Evaluation & Management 2.0: 2021 E/M Guidelines for BUMG

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KZA Disclaimer

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This manual is not intended to provide legal advice to physicians and their staff. If you have specific questions regarding the permissibility of your billing or other practices, we recommend that you consult legal counsel directly for assistance in evaluating any legal, regulatory, or compliance issues regarding these matters. In the event that you choose to consult with outside legal counsel, KZA is available to work with such counsel, as appropriate, to meet your needs.

Definitions

Medical Decision Making determined by 2 of these 3 elements		
1)	**2)**	**3)**
Number and Complexity of **Problems Addressed**	Amount and/or Complexity of Data to be Reviewed **and Analyzed**	Risk of Complications and/or Morbidity or Mortality **of Patient Management**

1. Number and Complexity of **Problems Addressed**

Problem*:* A problem is a disease, condition, illness, injury, symptom, sign, finding, complaint, or other matter addressed at the encounter, with or without a diagnosis being established at the time of the encounter.

Problem addressed*:* A problem is addressed or managed when it is evaluated or treated at the encounter by the physician or other qualified health care professional reporting the service.

This includes consideration of further testing or treatment that may not be elected by virtue of risk/benefit analysis or patient/parent/guardian/surrogate choice.

WHAT DOES NOT COUNT AS A PROBLEM ADDRESSED AT THE ENCOUNTER?

- Notation in the patient's medical record that another professional is managing the problem without additional assessment or care coordination documented **does not qualify as being 'addressed' or managed** by the physician or other qualified health care professional reporting the service.

- Referral without evaluation (by history, exam, or diagnostic study[ies]) or consideration of treatment **does not qualify as being addressed or managed** by the physician or other qualified health care professional reporting the service.

2) Amount and/or Complexity of **Data** to be Reviewed and Analyzed

Each unique **test**, **order or document** contributes to the **data** to be reviewed and analyzed.

Tests are imaging, laboratory, psychometric, or physiologic data. A clinical laboratory panel (e.g., basic metabolic panel [80047]) is a single test.
The differentiation between single or multiple unique tests is defined in accordance with the CPT code set.

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Definitions

Tests (continued)

Ordering a test is included in the category of test result(s) and the review of the test result is part of the encounter and not a subsequent encounter.

Ordering tests	INCLUDES	**Review of test results ordered by you or your same specialty partner**

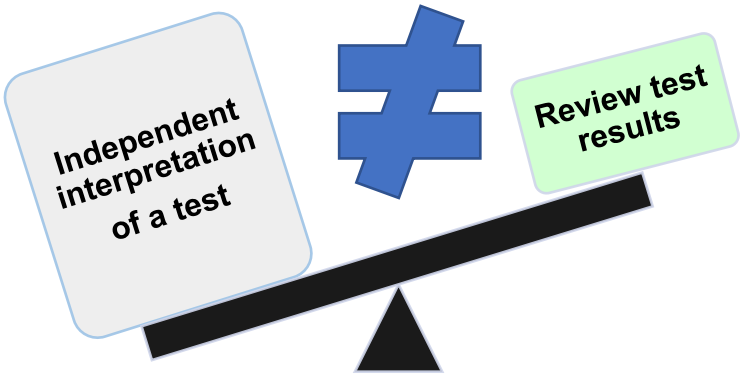
Tests*: What happens when services are separately reported?

- The actual performance and/or interpretation of diagnostic tests/studies during a patient encounter **are not included in determining the levels of E/M services when reported separately**.

- If a test/study is independently interpreted to manage the patient as part of the E/M service, but is **not separately reported,**
  it is part of medical decision-making.

- Physician performance of diagnostic tests/studies for which specific CPT codes are available may be reported separately, in addition to the appropriate E/M code.

  The physician's interpretation of the results of diagnostic tests/ studies (i.e., professional component) with preparation of a separate distinctly identifiable signed written report may also be reported separately,
  using the appropriate CPT code and, if required, with modifier 26 appended.



