AMERICAN ACADEMY OF OPHTHALMOLOGY®

American Academy of Ophthalmic Executives®

Fact Sheet: E/M Clinical Scenarios for Pediatric Ophthalmology

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Before Using This Resource

Formal E/M training is a prerequisite for using this resource which provides E/M coding guidance for pediatric ophthalmic cases. This resource is intended for those who already understand the basic components and medical decision making of E/M. Visit aao.org/em to learn how to conquer E/M for ophthalmology.

What about Eye visit codes?

The Academy provides you with the following resources to determine whether to use E/M or Eye Visit codes: the Savvy Coder article, "Simplifying Coding—5 Steps to Choosing the Right E/M or Eye Visit Code" (*EyeNet Magazine*, February 2024) and "Eye Visit Code Checklist" for intermediate and comprehensive exams.

Medical Decision Making and Total Physician Time

E/M documentation guidelines require a medically relevant history and exam. The level of E/M is selected based on total physician time on the date of the encounter or medical decision making (MDM). **To arrive at the final determination for the level of exam, 2 of 3 components (problems, data and risk) must have the same level of complexity (straightforward, low, moderate or high).** Otherwise, select 1 lower from highest level.

Access MDM tables on the final page or at aao.org/em.

Levels of E/M Based on Total Physician Time: New VS Established Patients

New Patients: E/M CPT Code	Total Physician Time Meets or Exceeds
99202	15
99203	30
99204	45
99205	60

*For services taking 75+ minutes, use prolonged services code 99417 for each additional 15 minutes.

Established Patients: E/M CPT Code	Total Physician Time Meets or Exceeds
99212	10
99213	20
99214	30
99215	40

* For services taking 55+ minutes, use prolonged services code 99417 for each additional 15 minutes.

6 Pediatric Ophthalmic Cases

The clinical cases that this resource covers include:

1. Accommodative esotropia
2. Amblyopia
3. Chalazion
4. Concern for reading difficulties
5. Failed vision screen
6. Intermittent exotropia

Clinical Scenario 1: Accommodative Esotropia

Clinical Scenario	Number and/ or Complexity of Problems Addressed at the Encounter	Amount and/or Complexity of Data to Be Reviewed/ Analyzed (Note that Category 2 is given for caregiver history)	Risk of Complications and/or Morbidity or Mortality of Patient Management	MDM	Final E/M Code Determination
a) New patient, DFE/CRx/SM, glasses prescribed; fully accommodative esotropia (no surgery) OR partially accommodative (surgery could be indicated at next visit). Schedule f/u to decide next steps	**Moderate:** 1 chronic illness with progression	**Limited:** Assessment requiring independent historian(s)	**Moderate:** Active management w/ glasses begun, moderate risk of morbidity from treatment	Moderate, Limited, Moderate	99204 Plus, refraction –92015, and SM 92020 when performed and clearly separate
b) Return visit (no dilation), SM, doing well and ortho in glasses, no surgery, continue glasses	**Moderate:** 2 stable chronic illnesses (hyperopia, accommodative esotropia)	**Limited:** Assessment requiring independent historian(s)	**Low:** Low risk of morbidity from add'l diagnostic testing or treatment (continue treatment)	Moderate, Limited, Low	99213
c) Yearly follow-up, DFE/CRx/SM, glasses refilled	**Low:** 1 stable chronic illness	**Limited:** Assessment requiring independent historian(s)	**Low:** Low risk of morbidity from add'l diagnostic testing or treatment	Low, Limited, Low	99213 Plus, refraction –92015

Acronyms –Comp Eye: comprehensive eye visit code, **Crx:** Cycloplegic Refraction, **DFE:** Dilated Fundus Exam, **F/U:** follow-up, **IXT:** Intermittent exotropia, **PCP:** primary care provider, **PRN:** as needed, **SF:** straightforward, **SM:** Sensorimotor exam

Important: To arrive at the final determination for the level of exam, 2 of 3 components (problems, data and risk) must have the same level of complexity (straightforward, low, moderate or high).

