---

**Certified by (Signature Stamp)**  

**Date of Issue**

---

Printed or Stamped Name, Address, Phone of Qualified Healthcare Provider or Health Department:

---

**PH-4103 (Rev. 3/10)**

RDA-N/A
Sometimes the provider will complete this form during the child’s annual physical. Other times the child will be scheduled specifically for the school/sports/camp exam.

Each insurance carrier will have different rules surrounding how to report this type of physical. Some require the physical to be reported with the preventive visit codes (99382–99385, 99392–99395). This code is typically paid only once per year, so if the child has already had a preventive visit, the second time this code is reported, it will likely be denied. Other insurance carriers request the visit to be billed with 99429 Unlisted preventive medicine services. Yet, other insurance carriers request the visit to be billed with a code from the Office or Other Outpatient Section (99201–99215).

The CPT® Assistant, August 1997, states, “If the physician performs a comprehensive history and examination, then you should report the age appropriate code from the preventive medicine series. If the physician performs a problem focused, expanded problem focused or detailed history and examination, then report the appropriate level office or other outpatient evaluation and management visit code.”

ICD-9-CM code V70.3 Other medical examination for administrative purposes includes general medical examinations for camp, school admission, sports competition.

**Removal of Foreign Body**

Toddlers are very inquisitive and like to see what can fit into their ears, nose, and mouth. This sometimes results in a visit to the pediatrician’s office.

When an object is lodged in the nasal pathway, and a physician is able to remove it using forceps or other instrument, code 30300 Removal foreign body, intranasal; office type procedure should be reported.

When an object is lodged in the ear, and the physician is able to remove it using forceps or
Sick Visit
NEW PATIENT
SEX: M AGE: 6

Chief complaint: cough, wheezing, fever

History of Present Illness
The mother reports a 3 day history of upper respiratory symptoms. The patient has symptoms of a wet cough but the patient does not have wheezing, fever, tooth pain, ear pain, ear drainage, nasal congestion, rhinorrhea, sore throat, eye drainage, headache, nausea, vomiting, diarrhea, decreased appetite, abdominal pain. The cough is non productive. He is not fussy. He also reports post nasal drip but denies chest pain, shortness of breath or chest congestion. The patient has not tried anything for treatment of this illness.

He had an acute gastroenteritis 2–3 weeks ago. He denies fevers. The patient has normal oral intake. He has normal urine output. The initial episode started with him eating a peanut butter and jelly sandwich. After the symptoms resolved, he has thrown up 2–3 more times, always after eating a peanut butter and jelly sandwich.

1 HPI: Duration.
2 HPI: Location.
3 HPI: Quality.
4 ROS: Respiratory.
5 ROS: Constitutional.
6 ROS: ENMT.
7 ROS: Eyes.
8 ROS: Neurologic.
9 ROS: Gastrointestinal.
10 ROS: Skin.
11 HPI: Quality.
12 ROS: Constitutional.
13 HPI: Associated Signs and Symptoms.
14 ROS: Respiratory.
15 HPI: Modifying Factors.
16 HPI: Duration.
17 ROS: Constitutional.
18 ROS: Gastrointestinal.
19 ROS: Genitourinary.
20 HPI: Context.
21 HPI: Severity.
Past Medical History
The past medical history is significant for ADHD (dx 11/11) and Mood Behavior Disorder (dx 2011).

Past Surgical History
Bilateral Lacrimal Duct Probe (7/06)

Medications
Current medications include-
- Intuniv ER 2 mg 24 hr Tab (1 tablet DAILY by mouth)
- olanzapine 5 mg Tab (1 tablet DAILY by mouth)

The patient does take a multivitamin daily.

Allergies
No Known Drug Allergies

Immunizations: UTD per mother.

Family History
Family History: Paternal Grandmother and Paternal Grandfather.

PsychoSocial History
Household Members: Mother and 1 Half-Sister. Family Structure: Parents not married, but father is involved in his care. There are guns in the home but they are unloaded and locked up. There are no smokers in the home.

Physical Examination
Vitals: Bp: 84/42, Right Arm, Pulse: 72, Regular Respirations: 20
Temperature: 99.9 F, Temporal, Height: 3'10.5". Weight: 45 lbs 8 oz
Body mass index: 14.81 kg/m2
Height Percentile: 61.38
Weight Percentile: 41.95

HEENT: Head- Normocephalic Atraumatic.
Lids- Both eyelids are abnormal. The right lid has an allergic shiner. The left lid has an allergic shiner. Conjunctiva- Clear bilaterally. Sclera- Anicteric bilaterally.
Oropharynx- Moist with no lesions. Tonsils- No enlargement, erythema or exudate.
Neck: ROM- Normal Range of Motion with no rigidity.
Lungs: Auscultation—Clear to auscultation bilaterally. The Expiratory to Inspiratory ratio is equal.
Cardiovascular: Heart—Normal Rate with Regular rhythm and no murmurs.
Abdomen: Soft, benign, non-tender with no masses, hernias, organomegaly or scars.

Impression and Assessment
Upper Respiratory Infection.
Acute Gastroenteritis.

Plan
Acute Gastroenteritis Plan: The patient will be monitored for any change in condition. The patient was referred for allergy testing.
Upper Respiratory Infection Plan: Use over the counter acetaminophen for fevers or comfort. The patient was encouraged to use over the counter antihistamines. He may use over the counter ibuprofen as needed. Over the counter mucolytic agents were encouraged. He was encouraged to drink plenty of fluids.

Return to Office
The patient was instructed to return for follow up as needed. The patient was instructed to return sooner if the condition changes, worsens, or doesn’t resolve.

Exam: OS—Respiratory.
Exam: OS—Cardiovascular.
Exam: OS—Gastrointestinal.

CPT® Code: 99203
ICD-9-CM code: 465.9, 558.9

Rationale:
CPT® code:
New patient office visit requires 3 of 3 components.
History—HPI (extended), ROS (extended), PFSH (complete) = Detailed
Exam—Detailed exam of 7 organ systems and 2 body areas = Detailed
MDM—New problem (URI), Established problem not adequately controlled (Gastroenteritis). Risk Moderate (Acute illness with systemic symptoms) = Moderate MDM

ICD-9-CM code:
Diagnosis is stated as Acute Gastroenteritis and Upper Respiratory Infection. Look in the ICD-9-CM Alphabetic Index for Infection/respiratory/upper and you are directed to 465.9. Look for Gastroenteritis and you are directed to 558.9. There is a code for allergic gastroenteritis, but this has not yet been determined.