

Medical Decision Making for Outpatient E/M Codes (effective January 2021)

E/M code	Time (minutes)	MDM (2 out of 3 elements)	Number and complexity of problems addressed	Amount and/or complexity of data to review and analyze (Combination of two or combination of three in Category 1)			Risk of complications and/ or morbidity or mortality of patient management (diagnostic testing or treatment)
				CATEGORY 1	CATEGORY 2	CATEGORY 3	
Level 1							
99211	0	N/A	N/A	N/A			N/A
Level 2			Minimal	Minimal or none			Minimal risk
99202	15-29	Straightforward	<ul style="list-style-type: none"> 1 self-limited or minor problem 	Minimal or no complexity and/or data reviewed			<ul style="list-style-type: none"> Rest Gargles Bandages Superficial dressings
99212	10-19						
Level 3			Low	Limited (Must meet the requirements of at least 1 of the 2 categories)			Low risk
99203	30-44	Low	<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 	Category 1: Tests and documents At least 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 	Category 2: Assessment requiring an independent historian(s)	N/A	<ul style="list-style-type: none"> OTC drugs Minor surgery without risk factors PT/OT IV fluids without additives
99213	20-29						
Level 4			Moderate	Moderate (Must meet the requirements of at least 1 out of 3 categories)			Moderate risk
99204	45-59	Moderate	<ul style="list-style-type: none"> 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 	Category 1: Tests, documents, or independent historian(s) At least 3 from the following: <ul style="list-style-type: none"> Review of prior external note(s) from each 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 <ul style="list-style-type: none"> Independent interpretation of a test performed by another physician/other qualified healthcare professional 	Category 3: Discussion of management or test interpretation <ul style="list-style-type: none"> Discussion of management or test interpretation with external physician/other qualified healthcare professional/ appropriate source 	<ul style="list-style-type: none"> Prescription drug management Decision regarding minor surgery with identified risk factors Decision regarding elective major surgery without risk factors Diagnosis or treatment significantly limited by social determinants of health (SDoH) [e.g., socioeconomic status, geographic location, education, employment, transportation access]
99214	30-39						

Medical Decision Making for Outpatient E/M Codes, continued

Level 5		High	Extensive <i>(Must meet the requirements of at least 2 out of 3 categories)</i>			High risk	
99205	60-74	High	<ul style="list-style-type: none"> 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 	Category 1: Tests, documents, or independent historian(s) At least 3 from the following: <ul style="list-style-type: none"> Review of prior external note(s) from each source Review of the result(s) of each test Ordering of each test Assessment requiring an independent historian(s) 	Category 2: Independent interpretation of tests <ul style="list-style-type: none"> Independent interpretation of a test performed by another physician/other qualified healthcare professional 	Category 3: Discussion of management or test interpretation <ul style="list-style-type: none"> Discussion of management or test interpretation with external physician/other qualified healthcare professional/appropriate source 	<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
99215	40-54						
Time-based coding elements* (when performed and documented)							
<ul style="list-style-type: none"> Reviewing patient's record prior to visit Performing a medically appropriate history and examination Ordering prescription medications, tests, or procedures Independently interpreting results Communicating results to the patient/family/caregiver Obtaining/reviewing separately obtained history from someone other than patient Counseling/educating the patient/family/caregiver Referring and communicating with another healthcare provider(s) when not separately reported during the visit Documenting clinical information in the patient's electronic health record Coordination of care for the patient 							
<i>*Time-based coding is based on total time spent on the date of the encounter.</i>							
Important Notes:							
<ul style="list-style-type: none"> E/M code 99201 is deleted in 2021 due to low utilization. Documentation of history and exam will not be counted as an element, but medical necessity must be established by documenting risk and MDM relevant to management of patient's condition. Interpretation of tests or discussion of management with another qualified healthcare professional is considered only when not separately reported. 							

