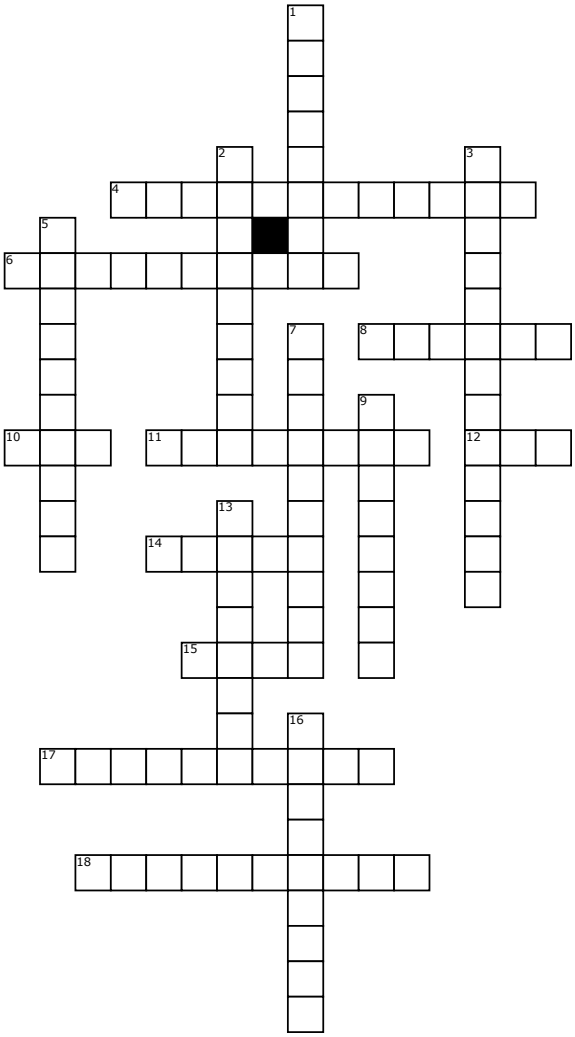
Name: _____ Date: _____

E/M Services



Across

4. When counseling and/or _____ of care dominates (more than 50%) the encounter with the patient and/or family, then time shall be considered the key or controlling factor to qualify for a particular level of E/M services.

6. _____ is a discussion with a patient and/or family concerning, not limited to the following areas: Prognosis, risks and benefits, instructions for management and follow up, compliance importance, risk factor reduction, patient and family education, diagnostic results, impressions, recommended diagnostic studies.

8. There are three to five _____of E/M services available for reporting purposes. They are not interchangeable among the different categories or subcategories of service.

10. History, examination, and medical decision making are considered the three ___ components in selecting the level of E/M services.

11. Provides the means to report or indicate that a service or procedure that has been performed has been altered by some specific circumstance but not changed in its definition or

12. No distinction is made between ___ and established patients in the emergency department.

14. To qualify for a given type of decision making, two of the _____ elements must be met or exceeded.

15. ____ is not a descriptive component for the emergency department levels of E/M services.

17. Most of the categories and many of the subcategories of service have special _____ or instructions unique to that category or

18. The comprehensive nature of the history/exam in _____ medicine services is not synonymous with the comprehensive exam in E/M codes 99201-99350.

Down

1. Four types of medical _____ making are recognized: straightforward, low complexity, moderate complexity, and high complexity.

2. _____ service of less than 30 minutes total duration on a given date is not separately reported.

3. The four levels of the physical examination in E/M services are: Problem focused, Expanded problem focused, Detailed, and _____.

5. The descriptors for the levels of E/M services recognize seven _____, six of which are used in defining the levels of E/M

7. The team _____ starts at the beginning of the review of an individual patient and ends at the conclusion of the review.

9. The four levels of history in E/M services are: Problem focused, Expanded problem focused, _____, and Comprehensive.

13. Services for a patient who is not critically ill but happens to be in a _____ care unit are reported using other appropriate E/M codes.

16. Intraservice times are defined as face-to-face time for office and other outpatient visits and as unit/floor time for hospital and other _____ visits.

Word Bank

MODIFIER	DETAILED	COUNSELING	COMPREHENSIVE
CONFERENCE	LEVELS	KEY	TIME
PROLONGED	INPATIENT	COMPONENTS	PREVENTIVE
DECISION	COORDINATION	GUIDELINES	NEW
CRITICAL	THREE		