

CPT DEFINITIONS FOR ELEMENTS OF MEDICAL DECISION MAKING FOR OUTPATIENT OFFICE VISITS

TERMS RELATED TO PROBLEM OR ILLNESS(ES)		DEFINITIONS
Problem	A disease, condition, illness, injury, symptom, sign, finding, complaint, or other matter addressed during the encounter, with or without an established diagnosis at the time of the encounter.	
Problem addressed	A problem that is addressed or managed during the time of the encounter that is addressed or managed by the physician or qualified healthcare professional (QHP) performing services provided to the patient on the date of service. The problem must be documented in the patient medical record as being addressed or managed. Consideration of treatment does not qualify as being addressed or managed by the physician or QHP reporting the service.	
Minimal problem	A problem that may not require the presence of the physician or QHP but the service is provided under their supervision.	
Self-limited or minor problem	A problem that runs a definite and prescribed course, is transient in nature, and is not likely to permanently alter health status.	
Stable, chronic illness	A problem with an expected duration of at least a year or until the death of the patient. For defining chronicity, conditions are treated as chronic whether stage or severity changes (e.g., uncontrolled diabetes and controlled diabetes are a single chronic condition). 'Stable' for the purposes of categorizing medical decision making is defined by the specific treatment goals for an individual patient. A patient that is not at their treatment goal is not stable, even if the condition has not changed and there is no short-term threat to life or function. For example, a patient with persistently poorly controlled blood pressure for whom better control is a goal is not stable, even if the pressures are not changing and the patient is asymptomatic. The risk of morbidity without treatment is significant. Examples may include well-controlled hypertension, non-insulin dependent diabetes, cataract, or benign prostatic hyperplasia.	
Acute, uncomplicated illness or injury	A recent or new short-term problem with low risk of morbidity for which treatment is considered. There is little to no risk of mortality with treatment, and full recovery without functional impairment is expected. A problem that is normally self-limited or minor but is not resolving consistent with a definite and prescribed course is an acute uncomplicated illness. Examples may include cystitis, allergic rhinitis, or a simple sprain.	
Chronic illness with exacerbation, progression, or side effects of treatment	A chronic illness that is acutely worsening, poorly controlled or progressing with an intent to control progression and requiring additional supportive care or requiring attention to treatment for side effects, but that does not require consideration of hospital level of care.	
Undiagnosed new problem with uncertain prognosis	A problem in the differential diagnosis that represents a condition likely to result in a high risk of morbidity without treatment. An example may be a lump in the breast.	
Acute illness with systemic symptoms	An illness that causes systemic symptoms and has a high risk of morbidity without treatment. For systemic general symptoms such as fever, body aches or fatigue in a minor illness that may be treated to alleviate symptoms, shorten the course of illness or to prevent complications.	
Acute, complicated injury	An injury which requires treatment that includes evaluation of body systems that are not directly part of the injured organ, the injury is extensive, or the treatment options are multiple and/or associated with risk of morbidity.	
Chronic illness with severe exacerbation, progression, or side effects of treatment	The severe exacerbation or progression of a chronic illness or severe side effects of treatment that have significant risk of morbidity and may require hospital level of care.	
Acute or chronic illness or injury that poses a threat to life or bodily function	An acute illness with systemic symptoms, or an acute complicated injury, or a chronic illness or injury with exacerbation and/or progression or side effects of treatment, that poses a threat to life or bodily function in the near term without treatment. Examples may include acute myocardial infarction, pulmonary embolus, severe respiratory distress, progressive severe rheumatoid arthritis, psychiatric illness with potential threat to self or others, peritonitis, acute renal failure, or an abrupt change in neurologic status.	
BASIC TERMS IN RELATION TO MDM		DEFINITIONS
Test	Tests are imaging, laboratory, psychometric, or physiologic data. A clinical laboratory panel (e.g., basic metabolic panel is a single test). The differentiation between single or multiple unique tests is defined in accordance with the CPT code set.	
External	External records, communications and/or test results are from an external physician, other qualified health care professional, facility, or healthcare organization.	
External physician or other qualified healthcare professional	An external physician or other qualified health care professional is an individual who is not in the same group practice or is a different specialty or subspecialty. It includes licensed professionals that are practicing independently. It may also be a facility or organizational provider such as a hospital, nursing facility, or home health care agency.	
Independent historian(s)	An individual (e.g., parent, guardian, surrogate, spouse, witness) who provides a history in addition to a history provided by the patient who is unable to provide a complete or reliable history (e.g., due to developmental stage, dementia, or psychosis) or because a confirmatory history is judged to be necessary. In the case where there may be conflict or poor communication between multiple historians and more than one historian(s) is needed, the independent historian(s) requirement is met.	