Definitions

Medical Decision Making determined by 2 of these 3 elements		
1)	**2)**	**3)**
Number and Complexity of **Problems Addressed**	Amount and/or Complexity of Data to be Reviewed **and Analyzed**	Risk of Complications and/or Morbidity or Mortality **of Patient Management**

3) Risk of Complications and/or **Morbidity** or Mortality of Patient Management

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.

- CPT changes will be followed by commercial payors.
- CMS stated that they agree with the planned CPT E/M changes.
- Check for specific payment policies from payors.

Nature of the Presenting Problem

Number and Complexity of Problems Addressed

PROBLEMS

Minimal problem not requiring MD or QHP	**(**99211)	
***Self-limited, minor problem**	**Minimal**	_____
Undiagnosed new problem w/uncertain prognosis	**Moderate**	_____

ILLNESS

Chronic

*Stable	w/ Exacerbation, progression, side effects of treatment	w/ Severe exacerbation, progression, side effects of treatment	Poses threat to life or bodily function
LOW	**MODERATE**		**HIGH**
_____	_____	_____	_____

Acute

Uncomplicated	w/ Systemic symptoms	Poses threat to life or bodily function
LOW	**MODERATE**	**HIGH**
_____	_____	_____

INJURY

Uncomplicated	Complicated	Poses threat to life or bodily function
LOW	**MODERATE**	**HIGH**
_____	_____	_____

- This is only 1 of the 3 MDM elements.
- Data or Risk is required to choose final level of service.
- *2 or more self-limited or minor problems moves from MINIMAL to LOW complexity.
- *2 or more stable chronic illnesses moves from LOW to MODERATE complexity.

1. Defining Problems, Illness & Injury 

Level of Medical Decision Making based on 2 of 3 Elements	MDM	1) Number and Complexity of Problems Addressed & Definitions	
	N/A	**N/A**	Minimal problem: A problem that may not require the presence of the physician or other qualified health care professional, but the service is provided under the physician's or other qualified health care professional's supervision (see 99211).
	STRAIGHT FORWARD	**Minimal** □ 1 self-limited or minor problem	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.
	LOW	**Low** □ *2 or more* self-limited or minor problems; OR □ 1 stable chronic illness; OR □ 1 acute, uncomplicated illness or injury	*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 the purpose of defining chronicity, conditions are treated as chronic whether or not 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.**

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1. Defining Problems, Illness & Injury 

Level of Medical Decision Making based on 2 of 3 Elements	MDM	1) Number and Complexity of Problems Addressed & Definitions	
	MODERATE	**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	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.** *Stable, chronic illness: A problem with an expected duration of at least a year or until the death of the patient. For the purpose of defining chronicity, conditions are treated as chronic whether or not 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. (examples see above)* 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, see the definitions for 'self-limited or minor' or 'acute, uncomplicated.' Systemic symptoms may not be general, but may be single system. Examples may include pyelonephritis, pneumonitis, or colitis. 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. An example may be a head injury with brief loss of consciousness.

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1. Defining Problems, Illness & Injury 

Level of Medical Decision Making based on 2 of 3 Elements	MDM	1) Number and Complexity of Problems Addressed & Definitions	
	HIGH	**High** □ 1 or more chronic illnesses with severe exacerbation, progression, or side effects of treatment; OR □ 1 acute or chronic illness or injury that poses a threat to life or bodily function	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.

