

E/M Workgroup Webinar: Navigating the Revised CPT® Codes for Office and Outpatient E/M Services

Ronald Devine, MD, FACP, FIDSA

Prashant Malhotra , MD, FACP, FIDSA



Billing and Coding Evaluation and Management CPT[®] Changes for 2021

Ronald Devine, MD, FACP, FIDSA

Atlanta ID Group

Atlanta, GA

Office or Other
Outpatient
E/M visits
CPT® (99202-
99215)
Changes 2021



Only applies to codes
99202-99215

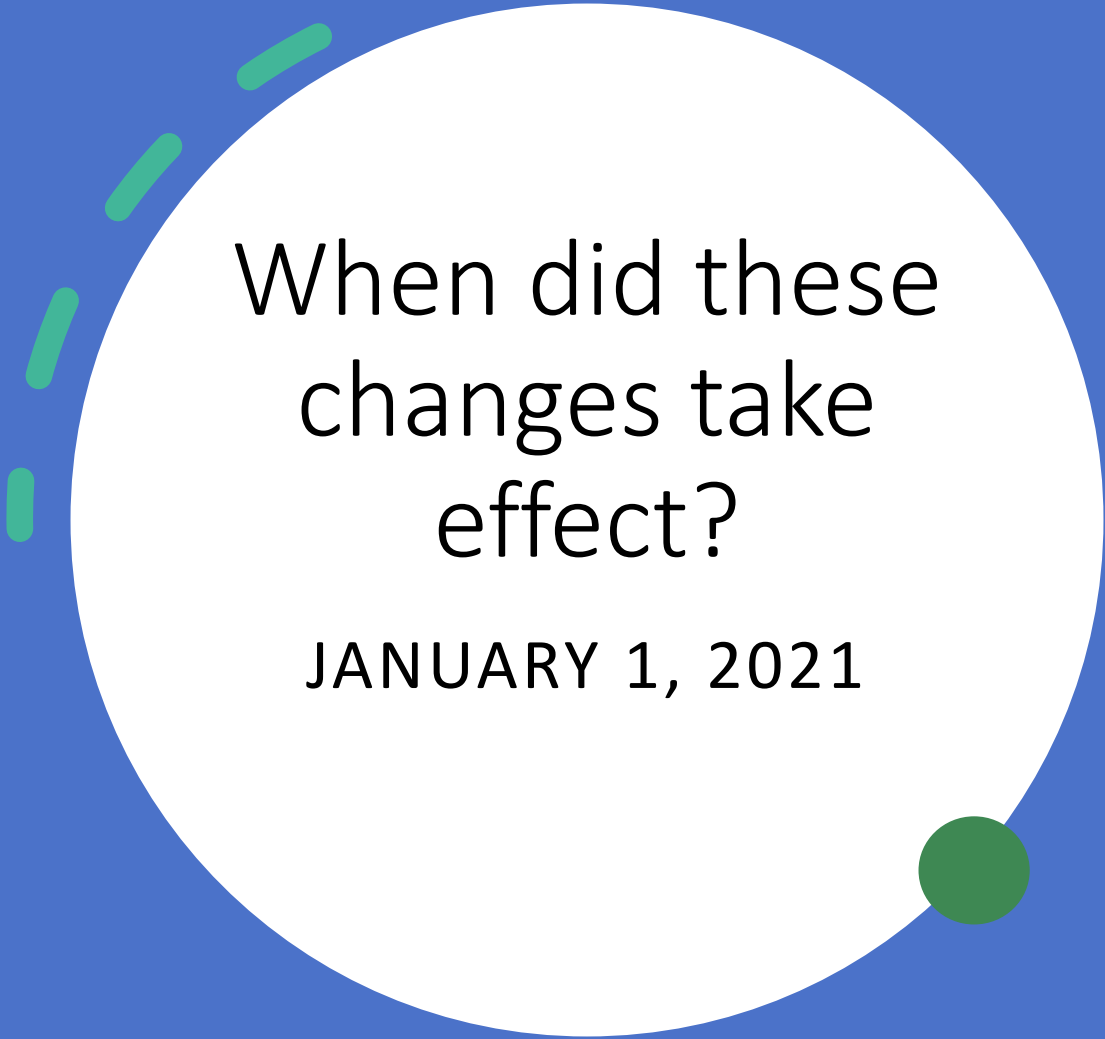


Does NOT affect outpatient
consultation codes



Does NOT affect inpatient/
hospital visit codes





When did these
changes take
effect?

JANUARY 1, 2021

Office or Other
Outpatient E/M
visits CPT®
(99202-99215)
Changes 2021

- What changes?
 - Removes history and physical examination as key components
 - Based on medical decision making (MDM)
 - MDM criteria changes
 - MDM is same between new and established visit levels (ie, 99204 and 99214 have same MDM)
- or
 - Based on total time
 - Time intervals for visits are changed
 - CPT® code 99201 is deleted
 - New prolonged services code



Medical Decision Making (MDM)

- Three elements
 - Number and complexity of problems addressed at encounter
 - Amount and/ or complexity of data reviewed/ analyzed
 - Risk of complications, morbidity, and/ or mortality of patient management decisions

Medical Decision Making (MDM)

- Types
 - Straightforward
 - Low
 - Moderate
 - High



CPT® Code	Level of MDM*	Number and Complexity of Problems Addressed	Amount and/ or Complexity of Data Reviewed/ Analyzed**	Risk of Complications and/or Morbidity or Mortality of Patient Management
99211	N/A	N/A	N/A	N/A

