

Medical Decision Making (MDM) Based Billing For Evaluation and Management (E/M) Outpatient Services 2021

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E/M Coding

- **Former Rules** (prior to 2021)
 - History
 - Physical
 - MDM
- **NEW Rules** (starting 2021)
 - MDM Based
 - Time Based* (to be discussed in another section)



New coding changes are for office or other outpatient E/M services.

Inpatient E/M coding rules do not change.



New Vs. Established Patients

- **New patient** (99202-99205): patient who has **not received** any professional services from the physician/qualified health care professional or another physician/qualified health care professional of the exact same specialty and subspecialty who belongs to the same group practice, within the past **three** years.
- **Established patient** (99212-99215): patient who **has received** any professional services from the physician/qualified health care professional or another physician/qualified health care professional of the exact same specialty and subspecialty who belongs to the same group practice, within the past **three** years.



MDM is Divided into 4 Levels:

1. Straightforward: 99202/99212
2. Low: 99203/99213
3. Moderate: 99204/99214
4. High: 99205/99215



Levels of MDM are Determined by 3 Elements

1. Number and Complexity of Problems Addressed. (Problems may be established/new diagnoses or symptoms)
 2. Amount and/or Complexity of Data to be Reviewed and Analyzed.
 3. Risk of Complications and/or Morbidity or Mortality of Patient Management.
- ❖ Criteria of 2 of 3 elements must be met to determine each level of MDM.



Elements of MDM: Number and Complexity of Problems Addressed

➤ **Straightforward:**

- 1 self-limited or minor problem (e.g. antibiotic induced nausea)

➤ **Low:**

- 2 or more self-limited or minor problems (constipation with a thrombosed hemorrhoid); **OR**
- 1 stable chronic illness (e.g. IBS with no change in symptoms); **OR**
- 1 acute, uncomplicated illness or injury (e.g. viral gastroenteritis)



Elements of MDM: Number and Complexity of Problems Addressed (continued)

➤ Moderate:

- 1 or more chronic illnesses with exacerbation, progression, or side effects of treatment (e.g. cirrhosis with new onset ascites); **or**
- 2 or more stable chronic illnesses (e.g. GERD, IBS without change in symptoms); **or**
- 1 undiagnosed new problem with uncertain prognosis (e.g. new iron deficiency anemia); **or**
- 1 acute illness with systemic symptoms (C. difficile colitis with fever); **or**
- 1 acute complicated injury (e.g. diverticulitis with micro-perforation)



Elements of MDM: Number and Complexity of Problems Addressed (continued)

➤ High:

- 1 or more chronic illnesses with severe exacerbation, progression, or side effects of treatment (e.g. Crohn's disease with bowel obstruction);
- or
- 1 acute or chronic illness or injury that poses a threat to life or bodily function (e.g. esophageal variceal hemorrhage)



Elements of MDM: Amount and/or Complexity of Data to be Reviewed and Analyzed

➤ Straightforward: Minimal or none



Elements of MDM: Amount and/or Complexity of Data to be Reviewed and Analyzed (continued)

➤ **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 (e.g. ER visit notes);
 - Review of the result(s) of each unique test (e.g. CBC, CT, EKG)*;
 - Ordering of each unique test (e.g. CBC, BMP, INR)*

*(each unique test counts as 1. For example, ordering /reviewing CBC + BMP count as 2 tests and fulfill requirements for category 1)

- **Category 2: Assessment requiring an independent historian(s)**



Elements of MDM: Amount and/or Complexity of Data to be Reviewed and Analyzed (continued)

➤ Moderate: Moderate

(Must meet the requirements of at least 1 out of 3 categories)

- **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)
- **Category 2: Independent interpretation of tests**
 - Independent interpretation of a test performed by another physician/other qualified health care professional (not separately reported)
- **Category 3: Discussion of management or test interpretation**
 - Discussion of management or test interpretation with external physician/other qualified health care professional/appropriate source