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2. Amount & Complexity of Data

Level of Medical Decision Making based on 2 of 3 Elements	MDM	2) Amount and/or Complexity of Data to be Reviewed and Analyzed
	Straight forward	**Minimal or None**
	Low	**Limited** *(Must meet the requirements of at least **1 of the 2 categories**)* 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 result(s) of each unique test*; • Ordering of each unique test* (includes reviewing results) OR Category 2: Assessment requiring an independent historian(s)
	Moderate	**Moderate** *(Must meet the requirements of at least **1 out of 3 categories below**)* 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*; (includes reviewing results) • Assessment requiring an independent historian(s) OR Category 2: Independent interpretation of tests Independent interpretation of a test performed by another physician/other qualified health care professional (not separately reported); OR Category 3: Discussion of management or test interpretation Discussion of management or test interpretation with external physician/other qualified health care professional/ appropriate source (not separately reported)
	High	**Extensive** *(Must meet the requirements of at least **2 out of 3 categories above**)*

Each unique test, order, or document contributes to the combination of 2 or combination of 3 in Category 1 above

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3. Risk of Complications of Patient Management

Level of Medical Decision Making based on 2 of 3 Elements	MDM	3) Risk of Complications and/or Morbidity or Mortality of Patient Management
	STRAIGHT FORWARD	**Minimal** risk of morbidity from additional diagnostic testing or treatment
	LOW	**Low** risk of morbidity from additional diagnostic testing or treatment
	MODERATE	**Moderate** risk of morbidity from additional diagnostic 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:* • Decision regarding elective major surgery with identified patient or procedure risk factors • Decision regarding emergency major surgery • Decision regarding hospitalization • Decision not to resuscitate or to de-escalate care because of poor prognosis • Drug therapy requiring intensive monitoring for toxicity

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.

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Other Important Definitions

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.

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.

Appropriate source:
For the purpose of the **Discussion of Management data elemen**t, an appropriate source includes professionals who are not health care professionals, but may be involved in the management of the patient (e.g., lawyer, parole officer, case manager, teacher). It does not include discussion with family or informal caregivers.

Social determinants of health:
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. Long-term intensive monitoring is not less than quarterly. The monitoring may be by a lab test, a physiologic test or imaging. Monitoring by history or examination does not qualify. The monitoring affects the level of medical decision making in an encounter in which it is considered in the management of the patient. Examples may include monitoring for a cytopenia in the use of an antineoplastic agent between dose cycles or the short-term intensive monitoring of electrolytes and renal function in a patient who is undergoing diuresis. Examples of monitoring that does not qualify include monitoring glucose levels during insulin therapy as the primary reason is the therapeutic effect (even if hypoglycemia is a concern); or annual electrolytes and renal function for a patient on a diuretic as the frequency does not meet the threshold.

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2021 E/M Audit Tool: New & Established Outpatient Visits

Code	Level of MDM*	1) Number and Complexity of Problems Addressed	2) Amount and/or Complexity of Data to be Reviewed and Analyzed *Each unique test, order, or document contributes to the combination of 2 or combination of 3 in Category 1 below*	3) Risk of Complications and/or Morbidity or Mortality of Patient Management
99211	N/A	*probably minimal	Not Applicable	Not Applicable
99202 **99212**	**Straight forward**	**Minimal** ☐ 1 self-limited or minor problem	**Minimal or none**	**Minimal risk** of morbidity from additional diagnostic testing or treatment
99203 **99213**	**Low**	**Low** ☐ **2 or more self-limited or minor problems**; OR ☐ 1 stable chronic illness; OR ☐ 1 acute, uncomplicated illness or injury	**Limited** *(Must meet the requirements of at least **1 of the 2 categories**)* ☐ **Category 1**: Any combination of 2 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* OR ☐ **Category 2**: Assessment requiring an independent historian(s) *(For the categories of independent interpretation of tests and discussion of management or test interpretation, see Moderate or High)*	**Low** risk of morbidity from additional diagnostic testing or treatment
99204 **99214**	**Moderate**	**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	**Moderate** *(Must meet the requirements of at least **1 out of 3 categories**)* ☐ **Category 1**: 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 independent historian(s) OR ☐ **Category 2:** Independent interpretation of a test performed by another physician/other qualified health care professional (not separately reported); OR ☐ **Category 3:** Discussion of management or test interpretation with external physician/other qualified health care professional/ appropriate source (not separately reported)	**Moderate risk** of morbidity from additional diagnostic 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
99205 **99215**	**High**	**High** ☐ 1 or more chronic illnesses with severe exacerbation, progression, or side effects of treatment; OR ☐ 1 acute or chronic illness or injury that poses a threat to life or bodily function	**Extensive** *(Must meet the requirements of at least **2 out of 3 categories**)* *(immediately above)*	**High risk** of morbidity from additional diagnostic testing or treatment** *Examples only:* • Decision regarding elective major surgery with identified patient or procedure risk factors • Decision regarding emergency major surgery • Decision regarding hospitalization • DNR Decision or de-escalate of care due to poor prognosis • Drug therapy requiring intensive monitoring for toxicity