Clinical Scenario 2: Amblyopia

Clinical Scenario	Number and/ or Complexity of Problems Addressed at the Encounter	Amount and/or Complexity of Data to Be Reviewed/ Analyzed (Note that Category 2 is given for caregiver history)	Risk of Complications and/or Morbidity or Mortality of Patient Management	MDM	Final E/M Code Determination
a) New patient, DFE, CRx; diagnosis of refractive amblyopia, anisometropia, refractive error in one or both eyes, glasses prescribed, f/u 10 weeks	**Moderate:** 1 chronic illness w/ progression *(2) only need 1 to meet the definition*	**Limited:** Assessment requiring independent historian(s) **OR** **Moderate:** If independent historian and records from 2 providers reviewed	**Moderate:** Active management w/ glasses begun, moderate risk of morbidity from treatment	Moderate, Limited, Moderate **OR** Moderate, Moderate, Moderate	99204 Plus, refraction – 92015
b)Return refractive amblyopia, continue glasses, f/u 10 weeks	**Moderate:** 2 stable chronic illnesses (Amblyopia / hyperopia etc)	**Limited:** Assessment requiring independent historian(s)	**Low:** Low risk of morbidity from add'l diagnostic testing or treatment (continue glasses treatment)	Moderate, Limited, Low	99213
c) Return refractive amblyopia, continue glasses, start patching, f/u 10 weeks	**Moderate:**1 chronic w/ progression, or 2 stable chronic illnesses	**Limited:** Assessment requiring independent historian(s)	**Moderate:** Active management w/ patching begun, moderate risk of morbidity from treatment	Moderate, Limited, Moderate	99214
d) Return refractive amblyopia, continue glasses and continue patching, f/u 10 weeks	**Low:** 1 stable chronic **OR** **Moderate:** 2 stable chronic (if addressed independently in assessment)	**Limited:** Assessment requiring independent historian(s)	**Low:** Low risk of morbidity from add'l diagnostic testing or treatment (continue glasses and patching)	Low, Limited, Low **OR** Moderate, Limited, Low	99213
e) Complete exam for amblyopia f/u, everything is stable, DFE/CRx performed, f/u 1 year	**Low:** 1 stable chronic	**Limited:** Assessment requiring independent historian(s)	**Low:** Low risk of morbidity from add'l diagnostic testing or treatment	Low, Limited, Low	99213 Plus, refraction – 92015

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Important: To arrive at the final determination for the level of exam, 2 of 3 components (problems, data and risk) must have the same level of complexity (straightforward, low, moderate or high).

Clinical Scenario 3: Chalazion

Clinical Scenario	Number and/ or Complexity of Problems Addressed at the Encounter	Amount and/or Complexity of Data to Be Reviewed/ Analyzed (Note that Category 2 is given for caregiver history)	Risk of Complications and/or Morbidity or Mortality of Patient Management	MDM	Final E/M Code Determination
a) New, start warm compresses, lid scrubs, f/u 4 weeks	**Low:** 1 acute, uncomplicated illness or injury	**Limited:** Assessment requiring independent historian(s) **OR** **Moderate:** If independent historian and records from 2 providers reviewed	**Low:** Low risk of morbidity from add'l diagnostic testing or treatment	Low, Limited, Low **OR** Low, Moderate, Low	99203
b) New start warm compresses, lid scrubs, **prescribe** a medication (topical or oral) f/u 4 weeks --- if under 6/at risk of orbital cellulitis, treat orally or give IV --- **OR** under 6 w/ signs of orbital cellulitis	**Low:** 1 acute, uncomplicated illness or injury	**Limited:** Assessment requiring independent historian(s) **OR** **Moderate:** If independent historian and records from 2 providers reviewed	**Moderate:** Active management w/ antibiotic begun	Low, Limited, Moderate **OR** Low, Moderate, Moderate	99203 **OR** 99204
	Moderate: 1 undiagnosed new problem w/ uncertain prognosis; confirmed diagnosis chalazion with risk of orbital cellulitis		**Moderate:** Active prescription drug management w/ antibiotic begun	Moderate, Limited, Moderate **OR** Moderate, Moderate, Moderate	99204
	High: (w/ acute/ chronic illness posing threat to bodily function), with treatment in the near term		**Moderate:** Active management w/ antibiotic begun **OR** **High:** Decision for hospitalization	High, limited or moderate, moderate **OR** High, Limited or moderate, High	**99204** **OR** **99205, hospitalization**
c) Return; parents send secure picture of update of chalazion – telehealth stable or improving	**Low:** 1 acute or stable chronic illness	**Limited:** Assessment requiring an independent historian(s)	**Minimal:** Minimal risk of morbidity from add'l diagnostic testing and treatment	Low, Limited, Minimal	99213-95
I) Note in EMR to continue warm compress and send picture in 1 month	**Low:** 1 acute or stable chronic illness	**Limited:** Assessment requiring independent historian(s)	**Minimal:** Minimal risk of morbidity from add'l diagnostic testing and treatment	Low, Limited, Minimal	99213-95
II) You respond in EMR to schedule surgery	**Moderate:** Chronic illness with progression or exacerbation	**Limited:** Assessment requiring independent historian(s)	**Moderate:** Decision re: minor surgery w/ identified patient / procedure risk factors (pediatric)	Moderate, Limited, Moderate	99214-95 (Unlikely for telehealth only visit)

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Important: To arrive at the final determination for the level of exam, 2 of 3 components (problems, data and risk) must have the same level of complexity (straightforward, low, moderate or high).