Elements of MDM: Amount and/or Complexity of Data to be Reviewed and Analyzed (continued)

➤ High: Extensive

(Must meet the requirements of at least 2 out of 3 categories)

- **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)
- **Category 2: Independent interpretation of tests**
 - Independent interpretation of a test performed by another physician/other qualified health care professional (not separately reported).
- **Category 3: Discussion of management or test interpretation**
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Elements of MDM: Risk of Complications and/or Morbidity or Mortality of Patient Management

- Straightforward
- Low
- Moderate
- High

- Minimal risk of morbidity from additional diagnostic testing or treatment. (e.g. oral rehydration for diarrhea or ordering a CBC)
- Low risk of morbidity from additional diagnostic testing or treatment. (e.g. prescribing an antibiotic for acute diverticulitis or ordering a CT with iv contrast)
- Moderate risk of morbidity from additional diagnostic testing or treatment. (e.g. starting a biologic agent or performing a colonoscopy on a patient with COPD)
- High risk of morbidity from additional diagnostic testing or treatment. (e.g. Deciding to admit a patient to the hospital for a patient with acute pancreatitis. Discussing hospice with a patient for widely metastatic esophageal cancer with progressive weight loss/malnutrition)



Elements of MDM: Risk of Complications and/or Morbidity or Mortality of Patient Management

➤ **Straightforward**



➤ Low

➤ Moderate

➤ High

- **Minimal risk of morbidity from additional diagnostic testing or treatment. (e.g. oral rehydration for diarrhea or ordering a CBC)**
- Low risk of morbidity from additional diagnostic testing or treatment. (e.g. prescribing an antibiotic for acute diverticulitis or ordering a CT with iv contrast)
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Elements of MDM: Risk of Complications and/or Morbidity or Mortality of Patient Management

➤ Straightforward

➤ Low

➤ Moderate

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- Minimal risk of morbidity from additional diagnostic testing or treatment. (e.g. oral rehydration for diarrhea or ordering a CBC)
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- **High risk of morbidity from additional diagnostic testing or treatment. (e.g. Deciding to admit a patient to the hospital for a patient with acute pancreatitis. Discussing hospice with a patient for widely metastatic esophageal cancer with progressive weight loss/malnutrition)**

Code	Level of MDM (Based on 2 out of 3 Elements of MDM)	Elements of Medical Decision Making		
		Number and Complexity of Problems Addressed	Amount and/or Complexity of Data to be Reviewed and Analyzed <i>*Each unique test, order, or document contributes to the combination of 2 or combination of 3 in Category 1 below.</i>	Risk of Complications and/or Morbidity or Mortality of Patient Management
99211	N/A	N/A	N/A	N/A
99202 99212	Straightforward	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 <i>(Must meet the requirements of at least 1 of the 2 categories)</i> 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* or Category 2: Assessment requiring an independent historian(s) <i>(For the categories of independent interpretation of tests and discussion of management or test interpretation, see moderate or high)</i>	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 <i>(Must meet the requirements of at least 1 out of 3 categories)</i> 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/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)	Moderate risk of morbidity from additional diagnostic testing or treatment <i>Examples only:</i> • 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 <i>(Must meet the requirements of at least 2 out of 3 categories)</i> 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/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 risk of morbidity from additional diagnostic testing or treatment <i>Examples only:</i> • 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 • Decision not to resuscitate or to de-escalate care because of poor prognosis

E/M Coding Examples



A 72-year-old male with no significant medical problems is seeing you for constipation that developed 1 week ago while on vacation. He denies any abdominal pain, nausea or vomiting. He has not had any hematochezia. He admits to eating fast foods low in fiber. You recommend a high-fiber diet and milk of magnesia as needed.



72-year-old male with no significant medical problems is seeing you for constipation that developed 1 week ago while on vacation. He denies any abdominal pain, nausea or vomiting. He has not had any hematochezia. He admits to eating fast foods low in fiber. You recommend a high-fiber diet and milk of magnesia as needed.