*Based on 2 out of 3 elements of MDM (number and complexity of problems addressed, amount and/ or complexity of data reviewed/ analyzed, risk of complications and/ or morbidity or mortality of patient management)
 **Each unique test, order, or document contributes to the combination of 2 or combination of 3 in Category 1
 ***Table adapted from American Medical Association CPT® Professional 2021



CPT® Code	Level of MDM*	Number and Complexity of Problems Addressed	Amount and/ or Complexity of Data Reviewed/ Analyzed**	Risk of Complications and/or Morbidity or Mortality of Patient Management
99202 99212	Straightforward	Minimal <ul style="list-style-type: none"> 1 self-limited or minor problem 	Minimal or none	Minimal risk of morbidity from additional diagnostic testing or treatment

- Based on 2 out of 3 elements of MDM (number and complexity of problems addressed, amount and/ or complexity of data reviewed/ analyzed, risk of complications and/ or morbidity or mortality of patient management)
- Must meet or exceed 2 out of 3 elements of MDM

*Based on 2 out of 3 elements of MDM (number and complexity of problems addressed, amount and/ or complexity of data reviewed/ analyzed, risk of complications and/ or morbidity or mortality of patient management)
**Each unique test, order, or document contributes to the combination of 2 or combination of 3 in Category 1
***Table adapted from American Medical Association CPT® Professional 2021



CPT® Code	Level of MDM*	Number and Complexity of Problems Addressed	Amount and/ or Complexity of Data Reviewed/ Analyzed**	Risk of Complications and/or Morbidity or Mortality of Patient Management
99202 99212	Straightforward	Minimal <ul style="list-style-type: none"> • 1 self-limited or minor problem 	Minimal or none	Minimal risk of morbidity from additional diagnostic testing or treatment

*Based on 2 out of 3 elements of MDM (number and complexity of problems addressed, amount and/ or complexity of data reviewed/ analyzed, risk of complications and/ or morbidity or mortality of patient management)
 **Each unique test, order, or document contributes to the combination of 2 or combination of 3 in Category 1
 ***Table adapted from American Medical Association CPT® Professional 2021



CPT® Code	Level of MDM*	Number and Complexity of Problems Addressed	Amount and/ or Complexity of Data Reviewed/ Analyzed**	Risk of Complications and/or Morbidity or Mortality of Patient Management
99202 99212	Straightforward	Minimal <ul style="list-style-type: none"> • 1 self-limited or minor problem 	Minimal or none	Minimal risk of morbidity from additional diagnostic testing or treatment

*Based on 2 out of 3 elements of MDM (number and complexity of problems addressed, amount and/ or complexity of data reviewed/ analyzed, risk of complications and/ or morbidity or mortality of patient management)
**Each unique test, order, or document contributes to the combination of 2 or combination of 3 in Category 1
***Table adapted from American Medical Association CPT® Professional 2021



CPT® Code	Level of MDM*	Number and Complexity of Problems Addressed	Amount and/ or Complexity of Data Reviewed/ Analyzed**	Risk of Complications and/or Morbidity or Mortality of Patient Management
99202 99212	Straightforward	Minimal <ul style="list-style-type: none"> • 1 self-limited or minor problem 	Minimal or none	Minimal risk of morbidity from additional diagnostic testing or treatment

*Based on 2 out of 3 elements of MDM (number and complexity of problems addressed, amount and/ or complexity of data reviewed/ analyzed, risk of complications and/ or morbidity or mortality of patient management)

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

***Table adapted from American Medical Association CPT® Professional 2021



CPT® Code	Level of MDM*	Number and Complexity of Problems Addressed	Amount and/ or Complexity of Data Reviewed/ Analyzed**	Risk of Complications and/or Morbidity or Mortality of Patient Management
99202 99212	Straightforward	Minimal <ul style="list-style-type: none"> 1 self-limited or minor problem 	Minimal or none	Minimal risk of morbidity from additional diagnostic testing or treatment

“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.”

-American Medical Association CPT® Professional 2021

*Based on 2 out of 3 elements of MDM (number and complexity of problems addressed, amount and/ or complexity of data reviewed/ analyzed, risk of complications and/ or morbidity or mortality of patient management)

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

***Table adapted from American Medical Association CPT® Professional 2021



CPT® Code	Level of MDM*	Number and Complexity of Problems Addressed	Amount and/ or Complexity of Data Reviewed/ Analyzed**	Risk of Complications and/or Morbidity or Mortality of Patient Management
99202 99212	Straightforward	Minimal <ul style="list-style-type: none"> 1 self-limited or minor problem 	Minimal or none	Minimal risk of morbidity from additional diagnostic testing or treatment

Addressed or managed problem

- A problem that is evaluated or treated at the encounter by the physician or other qualified health care professional (QHCP)
- A problem is not considered addressed or managed if another provider is managing without further documentation that reporting provider is doing additional assessment or care coordination
- Referral without evaluation or consideration of treatment is not considered as being addressed or managed

*Based on 2 out of 3 elements of MDM (number and complexity of problems addressed, amount and/ or complexity of data reviewed/ analyzed, risk of complications and/ or morbidity or mortality of patient management)

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

***Table adapted from American Medical Association CPT® Professional 2021



CPT® Code	Level of MDM*	Number and Complexity of Problems Addressed	Amount and/ or Complexity of Data Reviewed/ Analyzed**	Risk of Complications and/or Morbidity or Mortality of Patient Management
99202 99212	Straightforward	Minimal <ul style="list-style-type: none"> • 1 self-limited or minor problem 	Minimal or none	Minimal risk of morbidity from additional diagnostic testing or treatment