Clinical Scenario 4: Concern for Reading Difficulties

Clinical Scenario	Number and/ or Complexity of Problems Addressed at the Encounter	Amount and/or Complexity of Data to Be Reviewed/ Analyzed (Note that Category 2 is given for caregiver history)	Risk of Complications and/or Morbidity or Mortality of Patient Management	MDM	Final E/M Code Determination
New patient, CRx/DFE, no ophthalmic issues, refer to back to PCP to look into dyslexia etc. f/u	**Low:** 1 acute, uncomplicated illness or injury	**Limited:** Assessment requiring independent historian(s) **OR** **Moderate:** If independent historian and records from 2 providers reviewed	**Low:** Low risk of morbidity from add'l diagnostic testing or treatment	Low, Limited, Low **OR** Low, Moderate, Low	99203 Plus, refraction – 92015

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Clinical Scenario 5: Failed Vision Screen

Clinical Scenario	Number and/ or Complexity of Problems Addressed at the Encounter	Amount and/or Complexity of Data to Be Reviewed/ Analyzed (Note that Category 2 is given for caregiver history)	Risk of Complications and/or Morbidity or Mortality of Patient Management	MDM	Final E/M Code Determination
a) DFE/Crx, moderate astigmatism*, no need for glasses, f/u 1 year	**Low:** 1 stable chronic illness	**Limited:** Assessment requiring independent historian(s)	**Minimal:** Minimal risk of morbidity from add'l diagnostic testing and treatment	Low, Limited, Minimal	99203 Plus, refraction - 92015
b) DFE/CRx, mild astigmatism*, no need for glasses, f/u prn *Some payers may recognize astigmatism as vision only diagnosis and not payable under medical insurance with an E/M code	**SF:** 1 minor problem self-limited	**Limited:** Assessment requiring independent historian(s)	**Minimal:** Minimal risk of morbidity from add'l diagnostic testing treatment	SF, Limited, Minimal	99202 Plus, refraction - 92015

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Important: To arrive at the final determination for the level of exam, 2 of 3 components (problems, data and risk) must have the same level of complexity (straightforward, low, moderate or high).

Clinical Scenario 6: Intermittent Exotropia

Clinical Scenario	Number and/ or Complexity of Problems Addressed at the Encounter	Amount and/or Complexity of Data to Be Reviewed/ Analyzed (Note that Category 2 is given for caregiver history)	Risk of Complications and/or Morbidity or Mortality of Patient Management	MDM	Final E/M Code Determination
a) DFE/CRx/SM; new patient, no surgery recommended, f/u 6 months No glasses prescribed	**Low:** 1 acute, uncomplicated illness or injury	**Limited:** Assessment requiring independent historian(s) **OR** **Moderate:** If independent historian and records from 2 providers reviewed	**Low:** Low risk of morbidity from add'l diagnostic testing or treatment	Low, Limited, Low **OR** Low, Moderate, Low	99203 Plus, refraction - 92015
b) DFE/CRx/SM; new patient, no surgery recommended, f/u 6 months Glasses prescribed	**Moderate:** 2+ stable chronic illnesses (refractive error, IXT)	**Limited:** Assessment requiring independent historian(s) **OR** **Moderate:** If independent historian and records from 2 providers reviewed	**Moderate:** Initial prescription for glasses (IXT), moderate risk of morbidity from treatment	Moderate, Limited, Moderate **OR** Moderate, Moderate, Moderate	99204 Plus, refraction –92015 and SM 92060
c) Return, SM, no dilation, surgery discussed, but not yet indicated	**Low:** 1 stable chronic **OR** **Moderate:** if refractive error as second diagnosis if assessed	**Limited:** Assessment requiring independent historian(s)	**Low:** Low risk of morbidity from add'l diagnostic testing or treatment	Low, Limited, Low **OR** Moderate, Limited, Low	99213 and SM 92060
d) Return, SM, no dilation, decision for surgery indicated and discussed, but parents decline	**Moderate:** 1+ chronic illnesses w/ exacerbation *Still Moderate even if myopia is 2nd dx	**Limited:** Assessment requiring independent historian(s)	**Moderate:** Decision re: elective major surgery w/o identified patient/ procedure risk factors	Moderate, Limited, Moderate	99214 and SM 92060
e) Return, SM, no dilation, surgery indicated, discussed and scheduled	**Moderate:** 1+ chronic illnesses w/ exacerbation	**Limited:** Assessment requiring independent historian(s) **OR** **Moderate:** if discussed and documented patient management w/ outside physician	**Moderate:** Decision re: elective major surgery w/o identified patient or procedure risk factors	Moderate, Limited, Moderate **OR** Moderate, Moderate, Moderate	99214 and SM 92060

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Important: To arrive at the final determination for the level of exam, 2 of 3 components (problems, data and risk) must have the same level of complexity (straightforward, low, moderate or high).