99202 99212	Straightforward	Minimal • 1 self-limited or minor problem	Minimal or none	Minimal risk of morbidity from additional diagnostic testing or treatment
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Straightforward

99202/99212



65-year-old female with PBC is seeing you for her 6-month follow-up visit. She reports no fever, jaundice, abdominal pain or pruritus. Her physical exam is unremarkable. Liver enzymes done 3 weeks ago are unchanged. In addition to renewing her prescription for ursodiol, we will order an ultrasound of the liver and alpha-fetoprotein.



65-year-old female with PBC is seeing you for her 6-month follow-up visit. She reports no fever, jaundice, abdominal pain or pruritus. Her physical exam is unremarkable. Liver enzymes done 3 weeks ago are unchanged. In addition to renewing her prescription for ursodiol, we will order an ultrasound of the liver and alpha-fetoprotein.



<p>99203 99213</p>	<p>Low</p>	<p>Low</p> <ul style="list-style-type: none"> • 2 or more self-limited or minor problems; or • 1 stable chronic illness; or • 1 acute, uncomplicated illness or injury 	<p>Limited <i>(Must meet the requirements of at least 1 of the 2 categories)</i></p> <p>Category 1: Tests and documents</p> <ul style="list-style-type: none"> • Any combination of 2 from the following: <ul style="list-style-type: none"> • Review of prior external note(s) from each unique source*; • review of the result(s) of each unique test*; • ordering of each unique test* <p>or</p> <p>Category 2: Assessment requiring an independent historian(s) <i>(For the categories of independent interpretation of tests and discussion of management or test interpretation, see moderate or high)</i></p>	<p>Low risk of morbidity from additional diagnostic testing or treatment</p>
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Low
99203/99213



78-year-old male with dementia is seeing you with complaints of diarrhea and minor rectal bleeding for the past 3 days. The majority of the history is provided by his wife who is present. The patient's symptoms started after the patient increased his dose of MiraLAX and has improved but not resolved since stopping the MiraLAX. His colonoscopy done 2 weeks ago was normal except for internal and external hemorrhoids. On exam he does have an external hemorrhoid with mild fresh heme. You advise on local hemorrhoid treatment and stopping the MiraLAX and starting bulk fiber therapy.



78-year-old male with dementia is seeing you with complaints of diarrhea and minor rectal bleeding for the past 3 days. The majority of the history is provided by his wife who is present. The patient's symptoms started after the patient increased his dose of MiraLAX and has improved but not resolved since stopping the MiraLAX. His colonoscopy done 2 weeks ago was normal except for internal and external hemorrhoids. On exam he does have an external hemorrhoid with mild fresh heme. You advise on local hemorrhoid treatment and stopping the MiraLAX and starting bulk fiber therapy.



<p>99203 99213</p>	<p>Low</p>	<p>Low</p> <ul style="list-style-type: none"> • 2 or more self-limited or minor problems; or • 1 stable chronic illness; or • 1 acute, uncomplicated illness or injury 	<p>Limited <i>(Must meet the requirements of at least 1 of the 2 categories)</i></p> <p>Category 1: Tests and documents</p> <ul style="list-style-type: none"> • Any combination of 2 from the following: <ul style="list-style-type: none"> • Review of prior external note(s) from each unique source*; • review of the result(s) of each unique test*; • ordering of each unique test* <p>or</p> <p>Category 2: Assessment requiring an independent historian(s) <i>(For the categories of independent interpretation of tests and discussion of management or test interpretation, see moderate or high)</i></p>	<p>Low risk of morbidity from additional diagnostic testing or treatment</p>
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Low
99203/99213



67-year-old female with ulcerative colitis who is seeing you with complaints of increased frequency of bowel movements. Stools are watery and mixed with blood. She also has arthralgias and abdominal pain. Symptoms have been present for the last 6 weeks. She is currently on mesalamine and azathioprine. You order a CBC, complete metabolic profile, CRP and stool studies.