*Based on 2 out of 3 elements of MDM (number and complexity of problems addressed, amount and/ or complexity of data reviewed/ analyzed, risk of complications and/ or morbidity or mortality of patient management)

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

***Table adapted from American Medical Association CPT® Professional 2021



CPT® Code	Level of MDM*	Number and Complexity of Problems Addressed	Amount and/ or Complexity of Data Reviewed/ Analyzed**	Risk of Complications and/or Morbidity or Mortality of Patient Management
99202 99212	Straightforward	Minimal <ul style="list-style-type: none"> <li data-bbox="481 404 707 465">• 1 self-limited or minor problem 	Minimal or none	Minimal risk of morbidity from additional diagnostic testing or treatment

*Based on 2 out of 3 elements of MDM (number and complexity of problems addressed, amount and/ or complexity of data reviewed/ analyzed, risk of complications and/ or morbidity or mortality of patient management)

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

***Table adapted from American Medical Association CPT® Professional 2021



CPT®
Code

Level of MDM*

Number and
Complexity of
Problems Addressed

Amount and/ or Complexity of Data
Reviewed/ Analyzed**

Risk of Complications and/or Morbidity or
Mortality of Patient Management

99202
99212

Straightforward

Minimal
• 1 self-limited or minor
problem

Minimal or none

Minimal risk of morbidity from additional
diagnostic testing or treatment

- Probability and/ or consequences of an event
- Affected by nature of considered event
 - Low probability of death is high risk
 - High chance of minor, self-limited adverse effect of treatment is low risk
- Based on usual behavior and thought processes of physician or other QHCP in same specialty
- Based on consequences of the problem(s) addressed when appropriately treated
- Includes medical decision making with regards to initiate or forego further testing, treatment, and/ or hospitalization

*Based on 2 out of 3 elements of MDM (number and complexity of problems addressed, amount and/ or complexity of data reviewed/ analyzed, risk of complications and/ or morbidity or mortality of patient management)

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

***Table adapted from American Medical Association CPT® Professional 2021



CPT® Code	Level of MDM*	Number and Complexity of Problems Addressed	Amount and/ or Complexity of Data Reviewed/ Analyzed**	Risk of Complications and/or Morbidity or Mortality of Patient Management
99203 99213	Low	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 	Limited (Must meet the requirements of at least 1 of the 2 categories) Category 1: Tests and documents <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** or Category 2: Assessment requiring an independent historian(s)	Low risk of morbidity from additional diagnostic testing or treatment

*Based on 2 out of 3 elements of MDM (number and complexity of problems addressed, amount and/ or complexity of data reviewed/ analyzed, risk of complications and/ or morbidity or mortality of patient management)

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

***Table adapted from American Medical Association CPT® Professional 2021



CPT® Code	Level of MDM*	Number and Complexity of Problems Addressed	Amount and/ or Complexity of Data Reviewed/ Analyzed**	Risk of Complications and/or Morbidity or Mortality of Patient Management
99203 99213	Low	<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 (Must meet the requirements of at least 1 of the 2 categories)</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)</p>	<p>Low risk of morbidity from additional diagnostic testing or treatment</p>

*Based on 2 out of 3 elements of MDM (number and complexity of problems addressed, amount and/ or complexity of data reviewed/ analyzed, risk of complications and/ or morbidity or mortality of patient management)

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

***Table adapted from American Medical Association CPT® Professional 2021



CPT® Code	Level of MDM*	Number and Complexity of Problems Addressed	Amount and/ or Complexity of Data Reviewed/ Analyzed**	Risk of Complications and/or Morbidity or Mortality of Patient Management
99203 99213	Low	<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 (Must meet the requirements of at least 1 of the 2 categories)</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)</p>	<p>Low risk of morbidity from additional diagnostic testing or treatment</p>

*Based on 2 out of 3 elements of MDM (number and complexity of problems addressed, amount and/ or complexity of data reviewed/ analyzed, risk of complications and/ or morbidity or mortality of patient management)
**Each unique test, order, or document contributes to the combination of 2 or combination of 3 in Category 1
***Table adapted from American Medical Association CPT® Professional 2021



CPT® Code	Level of MDM*	Number and Complexity of Problems Addressed	Amount and/ or Complexity of Data Reviewed/ Analyzed**	Risk of Complications and/or Morbidity or Mortality of Patient Management
99203 99213	Low	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 	Limited (Must meet the requirements of at least 1 of the 2 categories) Category 1: Tests and documents <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** or Category 2: Assessment requiring an independent historian(s)	Low risk of morbidity from additional diagnostic testing or treatment

*Based on 2 out of 3 elements of MDM (number and complexity of problems addressed, amount and/ or complexity of data reviewed/ analyzed, risk of complications and/ or morbidity or mortality of patient management)

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

***Table adapted from American Medical Association CPT® Professional 2021



CPT® Code	Level of MDM*	Number and Complexity of Problems Addressed	Amount and/ or Complexity of Data Reviewed/ Analyzed**	Risk of Complications and/or Morbidity or Mortality of Patient Management
99203 99213	Low	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 	Limited <i>(Must meet the requirements of at least 1 of the 2 categories)</i> Category 1: Tests and documents <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** or Category 2: Assessment requiring an independent historian(s)	Low risk of morbidity from additional diagnostic testing or treatment

*Based on 2 out of 3 elements of MDM (number and complexity of problems addressed, amount and/ or complexity of data reviewed/ analyzed, risk of complications and/ or morbidity or mortality of patient management)