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Time

Choose E/M code 99202-99215 based on MDM **OR TIME**!

CPT Code	2021 Code Total Time (Minutes)	CPT Code	2021 Code Total Time (Minutes)
NEW PATIENT VISITS		**ESTABLISHED PATIENT VISITS**	
99201	**Code deleted**	99211	**N/A**
99202	15 - 29	99212	10 - 19
99203	30 - 44	99213	20 - 29
99204	45 - 59	99214	30 - 39
99205	60 - 74	99215	40 - 54

Total time for coding purposes, is the total time on the date of the encounter.

It includes both

- face-to-face and
- non-face-to-face time
  personally spent by the physician and/or other QHP on the date of the encounter.

This includes time in activities that **require the physician or QHP** and **does not** include time in activities normally performed by clinical staff.

Total physician/other qualified health care professional time on the day of the encounter includes the following activities, when performed:

- preparing to see the patient (e.g., review of tests)
- obtaining and/or reviewing separately obtained history
- performing a medically appropriate examination and/or evaluation
- counseling and educating the patient/family/caregiver
- ordering medications, tests, or procedures
- referring and communicating with other health care professionals (when not separately reported)
- documenting clinical information in the electronic or other health record
- independently interpreting results (not separately reported) and communicating results to the patient/family/caregiver
- care coordination (not separately reported)

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Time

Time can be split or shared between the physician and QHP and summed for the total time.

Split/shared services are defined for the first time by CPT in the new guidelines as "a visit in which a physician and other qualified healthcare professional jointly provide the face-to-face and non-face-to-face work related to the visit".

Time split or shared between a physician and QHP must be "unique" time. Overlapping time where both providers are with the patient or reviewing records together can only be counted once.

When a service is separately reported it **cannot** be counted toward time. This would include a separately reported joint injection or the professional component of reviewing an x-ray image or other tests. These activities cannot be included in the time calculation when they are reported separately because it would be considered double dipping.

Do these activities **require** a physician or QHP?

1. Precertification — YES / **NO**
2. Peer to Peer — **YES** / NO
3. Rooming patients — YES / **NO**
4. Calling to schedule an MRI — YES / **NO**
5. Posting a case for surgery — YES / **NO**
6. Discussing management w patient — **YES** / NO

QUESTIONS NOT YET ANSWERED ABOUT TIME

- **Is it enough to document the total time or do other things need to be included?**
- **Will CMS accept this definition of Split/Shared?**
- **Are there any restrictions about the time division to still bill under the physician's provider number?**

Time

The descriptor reads:

+99417 **Prolonged office or other outpatient evaluation and management** service(s) (beyond the total time of the primary procedure which has been selected using total time), requiring total time **with or without direct patient contact** beyond the usual service, on the date of the primary service;
each 15 minutes
(List separately in addition to codes 99205, 99215 for office or other outpatient evaluation and management Services)

There are notations that these new prolonged service codes should not be used with code:

99354 and 99355 (these are prolonged service requiring direct patient contact)
99358 and 99359 (these are prolonged service without direct patient contact)
99415 and 99416 (these are prolonged clinical staff services with physician or other qualified health care professional supervision)