67-year-old female with ulcerative colitis who is seeing you with complaints of increased frequency of bowel movements. Stools are watery and mixed with blood. She also has arthralgias and abdominal pain. Symptoms have been present for the last 6 weeks. She is currently on mesalamine and azathioprine. You order a CBC, complete metabolic profile, CRP and stool studies.



<p>99204 99214</p>	<p>Moderate</p>	<p>Moderate</p> <ul style="list-style-type: none"> • 1 or more chronic illnesses with exacerbation, progression, or side effects of treatment; <p>or</p> <ul style="list-style-type: none"> • 2 or more stable chronic illnesses; <p>or</p> <ul style="list-style-type: none"> • 1 undiagnosed new problem with uncertain prognosis; <p>or</p> <ul style="list-style-type: none"> • 1 acute illness with systemic symptoms; <p>or</p> <ul style="list-style-type: none"> • 1 acute complicated injury 	<p>Moderate <i>(Must meet the requirements of at least 1 out of 3 categories)</i></p> <p>Category 1: Tests, documents, or independent historian(s)</p> <ul style="list-style-type: none"> • Any combination of 3 from the following: <ul style="list-style-type: none"> • Review of prior external note(s) from each unique source*; • Review of the result(s) of each unique test*; • Ordering of each unique test*; X 4 • Assessment requiring an independent historian(s) <p>or</p> <p>Category 2: Independent interpretation of tests</p> <ul style="list-style-type: none"> • Independent interpretation of a test performed by another physician/other qualified health care professional (not separately reported); <p>or</p> <p>Category 3: Discussion of management or test interpretation</p> <ul style="list-style-type: none"> • Discussion of management or test interpretation with external physician/other qualified health care professional\appropriate source (not separately reported) 	<p>Moderate risk of morbidity from additional diagnostic testing or treatment</p> <p><i>Examples only:</i></p> <ul style="list-style-type: none"> • 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
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Moderate
99204/99214



67-year-old female with ulcerative colitis who is seeing you with complaints of increased frequency of bowel movements. Stools are watery and mixed with blood. She also has arthralgias and abdominal pain. Symptoms have been present for the last 6 weeks. She is currently on mesalamine and azathioprine. You order a CBC, complete metabolic profile, CRP and stool studies. The patient was in the ER 2 days ago. The CT scan and ER visit records were reviewed. CT scan does show toxic megacolon. The patient is currently febrile, hypotensive and has rebound tenderness on exam. You called the patient's primary care physician and discuss admission to the hospital with emergent surgical evaluation for colectomy.



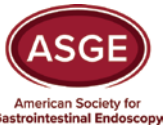
67-year-old female with ulcerative colitis who is seeing you with complaints of increased frequency of bowel movements. Stools are watery and mixed with blood. She also has arthralgias and abdominal pain. Symptoms have been present for the last 6 weeks. She is currently on mesalamine and azathioprine. The patient was in the ER 2 days ago. The CT scan and ER visit records were reviewed. CT scan does show toxic megacolon. The patient is currently febrile, hypotensive and has rebound tenderness on exam. You called the patient's primary care physician and discuss admission to the hospital with emergent surgical evaluation for colectomy.



<p>99205 99215</p>	<p>High</p>	<p>High</p> <ul style="list-style-type: none"> 1 or more chronic illnesses with severe exacerbation, progression, or side effects of treatment; <p>or</p> <ul style="list-style-type: none"> 1 acute or chronic illness or injury that poses a threat to life or bodily function 	<p>Extensive (Must meet the requirements of at least 2 out of 3 categories)</p> <p>Category 1: Tests, documents, or independent historian(s)</p> <ul style="list-style-type: none"> Any combination of 3 from the following: <ul style="list-style-type: none"> 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) <p>or</p> <p>Category 2: Independent interpretation of tests</p> <ul style="list-style-type: none"> Independent interpretation of a test performed by another physician/other qualified health care professional (not separately reported); <p>or</p> <p>Category 3: Discussion of management or test interpretation</p> <ul style="list-style-type: none"> Discussion of management or test interpretation with external physician/other qualified health care professional/appropriate source (not separately reported) 	<p>High risk of morbidity from additional diagnostic testing or treatment</p> <p><i>Examples only:</i></p> <ul style="list-style-type: none"> 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 Decision not to resuscitate or to de-escalate care because of poor prognosis
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High
99205/99215



