

E/M Summary Guide for Office and Other Outpatient Services

Appendix

Effective January 1, 2021

Full table

Elements of Medical Decision Making

MEDICAL DECISION MAKING

Code	Level of MDM (based on best of 2 out of 3 Elements of MDM)	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 (Includes options considered but not selected after shared medical decision making)
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>1 stable chronic illness; or</li><li>1 acute, uncomplicated illness or injury</li></ul>	Limited <i>Must meet the requirements of at least 1 of the 2 categories</i> <ul style="list-style-type: none"><li>Category 1: Tests and documents - 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><li>Category 2: Assessment requiring an independent historian(s)</li></ul>	Low risk of morbidity from additional diagnostic testing or treatment
99204 99214	Moderate	Moderate <ul style="list-style-type: none"><li>1 or more chronic illnesses with exacerbation, progression, or side effects of treatment;</li><li>2 or more stable chronic illnesses;</li><li>1 undiagnosed new problem with uncertain prognosis;</li><li>1 acute illness with systemic symptoms; or</li><li>1 acute complicated injury</li></ul>	Moderate <i>Must meet the requirements of at least 1 of the 3 categories</i> <ul style="list-style-type: none"><li>Category 1: Tests and documents - 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><li>Category 2: Independent interpretation of tests<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></li><li>Category 3: Discussion or management or test interpretation<ul style="list-style-type: none"><li>Discussion of management or test interpretation by external physician/other qualified health care professional/appropriate source (not separately reported).</li></ul></li></ul>	Moderate risk of morbidity from additional diagnostic testing or treatment  <i>Examples only:</i> <ul style="list-style-type: none"><li>Prescription drug management</li><li>Decision regarding minor surgery with identified patient or procedure risk factors</li><li>Decision regarding elective major surgery without identified patient or procedure risk factors</li><li>Diagnosis or treatment significantly limited by social determinants of health</li></ul>
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; or</li><li>1 acute or chronic illness or injury that poses a threat to life or bodily function</li></ul>	Extensive <i>Must meet the requirements of at least 2 of the 3 categories</i> <ul style="list-style-type: none"><li>Category 1: Tests and documents - 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><li>Category 2: Independent interpretation of tests<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></li><li>Category 3: Discussion or management or test interpretation<ul style="list-style-type: none"><li>Discussion of management or test interpretation by external physician/other qualified health care professional/appropriate source (not separately reported).</li></ul></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>

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### Definitions

**History and/or Examination:** Office or other outpatient services include a medically appropriate history and/or physical examination, when performed. The nature and extent of the history and/or physical examination is determined by the treating physician or other qualified health care professional reporting the service. The care team may collect information and the patient or caregiver may supply information directly (eg, by portal or questionnaire) that is reviewed by the reporting physician or other qualified health care professional. The extent of history and physical examination is not an element in selection of office or other outpatient services.

**Number and Complexity of Problems Addressed at the Encounter:** One element in the level of code selection for an office or other outpatient service is the number and complexity of the problems that are addressed at an encounter. Multiple new or established conditions may be addressed at the same time and may affect medical decision making. Symptoms may cluster around a specific diagnosis and each symptom is not necessarily a unique condition.

Comorbidities/underlying diseases, in and of themselves, are not considered in selecting a level of E/M services *unless* they are addressed and their presence increases the amount and/or complexity of data to be reviewed and analyzed or the risk of complications and/or morbidity or mortality of patient management. The final diagnosis for a condition does not in itself determine the complexity or risk, as extensive evaluation may be required to reach the conclusion that the signs or symptoms do not represent a highly morbid condition. Multiple problems of a lower severity may, in the aggregate, create higher risk due to interaction.

**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. 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.

**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).

**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 (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. 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, 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.

**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.

**Test:** Tests are imaging, laboratory, psychometric, or physiologic data. A clinical laboratory panel (eg, 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.

**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 (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.

**Appropriate source:** For the purpose of the **Discussion of Management** data element, 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.

**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.

The risk of complications, morbidity, and/or mortality of patient management decisions made at the visit, associated with the patient's problem(s), the diagnostic procedure(s), treatment (s) includes the possible management options selected and those considered, but not selected, after shared medical decision making with the patient and/or family. For example, a decision about hospitalization includes consideration of alternative levels of care. Examples may include a psychiatric patient with a sufficient degree of support in the outpatient setting or the decision to not hospitalize a patient with advanced dementia with an acute condition that would generally warrant inpatient care, but for whom the goal is palliative treatment.

**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:** 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.