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

***Table adapted from American Medical Association CPT® Professional 2021



CPT® Code	Level of MDM*	Number and Complexity of Problems Addressed	Amount and/ or Complexity of Data Reviewed/ Analyzed**	Risk of Complications and/or Morbidity or Mortality of Patient Management
-----------	---------------	---	--	---

99203	Low	Low	Limited	Low risk of morbidity from additional diagnostic testing or treatment
99213		<ul style="list-style-type: none"> 2 or more self-limited or minor problems; or 	(Must meet the requirements of at least 1 of the 2 categories)	

Unique Test
Identified by a single CPT

- 80047 Basic metabolic panel
- 80061 Lipid panel
- 85025 Complete (CBC), automated (Hgb, Hct, RBC, WBC and platelet count) and automated differential WBC count
- 86140 C-reactive protein
- 87040 Culture, bacterial; blood, aerobic, with isolation and presumptive identification of isolates (includes anaerobic culture, if appropriate)
- 71045 Radiologic examination, chest; single view

*Based on 2 out of 3 elements of MDM (number and complexity of problems addressed, amount and/ or complexity of data reviewed/ analyzed, risk of complications and/ or morbidity or mortality of patient management)
 **Each unique test, order, or document contributes to the combination of 2 or combination of 3 in Category 1
 ***Table adapted from American Medical Association CPT® Professional 2021

CPT® Code	Level of MDM*	Number and Complexity of Problems Addressed	Amount and/ or Complexity of Data Reviewed/ Analyzed**	Risk of Complications and/or Morbidity or Mortality of Patient Management
99203 99213	Low	<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</p> <p>(Must meet the requirements of at least 1 of the 2 categories)</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)</p>	<p>Low risk of morbidity from additional diagnostic testing or treatment</p>

- Individual (eg, parent, guardian, surrogate, spouse, witness)
- Provides history in addition to history provided by patient who is unable to provide complete or reliable history or need confirmatory history as judged to be necessary

*Based on 2 out of 3 elements of MDM (number and complexity of problems addressed, amount and/ or complexity of data reviewed/ analyzed, risk of complications and/ or morbidity or mortality of patient management)
**Each unique test, order, or document contributes to the combination of 2 or combination of 3 in Category 1
***Table adapted from American Medical Association CPT® Professional 2021



CPT® Code	Level of MDM*	Number and Complexity of Problems Addressed	Amount and/ or Complexity of Data Reviewed/ Analyzed**	Risk of Complications and/or Morbidity or Mortality of Patient Management
99203 99213	Low	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 	Limited (Must meet the requirements of at least 1 of the 2 categories) Category 1: Tests and documents <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** or Category 2: Assessment requiring an independent historian(s)	Low risk of morbidity from additional diagnostic testing or treatment

*Based on 2 out of 3 elements of MDM (number and complexity of problems addressed, amount and/ or complexity of data reviewed/ analyzed, risk of complications and/ or morbidity or mortality of patient management)
 **Each unique test, order, or document contributes to the combination of 2 or combination of 3 in Category 1
 ***Table adapted from American Medical Association CPT® Professional 2021



CPT® Code	Level of MDM*	Number and Complexity of Problems Addressed	Amount and/ or Complexity of Data Reviewed/ Analyzed**	Risk of Complications and/ or Morbidity or Mortality of Patient Management
99204 99214	Moderate	<p>Moderate</p> <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 	<p>Moderate (Must meet the requirements of at least 1 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>Moderate risk of morbidity from additional diagnostic testing or treatment</p> <p>Examples only:</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

*Based on 2 out of 3 elements of MDM (number and complexity of problems addressed, amount and/ or complexity of data reviewed/ analyzed, risk of complications and/ or morbidity or mortality of patient management)

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

***Table adapted from American Medical Association CPT® Professional 2021

CPT® Code	Level of MDM*	Number and Complexity of Problems Addressed	Amount and/ or Complexity of Data Reviewed/ Analyzed**	Risk of Complications and/or Morbidity or Mortality of Patient Management
99204 99214	Moderate	<p>Moderate</p> <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 	<p>Moderate (Must meet the requirements of at least 1 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>Moderate risk of morbidity from additional diagnostic testing or treatment</p> <p>Examples only:</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

*Based on 2 out of 3 elements of MDM (number and complexity of problems addressed, amount and/ or complexity of data reviewed/ analyzed, risk of complications and/ or morbidity or mortality of patient management)

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

***Table adapted from American Medical Association CPT® Professional 2021

CPT® Code	Level of MDM*	Number and Complexity of Problems Addressed	Amount and/ or Complexity of Data Reviewed/ Analyzed**	Risk of Complications and/ or Morbidity or Mortality of Patient Management
99204 99214	Moderate	<p>Moderate</p> <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 	<p>Moderate (Must meet the requirements of at least 1 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>Moderate risk of morbidity from additional diagnostic testing or treatment</p> <p>Examples only:</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

*Based on 2 out of 3 elements of MDM (number and complexity of problems addressed, amount and/ or complexity of data reviewed/ analyzed, risk of complications and/ or morbidity or mortality of patient management)

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

***Table adapted from American Medical Association CPT® Professional 2021



CPT® Code	Level of MDM*	Number and Complexity of Problems Addressed	Amount and/ or Complexity of Data Reviewed/ Analyzed**	Risk of Complications and/or Morbidity or Mortality of Patient Management
99204 99214	Moderate	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 	Moderate (Must meet the requirements of at least 1 out of 3 categories) Category 1: Tests, documents, or independent historian(s) <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) or Category 2: Independent interpretation of tests <ul style="list-style-type: none"> 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 <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) 	Moderate risk of morbidity from additional diagnostic testing or treatment Examples only: <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