55-year-old male with GERD/Barrett's esophagus who also has hemochromatosis is seeing you in follow-up. He currently has no reflux symptoms on omeprazole 20 mg daily. His last CBC and complete metabolic profile 1 month ago were normal. Physical exam is otherwise unremarkable. You order an iron panel and schedule the patient for a surveillance EGD.



55-year-old male with GERD/Barrett's esophagus who also has hemochromatosis is seeing you in follow-up. He currently has no reflux symptoms on omeprazole 20 mg daily. His last CBC and complete metabolic profile 1 month ago were normal. Physical exam is otherwise unremarkable. You order an iron panel and schedule the patient for a surveillance EGD.



<p>99204 99214</p>	<p>Moderate</p>	<p>Moderate</p> <ul style="list-style-type: none"> • 1 or more chronic illnesses with exacerbation, progression, or side effects of treatment; <p>or</p> <ul style="list-style-type: none"> • 2 or more stable chronic illnesses; <p>or</p> <ul style="list-style-type: none"> • 1 undiagnosed new problem with uncertain prognosis; <p>or</p> <ul style="list-style-type: none"> • 1 acute illness with systemic symptoms; <p>or</p> <ul style="list-style-type: none"> • 1 acute complicated injury 	<p>Moderate <i>(Must meet the requirements of at least 1 out of 3 categories)</i></p> <p>Category 1: Tests, documents, or independent historian(s)</p> <ul style="list-style-type: none"> • Any combination of 3 from the following: <ul style="list-style-type: none"> • 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) <p>or</p> <p>Category 2: Independent interpretation of tests</p> <ul style="list-style-type: none"> • Independent interpretation of a test performed by another physician/other qualified health care professional (not separately reported); <p>or</p> <p>Category 3: Discussion of management or test interpretation</p> <ul style="list-style-type: none"> • Discussion of management or test interpretation with external physician/other qualified health care professional\appropriate source (not separately reported) 	<p>Moderate risk of morbidity from additional diagnostic testing or treatment</p> <p><i>Examples only:</i></p> <ul style="list-style-type: none"> • 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
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Moderate
99204/99214



79-year-old female is referred to you for evaluation of new onset iron deficiency anemia. On CBC, the patient's hemoglobin is 8.9. She has never had a colonoscopy. Past medical history includes coronary artery disease, aortic stenosis and severe COPD on 4 L nasal cannula and osteoporosis. She is scheduled for colonoscopy to evaluate her iron deficiency anemia. The risks and benefits of the colonoscopy are discussed with the patient.



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Moderate
99204/99214



85-year-old male who has a history of coronary artery disease status post stent placement 4 weeks ago on clopidogrel is seeing you for an episode of melena that occurred 3 days ago. During his visit he vomits 300 cc of blood and has a syncopal episode. On exam heart rate is 130, blood pressure 85/57. Paramedics are called and you notify the local hospital emergency room as the patient will need evaluation and likely admission to the hospital with resuscitation and emergent EGD.



85-year-old male who has a history of coronary artery disease status post stent placement 4 weeks ago on clopidogrel is seeing you for an episode of melena that occurred 3 days ago. During his visit he vomits 300 cc of blood and has a syncopal episode. On exam heart rate is 130, blood pressure 85/57. Paramedics are called and you notify the local hospital emergency room as the patient will need evaluation and likely admission to the hospital with resuscitation and emergent EGD.



