

Code	Level of MDM (Based on 2 out of 3 Elements of MDM)	Elements of Medical Decision Making		
		Number and Complexity of Problems Addressed at the Encounter	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 <ul style="list-style-type: none"> <li>1 or more chronic illnesses with severe exacerbation, progression, or side effects of treatment;</li> </ul> or <ul style="list-style-type: none"> <li>1 acute or chronic illness or injury that poses a threat to life or bodily function</li> </ul>	Extensive (Must meet the requirements of at least 2 out of 3 categories)  <b>Category 1: Tests, documents, or independent historian(s)</b> <ul style="list-style-type: none"> <li>Any combination of 3 from the following: <ul style="list-style-type: none"> <li>Review of prior external note(s) from each unique source*;</li> <li>Review of the result(s) of each unique test*;</li> <li>Ordering of each unique test*;</li> <li>Assessment requiring an independent historian(s)</li> </ul> </li> </ul> or <b>Category 2: Independent interpretation of tests</b> <ul style="list-style-type: none"> <li>Independent interpretation of a test performed by another physician/other qualified health care professional (not separately reported);</li> </ul> or <b>Category 3: Discussion of management or test interpretation</b> <ul style="list-style-type: none"> <li>Discussion of management or test interpretation with external physician/other qualified health care professional/appropriate source (not separately reported)</li> </ul>	High risk of morbidity from additional diagnostic testing or treatment  <i>Examples only:</i> <ul style="list-style-type: none"> <li>Drug therapy requiring intensive monitoring for toxicity</li> <li>Decision regarding elective major surgery with identified patient or procedure risk factors</li> <li>Decision regarding emergency major surgery</li> <li>Decision regarding hospitalization</li> <li>Decision not to resuscitate or to de-escalate care because of poor prognosis</li> </ul>
----------------	------	--	---	---



## Medical Decision Making Table

To qualify for a particular level of medical decision making, two of the three elements for that level of decision making must be met or exceeded (**concept unchanged from current guidelines**).

Code	Level of MDM (Based on 2 out of 3 Elements of MDM)	Elements of Medical Decision Making		
		Number and Complexity of Problems Addressed at the Encounter	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 <ul style="list-style-type: none"> <li>1 self-limited or minor problem</li> </ul>	Minimal or none	Minimal risk of morbidity from additional diagnostic testing or treatment
99203 99213	Low	Low <ul style="list-style-type: none"> <li>2 or more self-limited or minor problems;</li> <li>or</li> <li>1 stable chronic illness;</li> <li>or</li> <li>1 acute, uncomplicated illness or injury</li> </ul>	Limited (Must meet the requirements of at least 1 of the 2 categories)  <b>Category 1: Tests and documents</b> <ul style="list-style-type: none"> <li>Any combination of 2 from the following: <ul style="list-style-type: none"> <li>Review of prior external note(s) from each unique source*;</li> <li>review of the result(s) of each unique test*;</li> <li>ordering of each unique test*</li> </ul> </li> </ul> or <b>Category 2: Assessment requiring an independent historian(s)</b> (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



## Time: Office and Other Outpatient E/M Services

### **Effective January 1, 2021**

- Time may be used to select a code level in office or other outpatient services whether or not counseling and/or coordination of care dominates the service
- Time may only be used for selecting the level of the other E/M services when counseling and/or coordination of care dominates the service

## Time: Office and Other Outpatient E/M Services

### **Total Time** on the date of the encounter

- Includes physician/other QHP face-to-face and non-face-to-face time
- Time spent by clinical staff is not included
- More than one clinician addressed (count only 1 person per minute)

## Code Selection *Is* Not Code Valuation

- CPT code selection is total time on the date of the encounter
- RUC valuation includes work before and after the date of the encounter

## Time: Office and Other Outpatient E/M Services

Physician/other QHP time includes the following activities (when performed):

- Preparing to see the patient (eg, review of tests)
- Obtaining and/or reviewing separately obtained history
- Performing a medically necessary appropriate examination and/or evaluation
- Counseling and educating the patient/family/caregiver

## Time: Office and Other Outpatient E/M Services

- Ordering medications, tests, or procedures
- Referring and communicating with other health care professionals (when not reported separately)
- Documenting clinical information in the electronic or other health record
- Independently interpreting results (not reported separately) and communicating results to the patient/family/caregiver
- Care coordination (not reported separately)

## Time: Office and Other Outpatient E/M Services—New Patient (*Total time on the Date of the Encounter*)

New Patient E/M Code	Typical Time (2019)	Total Time (2021)
99201	10 minutes	Code deleted
99202	20 minutes	15-29 minutes
99203	30 minutes	30-44 minutes
99204	45 minutes	45-59 minutes
99205	60 minutes	60-74 minutes

## Time: Office and Other Outpatient E/M Services—Established Patient (*Total time on the Date of the Encounter*)

Established Patient E/M Code	Typical Time (2019)	Total Time (2021)
99211	5 minutes	Time component removed
99212	10 minutes	10-19 minutes
99213	15 minutes	20-29 minutes
99214	25 minutes	30-39 minutes
99215	40 minutes	40-54 minutes

## Prolonged Services (99XXX)

### **Effective January 1, 2021**

- Shorter prolonged services code to capture each 15 minutes of critical physician/other QHP work beyond the time captured by the office or other outpatient service E/M code.
  - Used only when the office/other outpatient code is selected using time
  - **For use only with 99205, 99215**
  - Prolonged services of less than 15 minutes should not be reported

## Prolonged Services (99XXX)

- Allows for face-to-face and non-face-to-face care on the date of the encounter
- Therefore, do not report 99354 or 99358 for time on the date of the encounter
- 99358 (non-face-to-face prolonged services of 30 minutes in a single day) may be reported on a date ***other than*** the date of the encounter, just as it may be reported in 2019

*(Per CPT, but note CMS comments in 2020 PFS Final Rule)*

## Prolonged Services (99XXX)

### **Prolonged Services/Prolonged Service With or Without Direct Patient Contact on the Date of an Office or Other Outpatient Service**

- ★+●99XXX 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)

▶(Use 99XXX in conjunction with 99205, 99215)◀

▶(Do not report 99XXX in conjunction with 99354, 99355, 99358, 99359, 99415, 99416)◀

▶(Do not report 99XXX for any time unit less than 15 minutes)◀

## Prolonged Services (99XXX)

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 99XXX X 1
90-104 minutes	99205 X 1 and 99XXX X 2
105 or more	99205 X 1 and 99XXX X 3 or more for each additional 15 minutes

## TIMELINE

NEW	1-14	15-29	30-44	45-59	60-74	75-89	90-104
	Do not use time (99202 by MDM)	99202	99203	99204	99205	99205+ 99XXX	99205+ 2 units 99XXX
ESTABLISHED	1-9	10-19	20-29	30-39	40-54	55-69	70-84
	Do not use time (99212 by MDM)	99212	99213	99214	99215	99215+ 99XXX	99215+ 2 units 99XXX