BASIC TERMS IN RELATION TO MDM		DEFINITIONS	
Independent Interpretation	The interpretation of a test for which there is a CPT code and an interpretation or report is customary. This does not apply when the physician or other qualified health care professional is reporting the service or has previously reported the service for the patient. A form of interpretation should be documented but need not conform to the usual standards of a complete report for the test.		
Risk	The probability and/or consequences of an event. The assessment of the level of risk is affected by the nature of the event under consideration. For example, a low probability of death may be high risk, whereas a high chance of a minor, self-limited adverse effect of treatment may be low risk. Definitions of risk are based upon the usual behavior and thought processes of a physician or other qualified health care professional in the same specialty. Trained clinicians apply common language usage meanings to terms such as 'high', 'medium', 'low', or 'minimal' risk and do not require quantification for these definitions, (though quantification may be provided when evidence-based medicine has established probabilities). For the purposes of medical decision making, level of risk is based upon consequences of the problem(s) addressed at the encounter when appropriately treated. Risk also includes medical decision making related to the need to initiate or forego further testing, treatment and/or hospitalization.		
Morbidity	A state of illness or functional impairment that is expected to be of substantial duration during which function is limited, quality of life is impaired, or there is organ damage that may not be transient despite treatment.		
Social determinants of health (SDoH)	Economic and social conditions that influence the health of people and communities. Examples may include food or housing insecurity.		
Drug therapy requiring intensive monitoring for toxicity	A drug that requires intensive monitoring is a therapeutic agent that has the potential to cause serious morbidity or death. The monitoring is performed for assessment of these adverse effects and not primarily for assessment of therapeutic efficacy. The monitoring should be that which is generally accepted practice for the agent but may be patient specific in some cases. Intensive monitoring may be long-term or short term.		
Appropriate source	An appropriate source includes professionals who are not health care professionals but may be involved in the management of the patient (eg, lawyer, parole officer, case manager, teacher). It does not include discussion with family or informal caregivers. The information used as data element is utilized for the purpose of the <i>discussion of care management</i> .		
NUMBER AND COMPLEXITY OF PROBLEMS ADDRESSED			
Minimal	Low	Moderate	High
<input type="checkbox"/> 1 self-limited or minor prob	<input type="checkbox"/> 2 or more self-limited or minor prob or <input type="checkbox"/> 1 stable chronic illness or <input type="checkbox"/> 1 acute, uncomplicated illness or injury	<input type="checkbox"/> 1 or more chronic illnesses with exacerbation, progression, or side effects of treatment or <input type="checkbox"/> 2 or more stable chronic illnesses or <input type="checkbox"/> 1 undiagnosed new problem with uncertain prognosis or <input type="checkbox"/> 1 acute illness with systemic symptoms or <input type="checkbox"/> 1 acute complicated injury	<input type="checkbox"/> 1 or more chronic illnesses with severe exacerbation, progression, or side effects of treatment or <input type="checkbox"/> 1 acute or chronic illness or injury that poses a threat to life or bodily function

2021 E/M Coding, Billing and Auditing Toolkit: Audit Worksheet



AMOUNT AND/OR COMPLEXITY OF DATA TO REVIEW AND ANALYZE *(Combination of 2 or combination of 3 in Category 1)*

	Category 1	Category 2	Category 3
Minimal	Minimal or no complexity and/or data reviewed		
Limited	At least 2 from the following: <input type="checkbox"/> Review of prior external note(s) from each unique source <input type="checkbox"/> Review of the result(s) of each unique test <input type="checkbox"/> Ordering of each unique test	<input type="checkbox"/> Assessment requiring an independent historian(s)	N/A
Moderate	At least 3 from the following: <input type="checkbox"/> Review of prior external note(s) from each source <input type="checkbox"/> Review of the result(s) of each unique test <input type="checkbox"/> Ordering of each unique test	<input type="checkbox"/> Independent interpretation of a test performed by another physician/other qualified health care professional	<input type="checkbox"/> Discussion of management or test interpretation with external physician/other qualified health care professional/appropriate source
High	At least of 3 from the following: <input type="checkbox"/> Review of prior external note(s) from each source <input type="checkbox"/> Review of the result(s) of each test <input type="checkbox"/> Ordering of each test <input type="checkbox"/> Assessment requiring an independent historian(s)	<input type="checkbox"/> Independent interpretation of a test performed by another physician/other qualified health care professional	<input type="checkbox"/> Discussion of management or test interpretation with external physician/other qualified health care professional/appropriate source

RISK OF COMPLICATIONS AND/OR MORBIDITY OR MORTALITY OF PATIENT MANAGEMENT *(diagnostic testing or treatment)*