*Based on 2 out of 3 elements of MDM (number and complexity of problems addressed, amount and/ or complexity of data reviewed/ analyzed, risk of complications and/ or morbidity or mortality of patient management)

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

***Table adapted from American Medical Association CPT® Professional 2021



CPT® Code	Level of MDM*	Number and Complexity of Problems Addressed	Amount and/ or Complexity of Data Reviewed/ Analyzed**	Risk of Complications and/ or Morbidity or Mortality of Patient Management
99204 99214	Moderate	Moderate <ul style="list-style-type: none"> 1 or more chronic illnesses with exacerbation, progression, or side effects 	Moderate <i>(Must meet the requirements of at least 1 out of 3 categories)</i> Category 1: Tests, documents, or independent historian(s) <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) or Category 2: Independent interpretation of tests <ul style="list-style-type: none"> 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 <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) 	Moderate risk of morbidity from additional diagnostic testing or treatment Examples only: <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

- Assessment requiring an independent historian(s) moves into Category 1
- Category 1 requirement increases to combination of 3
- Category 2 with new requirement
- Category 3 added

*Based on 2 out of 3 elements of MDM (number and complexity of problems addressed, amount and/ or complexity of data reviewed/ analyzed, risk of complications and/ or morbidity or mortality of patient management)
 **Each unique test, order, or document contributes to the combination of 2 or combination of 3 in Category 1
 ***Table adapted from American Medical Association CPT® Professional 2021



CPT®
Code

Level of MDM*

Number and Complexity
of Problems Addressed

Amount and/ or Complexity of Data Reviewed/
Analyzed**

Risk of Complications and/or Morbidity or
Mortality of Patient Management

- Interpretation of a test which has CPT® code which customarily has a report or interpretation
- Interpretation should be documented in chart, but does not need to meet standards for a complete report
- Does not apply if physician or QHCP has reported that service previously or concurrently

- 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

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)

at least 1 out of

or independent

the following:

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)

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

*Based on 2 out of 3 elements of MDM (number and complexity of problems addressed, amount and/ or complexity of data reviewed/ analyzed, risk of complications and/ or morbidity or mortality of patient management)

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

***Table adapted from American Medical Association CPT® Professional 2021

CPT® Code	Level of MDM*	Number and Complexity of Problems Addressed	Amount and/ or Complexity of Data Reviewed/ Analyzed**	Risk of Complications and/or Morbidity or Mortality of Patient Management
-----------	---------------	---	--	---

99204 99214	Moderate	<p>Moderate</p> <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 	<p>Moderate (Must meet the following categories)</p> <p>Category 1: Test interpretation by a physician or other qualified health care professional (not separately reported)</p> <ul style="list-style-type: none"> Any combination of the following: <ul style="list-style-type: none"> Review of each unique test** Review 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)
----------------	----------	---	---

Tests/ studies during patient encounter that are reported separately with a specific CPT® code are not included to determine level of E/M service

- Diagnosis or treatment significantly limited by social determinants of health

*Based on 2 out of 3 elements of MDM (number and complexity of problems addressed, amount and/ or complexity of data reviewed/ analyzed, risk of complications and/ or morbidity or mortality of patient management)
**Each unique test, order, or document contributes to the combination of 2 or combination of 3 in Category 1
***Table adapted from American Medical Association CPT® Professional 2021



CPT® Code	Level of MDM*	Number and Complexity of Problems Addressed	Amount and/ or Complexity of Data Reviewed/ Analyzed**	Risk of Complications and/or Morbidity or Mortality of Patient Management
99204 99214	Moderate	<p>Moderate</p> <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 	<p>Moderate</p> <p>(Must meet the requirements of at least 1 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 a physician, physician assistant, nurse practitioner, or physician extender <p>or</p> <p>Category 3: Discussion of management or test interpretation with external physician/other qualified health care professional/ appropriate source (not separately reported)</p>	<p>Moderate risk of morbidity from additional diagnostic testing or treatment</p> <p>Examples only:</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

Provider not in same group practice or in a different specialty or subspecialty

*Based on 2 out of 3 elements of MDM (number and complexity of problems addressed, amount and/ or complexity of data reviewed/ analyzed, risk of complications and/ or morbidity or mortality of patient management)
**Each unique test, order, or document contributes to the combination of 2 or combination of 3 in Category 1
***Table adapted from American Medical Association CPT® Professional 2021



CPT® Code	Level of MDM*	Number and Complexity of Problems Addressed	Amount and/ or Complexity of Data Reviewed/ Analyzed**	Risk of Complications and/or Morbidity or Mortality of Patient Management
99204 99214	Moderate	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 	Moderate (Must meet the requirements of at least 1 out of 3 categories) Category 1: Tests, documents, or independent historian(s) <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) or Category 2: Independent interpretation of tests <ul style="list-style-type: none"> 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 <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) 	Moderate risk of morbidity from additional diagnostic testing or treatment Examples only: <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

*Based on 2 out of 3 elements of MDM (number and complexity of problems addressed, amount and/ or complexity of data reviewed/ analyzed, risk of complications and/ or morbidity or mortality of patient management)
 **Each unique test, order, or document contributes to the combination of 2 or combination of 3 in Category 1
 ***Table adapted from American Medical Association CPT® Professional 2021



CPT® Code	Level of MDM*	Number and Complexity of Problems Addressed	Amount and/ or Complexity of Data Reviewed/ Analyzed**	Risk of Complications and/or Morbidity or Mortality of Patient Management
-----------	---------------	---	--	---