Social Determinants of Health (SDoH)

If the physician's ability to diagnosis or treat is "significantly limited by social determinants of health" it would be considered "moderate" risk for medical decision making.

Examples include:

- Family did not perform prescribed treatment (glasses, patching, etc) because they could not afford it and insurance did not cover
- Child in foster care
- Return care impacted by housing or transportation insecurity

Chart documentation should include the SDoH and how it impacts the diagnosis and treatment of the patient. **Meeting a moderate level of risk alone does not guarantee an overall moderate level of MDM, must also meet or exceed at this level in 1 of the other categories (problem or data).**

One should also code the appropriate ICD-10 code as a secondary diagnosis:

Description	**ICD-10-CM Codes**
Economic difficulties	Z59.5 Extreme poverty Z59.6 Low income Z59.7 Insufficient social insurance and welfare support Z91.120 Patient's intentional underdosing of medication regimen due to financial hardship

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Final Determination Table for Medical Decision Making

To arrive at the final determination for the level of exam, 2 of 3 components (problems, data and risk) must have the same level of complexity (straightforward, low, moderate or high). Otherwise, select 1 level lower from highest level.

COMPONENT	STRAIGHT-FORWARD	LOW	MODERATE	HIGH
Number and/ or Complexity of Problems Addressed at the Encounter	**Minimal** 1 self-limited or minor problem	**Low** 2 or more self-limited or minor problems; ***Or*** 1 stable chronic illness; ***Or*** 1 acute, uncomplicated illness or injury *Or* 1 stable, acute illness *Or* 1 acute, uncomplicated illness or injury requiring hospital inpatient or observation level of care	**Moderate** 1 or more chronic illnesses with exacerbation, progression, or side effects of treatment; ***Or*** 2 or more stable chronic illnesses; ***Or*** 1 undiagnosed new problem with uncertain prognosis; ***Or*** 1 acute illness with systemic symptoms; ***Or*** 1 acute complicated injury	**High** 1 or more chronic illnesses with severe exacerbation, progression or side effects of treatment; ***Or*** 1 acute or chronic illness or injury that pose a threat to life/body function
Amount and/ or Complexity of Data to be Reviewed and Analyzed	**Minimal or none**	**Limited** 1 of 2 Categories must be met Category 1: Tests and documents any combination of 2 from the following: • Review of prior external note(s) from each unique source; • Review of the results(s) of each unique test; • Ordering of each unique test; ***Or*** Category 2: Assessment requiring an independent historian(s)	**Moderate** At least 1 of 3 Categories must be met Category 1: Tests, documents, or independent historian(s). Any combination of 3 from the following: • Review of prior external note(s) from each unique source; • Review of the result(s) of each unique test; • Ordering of each unique test; • Assessment requiring an independent historian(s) ***Or*** Category 2: Independent interpretation of tests • Independent interpretation of a test performed by another physician/QHP (not separately reported); ***Or*** Category 3: Discussion of management or test interpretation • Discussion of management or test interpretation with external physician/QHP/appropriate source (not separately reported)	**Extensive** 2 of 3 Categories must be met Category 1: Tests, documents, or independent historian(s). Any combination of 3 from the following: • Review of prior external note(s) from each unique source • Review of the result(s) of each unique test • Ordering of each unique test • Assessment requiring an independent historian(s) ***Or*** Category 2: Independent interpretation of tests • Independent interpretation of a test performed by another physician/QHP (not separately reported) ***Or*** Category 3: Discussion of management or test interpretation • Discussion of management or test interpretation with external physician/QHP/appropriate source (not separately reported)
Risk of Complications and/or Morbidity or Mortality of Patient Management	**Minimal** Minimal risk of morbidity from additional diagnostic testing and treatment	**Low** Low risk of morbidity from additional diagnostic testing or treatment	**Moderate** Moderate risk of morbidity from additional testing or treatment. Examples only: • Prescription drug management • Decision regarding minor surgery with identified patient or procedure risk factors • Decision regarding elective major surgery without identified patient or procedure risk factors • Diagnosis or treatment significantly limited by social determinants of health	**High** High risk of morbidity from additional diagnostic testing or treatment. Examples only: • Drug therapy requiring intensive monitoring for toxicity • Decision regarding elective major surgery with identified patient or procedure risk factors • Decision regarding emergency major surgery • Decision regarding hospitalization or escalation of hospital care • Decision not to resuscitate or to de-escalate care because of poor prognosis • Parenteral controlled substances
Final Determination	**99202** **99212**	**99203** **99213**	**99204** **99214**	**99205** **99215**

Source: *CPT 2024 Professional Edition.* Amer Medical Association; 2023.