- The new code is appended to the **highest level** new (99205) or established (99215) outpatient visit codes only.
- Prolonged service of less than 15 minutes should not be reported.
- +99417 is an add on code and may be used more than once either by listing the code twice or reporting multiple units.
- CMS **will not** use +99217. The CMS prolonged service code G2212 should be used. (see next page)

Documentation Improvement

Use of Prolonged Service Codes

Total Duration of New Patient Office or Other Outpatient Services (use with 99205)	**Code(s)**
Less than 75 minutes	Not reported separately
75-89 minutes	99205 X 1 and 99417 X 1
90-104 minutes	99205 X 1 and 99417 X 2
105 or more	99205 X 1 and 99417 X 3 or more for each additional 15 minutes.
Total Duration of Established Patient Office or Other Outpatient Services (use with 99215)	**Code(s)**
Less than 55 minutes	Not reported separately
55-69 minutes	99215 X 1 and 99417 X 1
70-84 minutes	99215 X 1 and 99417 X 2
85 or more	99215 X 1 and 99417 X 3 or more for each additional 15 minutes.

Source: https://www.ama-assn.org/system/files/2019-06/cpt-office-prolonged-svs-code-changes.pdf

CPT is counting from the beginning of the time range.

Prolonged services begin at

75 minutes for a new patient and

55 minutes for an established patient visit

CMS is counting from the end or highest end of the range.
Prolonged services begin at

89 minutes for a new patient and

69 minutes for an established patient visit.

CMS has created their own prolonged service code G2212 to be used instead of 99417.

G2212- Prolonged office or other outpatient evaluation and management service(s) beyond the maximum required time of the primary procedure which has been selected using total time on the date of the primary service; each additional 15 minutes by the physician or qualified healthcare professional, with or without direct patient contact (List separately in addition to CPT codes 99205, 99215 for office or other outpatient evaluation and management services)

Documentation Improvement

1.PROBLEM(S) ADDRESSED Z-FLASH 2021 MDM Documentation Identify All Being Evaluated/Addressed		
Problem	Minimal (may not require MD)	
	Self-limited/**minor** (identify all being evaluated)	
	Undiagnosed new problem with uncertain prognosis	
Illness	Acute	Uncomplicated
		With systemic symptoms
	Chronic	Stable (identify all being evaluated) (Patient at treatment goal)
		With exacerbation, progression or side effects of treatment
		With severe exacerbation, progression or side effects of treatment (may require hospital level care)
	Acute or Chronic poses threat to life/bodily function (near term without tx)	
Injury	Acute	Uncomplicated
		Complicated
	Acute or Chronic poses threat to life/bodily function (near term without tx)	

2. DATA ANALYZED Z-FLASH 2021 MDM Documentation	
Independent interpretation	Images , Tests or Tracing (not reported separately)
Reviewed +/or Ordered	Tests (unique by name. Order includes reviewing test results)
Reviewed	Notes (external by source)
Independent historian Required	Why (unable or unreliable because….)
	Who (is giving the info Mom, Dad, Sibling, Social worker…)
	What information
Discussion of management or test With external MD/QHP (not separately reported)	Why
	Who
	What information

3. RISK Z-FLASH 2021 MDM Documentation		
Decision for	Procedure/ Surgery	PROCEDURE risk(s) itemized PATIENT risk factors And (co-morbidities) linked to MDM
Decision	Regarding Hospitalization	
	To de-escalate care or DNR due to poor prognosis	
Diagnosis or treatment	Significantly limited by social determinants of health	
	Impacted by co-morbidities (and linked to MDM)	
	*Testing / Treatment discussed with patient/family NOT elected	
RX Drug Management-dose, how taken, risks, side effects/what to do if experienced, linked to MDM		
Drug therapy requiring intensive monitoring for toxicity		

***from definitions of problems addressed**

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2021 E/M To Do List