99.03 Provider should document that they are prescribing/ managing medications of 3

- 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
- 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)
- 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

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

*Based on 2 out of 3 elements of MDM (number and complexity of problems addressed, amount and/ or complexity of data reviewed/ analyzed, risk of complications and/ or morbidity or mortality of patient management)
 **Each unique test, order, or document contributes to the combination of 2 or combination of 3 in Category 1
 ***Table adapted from American Medical Association CPT® Professional 2021



CPT® Code	Level of MDM*	Number and Complexity of Problems Addressed	Amount and/ or Complexity of Data Reviewed/ Analyzed**	Risk of Complications and/or Morbidity or Mortality of Patient Management
99205 99215	High	<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>Examples only:</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 deescalate care because of poor prognosis

*Based on 2 out of 3 elements of MDM (number and complexity of problems addressed, amount and/ or complexity of data reviewed/ analyzed, risk of complications and/ or morbidity or mortality of patient management)

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

***Table adapted from American Medical Association CPT® Professional 2021

CPT® Code	Level of MDM*	Number and Complexity of Problems Addressed	Amount and/ or Complexity of Data Reviewed/ Analyzed**	Risk of Complications and/or Morbidity or Mortality of Patient Management
99205 99215	High	<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>Examples only:</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 deescalate care because of poor prognosis

*Based on 2 out of 3 elements of MDM (number and complexity of problems addressed, amount and/ or complexity of data reviewed/ analyzed, risk of complications and/ or morbidity or mortality of patient management)

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

***Table adapted from American Medical Association CPT® Professional 2021

CPT® Code	Level of MDM*	Number and Complexity of Problems Addressed	Amount and/ or Complexity of Data Reviewed/ Analyzed**	Risk of Complications and/or Morbidity or Mortality of Patient Management
99205 99215	High	<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>Examples only:</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 deescalate care because of poor prognosis

*Based on 2 out of 3 elements of MDM (number and complexity of problems addressed, amount and/ or complexity of data reviewed/ analyzed, risk of complications and/ or morbidity or mortality of patient management)

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

***Table adapted from American Medical Association CPT® Professional 2021

CPT® Code	Level of MDM*	Number and Complexity of Problems Addressed	Amount and/ or Complexity of Data Reviewed/ Analyzed**	Risk of Complications and/or Morbidity or Mortality of Patient Management
99205 99215	High	<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>Examples only:</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 deescalate care because of poor prognosis

*Based on 2 out of 3 elements of MDM (number and complexity of problems addressed, amount and/ or complexity of data reviewed/ analyzed, risk of complications and/ or morbidity or mortality of patient management)

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

***Table adapted from American Medical Association CPT® Professional 2021

CPT® Code	Level of MDM*	Number and Complexity of Problems Addressed	Amount and/ or Complexity of Data Reviewed/ Analyzed**	Risk of Complications and/or Morbidity or Mortality of Patient Management
99205 99215	High	<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>Examples only:</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 deescalate care because of poor prognosis

*Based on 2 out of 3 elements of MDM (number and complexity of problems addressed, amount and/ or complexity of data reviewed/ analyzed, risk of complications and/ or morbidity or mortality of patient management)

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

***Table adapted from American Medical Association CPT® Professional 2021

CPT® Code	Level of MDM*	Number and Complexity of Problems Addressed	Amount and/ or Complexity of Data Reviewed/ Analyzed**	Risk of Complications and/or Morbidity or Mortality of Patient Management
<ul style="list-style-type: none"> Must meet requirements of at least 2 of 3 categories 	<p>progression, or side effects of treatment;</p> <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>Examples only:</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 deescalate care because of poor prognosis 	

*Based on 2 out of 3 elements of MDM (number and complexity of problems addressed, amount and/ or complexity of data reviewed/ analyzed, risk of complications and/ or morbidity or mortality of patient management)

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

***Table adapted from American Medical Association CPT® Professional 2021

CPT® Code	Level of MDM*	Number and Complexity of Problems Addressed	Amount and/ or Complexity of Data Reviewed/ Analyzed**	Risk of Complications and/or Morbidity or Mortality of Patient Management
99205 99215	High	<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>Examples only:</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 deescalate care because of poor prognosis

*Based on 2 out of 3 elements of MDM (number and complexity of problems addressed, amount and/ or complexity of data reviewed/ analyzed, risk of complications and/ or morbidity or mortality of patient management)

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

***Table adapted from American Medical Association CPT® Professional 2021



Multiple problems with lower severity
may be higher risk due to interaction



Need to document this interaction



Time

Changes from requirement that counseling and/ or coordination of care dominates the visit to ***TOTAL TIME***

Counseling and/ or coordination of care does NOT need to dominate the visit

Still requires a face-to-face encounter

Not used for 99211



Office or Other Outpatient E/M visits CPT® (99202-99215)

Previous Times (2020)

E/M Level	Time (minutes)
99202	20
99203	30
99204	45
99205	60
99211	5
99212	10
99213	15
99214	25
99215	40

New Times (2021)

E/M Level	Time (minutes)
99202	15-29
99203	30-44
99204	45-59
99205	60-74
99211	NA
99212	10-19
99213	20-29
99214	30-39
99215	40-54



Office or Other
Outpatient
E/M visits CPT®
(99202-99215)

- Time
 - Total time on the date of the encounter
 - Includes:
 - Face-to-face time by physician or other qualified health care provider (QHCP)
 - Non-face-to-face time by physician or other QHCP
 - Does not include:
 - Time spent with normal activities by clinical staff
 - Time spent on date other than the date of the encounter