Minimal	Low	Moderate	High
Minimal risk of morbidity	Low risk of morbidity from additional diagnostic testing or treatment	Moderate risk of morbidity from additional diagnostic testing or Treatment	High risk of morbidity from additional diagnostic testing or treatment
<input type="checkbox"/> Rest <input type="checkbox"/> Gargles <input type="checkbox"/> Bandages <input type="checkbox"/> Superficial dressings	<input type="checkbox"/> OTC drugs <input type="checkbox"/> Minor surgery without risk factors <input type="checkbox"/> PT/OT <input type="checkbox"/> IV fluids without additives	<input type="checkbox"/> Prescription drug management <input type="checkbox"/> Decision regarding minor surgery with identified risk factors <input type="checkbox"/> Decision regarding elective major surgery without risk factors <input type="checkbox"/> Diagnosis or treatment significantly limited by social determinants of health (socioeconomic status, geographic location, educational status, employment status, experiences, access to health care)	<input type="checkbox"/> Drug therapy requiring intensive monitoring for toxicity <input type="checkbox"/> Decision regarding elective major surgery with identified patient or procedure risk factors <input type="checkbox"/> Decision regarding emergency major surgery <input type="checkbox"/> Decision regarding hospitalization <input type="checkbox"/> Decision not to resuscitate or to de-escalate care because of poor prognosis

REMEMBER:

- **99201 is deleted due to low utilization**
- **99211 is utilized for qualified clinical staff (ie. nurse visit)**
- **History and exam elements are no longer counted toward level of E/M service**

PLEASE REFER TO THE AMERICAN MEDICAL ASSOCIATION AND CENTERS FOR MEDICARE & MEDICAID SERVICES FOR DETAILED INFORMATION ON 2021 EVALUATION AND MANAGEMENT.

MDM RISK SCORE <i>(2 of 3 elements must be documented from the above tables to meet a level of MDM)</i>				
Number and complexity of problems addressed	Minimal	Low	Moderate	High
Amount and/or complexity of data to review and analyze	Minimal	Limited	Moderate	Extensive
Risk of complications and/or morbidity or mortality of patient management	Minimal	Low	Moderate	High
MDM	STRAIGHTFORWARD	LOW	MODERATE	HIGH
E/M LEVEL	NEW 99202 <input type="checkbox"/> ESTAB 99212 <input type="checkbox"/>	NEW 99203 <input type="checkbox"/> ESTAB 99213 <input type="checkbox"/>	NEW 99204 <input type="checkbox"/> ESTAB 99214 <input type="checkbox"/>	NEW 99205 <input type="checkbox"/> ESTAB 99215 <input type="checkbox"/>

TIME-BASED CODING ELEMENTS

*(when any of the bulleted points is performed and documented as reason for total time spent on **date of encounter** as face-to-face or non-face-to-face)*

- Reviewing patient's record prior to visit
- Obtaining/reviewing separately obtained history from someone other than patient
- Performing a medically appropriate history and examination
- Counseling/educating the patient/family/caregiver
- Ordering prescription medications, tests, or procedures
- Referring and communicating with another healthcare provider(s) when not separately reported during the visit
- Documenting clinical information in the patient's electronic health record
- Independently interpreting results
- Communicating results to the patient/family/caregiver
- Coordination of care for the patient

TIME-BASED CODING <i>(Total time spent on date of service by performing qualified healthcare provider)</i>					
NEW PATIENT			ESTABLISHED PATIENT		
E/M	MDM	Time (minutes)	E/M	MDM	Time (minutes)
99202	Straightforward	15-29 <input type="checkbox"/>	99212	Straightforward	10-19 <input type="checkbox"/>
99203	Low	30-44 <input type="checkbox"/>	99213	Low	20-29 <input type="checkbox"/>
99204	Moderate	45-59 <input type="checkbox"/>	99214	Moderate	30-39 <input type="checkbox"/>
99205	High	60-74 <input type="checkbox"/>	99215	High	40-54 <input type="checkbox"/>
PROLONGED SERVICES (commercial payers)					
NEW PATIENT			ESTABLISHED PATIENT		
E/M (code with add-on)	Add on Prolonged Svcs	Time (minutes)	E/M (code with add-on)	Add on Prolonged Svcs	Time (minutes)
99205	99417	75-89 <input type="checkbox"/>	99215	99417	55-69 <input type="checkbox"/>
99205	99417 x2	90-104 <input type="checkbox"/>	99215	99417 x2	70-84 <input type="checkbox"/>
99205	99417 x3	105 or more <input type="checkbox"/>	99215	99417 x3	85 or more <input type="checkbox"/>
<i>Do not report prolonged services for new patient if less than 75 minutes.</i>			<i>Do not report prolonged services for established patient if less than 55 minutes.</i>		
MEDICARE PROLONGED SERVICES (Medicare payers)					
99205	+G2212 each additional 15 minutes after 74 minutes		99215	+G2212 each additional 15 minutes after 54 minutes	
<i>With or without direct patient contact. Do not report G2212 for any time unit less than 15 minutes.</i>					