<p>99205 99215</p>	<p>High</p>	<p>High</p> <ul style="list-style-type: none"> 1 or more chronic illnesses with severe exacerbation, progression, or side effects of treatment; <p>or</p> <ul style="list-style-type: none"> 1 acute or chronic illness or injury that poses a threat to life or bodily function 	<p>Extensive <i>(Must meet the requirements of at least 2 out of 3 categories)</i></p> <p>Category 1: Tests, documents, or independent historian(s)</p> <ul style="list-style-type: none"> Any combination of 3 from the following: <ul style="list-style-type: none"> 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) <p>or</p> <p>Category 2: Independent interpretation of tests</p> <ul style="list-style-type: none"> Independent interpretation of a test performed by another physician/other qualified health care professional (not separately reported); <p>or</p> <p>Category 3: Discussion of management or test interpretation</p> <ul style="list-style-type: none"> Discussion of management or test interpretation with external physician/other qualified health care professional/appropriate source (not separately reported) 	<p>High risk of morbidity from additional diagnostic testing or treatment</p> <p><i>Examples only:</i></p> <ul style="list-style-type: none"> 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 Decision not to resuscitate or to de-escalate care because of poor prognosis
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High
99205/99215



89-year-old female with metastatic colon cancer to the liver is seeing you because of progressive weight loss, jaundice and ascites. On exam the patient is deeply jaundiced and cachectic. Abdominal exam reveals a distended abdomen with moderate to large volume ascites. Review of the patient's most recent CT scan reveals new lung lesions consistent with metastatic disease and ascites. After discussion with the patient, decision was made for home hospice. You notified the patient's PCP and oncologist of the decision for hospice.



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<p>99205 99215</p>	<p>High</p>	<p>High</p> <ul style="list-style-type: none"> 1 or more chronic illnesses with severe exacerbation, progression, or side effects of treatment; <p>or</p> <ul style="list-style-type: none"> 1 acute or chronic illness or injury that poses a threat to life or bodily function 	<p>Extensive <i>(Must meet the requirements of at least 2 out of 3 categories)</i></p> <p>Category 1: Tests, documents, or independent historian(s)</p> <ul style="list-style-type: none"> Any combination of 3 from the following: <ul style="list-style-type: none"> 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) <p>or</p> <p>Category 2: Independent interpretation of tests</p> <ul style="list-style-type: none"> Independent interpretation of a test performed by another physician/other qualified health care professional (not separately reported); <p>or</p> <p>Category 3: Discussion of management or test interpretation</p> <ul style="list-style-type: none"> Discussion of management or test interpretation with external physician/other qualified health care professional/appropriate source (not separately reported) 	<p>High risk of morbidity from additional diagnostic testing or treatment</p> <p><i>Examples only:</i></p> <ul style="list-style-type: none"> 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 Decision not to resuscitate or to de-escalate care because of poor prognosis
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Definitions:

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.

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.

Test: Tests are imaging, laboratory, psychometric, or physiologic data. A clinical laboratory panel (eg, basic metabolic panel) is a single test.

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.

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 (eg, 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.

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.

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.

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.

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.

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.

Independent historian(s): An individual (eg, 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 (eg, 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.



AMA E/M Resources

- CPT® Evaluation and Management (E/M) Office or Other Outpatient (99202-99215) and Prolonged Services (99354, 99355, 99356, 99XXX) Code and Guideline Changes
 - <https://www.ama-assn.org/system/files/2019-06/cpt-office-prolonged-svs-code-changes.pdf>
- Implementing CPT® Evaluation and Management (E/M) revisions / American Medical Association
 - <https://www.ama-assn.org/practice-management/cpt/implementing-cpt-evaluation-and-management-em-revisions>
- CPT® Evaluation and Management
 - <https://www.ama-assn.org/practice-management/cpt/cpt-evaluation-and-management>