**Office or Other
Outpatient E/M
visits CPT®
(99202-99215)**

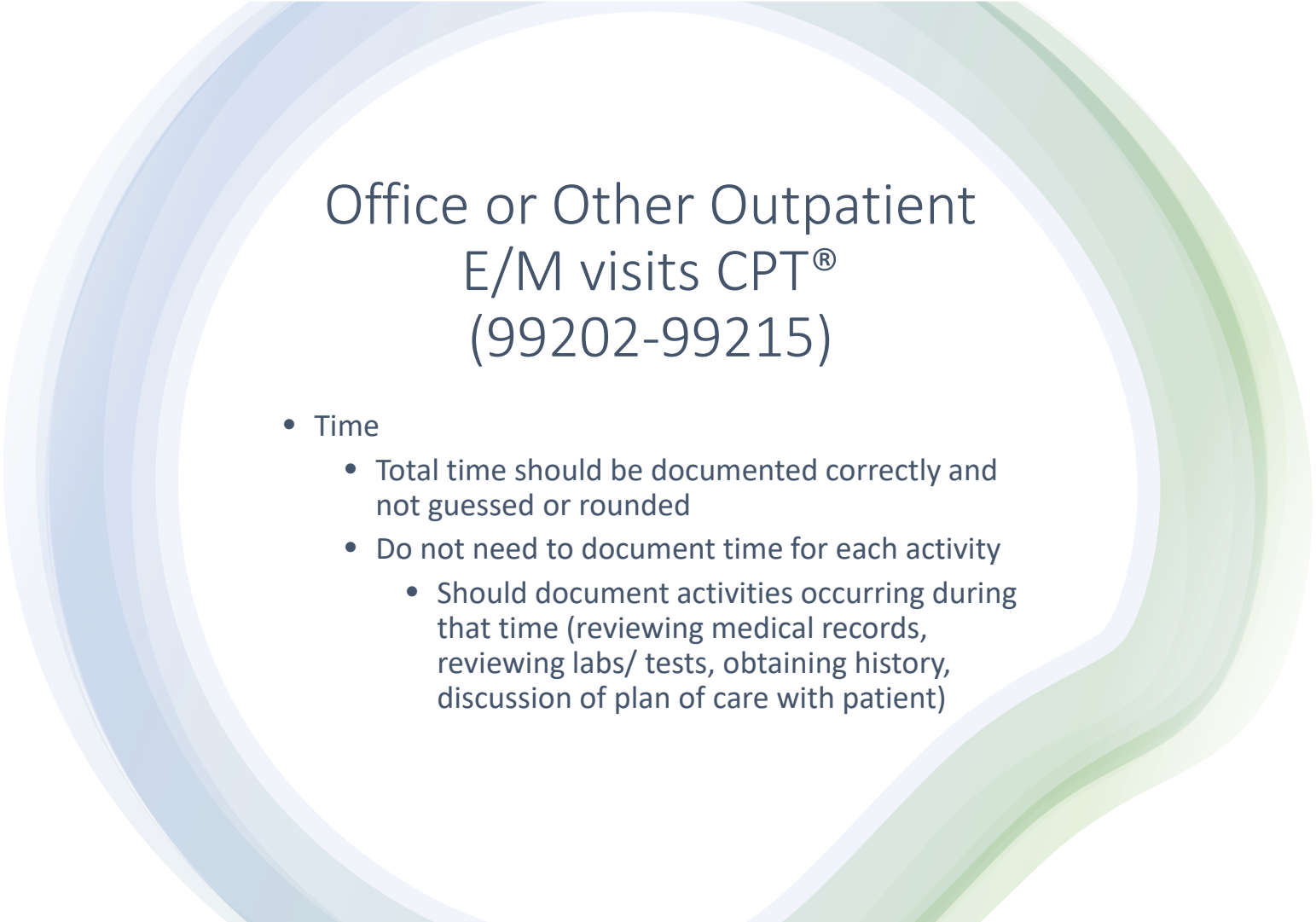
- Time
 - Activities include:
 - Preparing to see patient (eg, review of tests, medical records)
 - Obtaining history
 - Performing medically appropriate physical examination
 - Counseling and education of patient, family member, or caregiver
 - Ordering medications, tests, or procedures
 - Referring and communicating to other health care professionals (when not separately reported)
 - Documentation
 - Independent interpretation of results (when not separately reported)
 - Care coordination (when not separately reported)



**Office or Other
Outpatient E/M
visits CPT®
(99202-99215)**

- Time
 - Activities include:
 - Preparing to see patient (eg, review of tests, medical records)
 - Obtaining history
 - Performing medically appropriate physical examination
 - Counseling and education of patient, family member, or caregiver
 - Ordering medications, tests, or procedures
 - Referring and communicating to other health care professionals (when not separately reported)
 - **Documentation**
 - Independent interpretation of results (when not separately reported)
 - Care coordination (when not separately reported)





Office or Other Outpatient E/M visits CPT® (99202-99215)

- Time
 - Total time should be documented correctly and not guessed or rounded
 - Do not need to document time for each activity
 - Should document activities occurring during that time (reviewing medical records, reviewing labs/ tests, obtaining history, discussion of plan of care with patient)



Time

Shared or split visit

- Distinct time is summed for total time
 - Time spent separately by physician and other QHCP are summed
 - Time spent by physician and other QHCP doing same task is only counted for one provider



- CPT® 99417
 - Must meet highest E/M level by time (ie, 99205 or 99215)
 - Time must exceed 15 minutes beyond minimal time for the highest E/M level
 - 99205- Total time 60-74 minutes
 - 99215- Total time 40-54 minutes
 - Example- Total time spent 83 minutes with new patient
 - 99205 (74 minutes)
 - 99417 x1 (additional 9 minutes which is 23 minutes beyond minimum of 60 minutes)

Prolonged service time with or without direct patient contact
on the date of Office or Other Outpatient E/M visits CPT®
(99202-99215)



Prolonged service time with or without direct patient contact on the date of an office or other outpatient service CPT® (99202-99215)

Use with 99205 (New Patient)	Code(s) reported
Less than 75 minutes	Use appropriate E/M code
75-89 minutes	99205 x1 <u>AND</u> 99417 x1
90-104 minutes	99205 x1 <u>AND</u> 99417 x2
105 minutes or more	99205 x1 <u>AND</u> 99417 x3 or more for each additional 15 minutes
Use with 99215 (Established Patient)	Code(s) reported
Less than 55 minutes	Use appropriate E/M code
55-69 minutes	99215 x1 <u>AND</u> 99417 x1
70-84 minutes	99215 x1 <u>AND</u> 99417 x2
85 minutes or more	99215 x1 <u>AND</u> 99417 x3 or more for each additional 15 minutes



Prolonged service time with or without direct patient contact
on the date of Office or Other Outpatient E/M visits CPT®
(99202-99215)

HCPCS code G2212 (Medicare)



- Used for Medicare patients
- Used when the maximum time for level 5 (99205 or 99215) is exceeded by at least 15 minutes on date of encounter
- Further billed in 15 minute increments



Prolonged service time
with or without direct
patient contact on the
date of an office or
other outpatient
service
CPT® (99202-99215)

HCPSC G2212
(Medicare)

Use with 99205 (New Patient)	Code(s) reported
60-74 minutes	99205
89-103 minutes	99205 x1 <u>AND</u> G2212 x1
104-118 minutes	99205 x1 <u>AND</u> G2212 x2
119 minutes or more	99205 x1 <u>AND</u> G2212 x3 or more for each additional 15 minutes

Use with 99215 (Established Patient)	Code(s) reported
40-54 minutes	99215
69-83 minutes	99215 x1 <u>AND</u> G2212 x1
84-98 minutes	99215 x1 <u>AND</u> G2212 x2
99 minutes or more	99215 x1 <u>AND</u> G2212 x3 or more for each additional 15 minutes



Prolonged service time
with or without direct
patient contact on the
date of an office or
other outpatient service
CPT® (99202-99215)

Do not use 99354/ 99355 (face-
to-face prolonged time) or
99358/ 99359 (non-face-to-face
time) on same date of
encounter

Use 99417 or G2212



Differences Between Office or Other Outpatient Services and Other E/M Services

Component(s) for E/M Code Selection	Office or Other Outpatient Services (99202-99215)	Other E/M Services (Consultations, Hospital Inpatient Visits)
History	<ul style="list-style-type: none"> • Documented as medically appropriate • Not used in code selection 	<ul style="list-style-type: none"> • 1 of 3 key components of code selection • Criteria requirements
Physical Examination	<ul style="list-style-type: none"> • Documented as medically appropriate • Not used in code selection 	<ul style="list-style-type: none"> • 1 of 3 key components of code selection • Criteria requirements
Medical Decision Making (MDM)	<ul style="list-style-type: none"> • Used for code selection • New and established patients with same level use same MDM 	<ul style="list-style-type: none"> • 1 of 3 key components of code selection • Criteria requirements
Time	<ul style="list-style-type: none"> • Total time on date of encounter 	<ul style="list-style-type: none"> • Face-to-face time or time at bedside/ on floor or unit when counseling and/or coordination of care dominates the service
Prolonged Time	<ul style="list-style-type: none"> • New CPT® code 99417 or G2212 (Medicare) • 15 minute increments • For use on same day of encounter 	<ul style="list-style-type: none"> • 99354/ 99355- Outpatient • 99356/ 99357- Inpatient • 99358/ 99359- Non-face-to-face


Table adapted from American Medical Association CPT® Professional 2021



Summary

- Evaluation and Management (E/M) CPT® changes for 2021 affect Office or Other Outpatient E/M visits CPT® (99202-99215)
- Changes effective as of January 1, 2021
- Coding is based on medical decision making (MDM)
- History and physical examination have been removed as key components
- Medically necessary and relevant history and physical examination should be documented
- Time is an option for code selection and includes total time and time intervals have changed
- New prolonged time CPT® code 99417 or HCPCS code G2212 to be used with Office or Other Outpatient E/M visits CPT® codes (99202-99215) on same day of encounter





CPT coding changes: Clinical Vignettes

PRASHANT MALHOTRA, MD ,FACP,FIDSA

Case 1

- ▶ 65 yr-old with CHF, DM, and HTN.
- ▶ **Chief complaint:** leg swelling and erythema; no fevers
 - ▶ No pain
- ▶ **Exam:** right lower leg with swelling, mild erythema but no tenderness
- ▶ **Assessment:** venous stasis and not cellulitis.
- ▶ **Plan:** advised patient to perform leg elevation and schedule follow-up visit with primary care physician (PCP) for possible adjustment of CHF medication.
- ▶ **Follow-up** as needed (PRN).

Self limited
problem

No Data

Minimal risk



CPT Code	MDM (2 of 3 elements needed)	Problems (number & complexity)	Data	Risk
99202/99212	Straightforward	<ul style="list-style-type: none"> • 1 self-limited or • Minor problem 	Minimal	Minimal
99203/99213	Low	<ul style="list-style-type: none"> • >2 self-limited/minor • 1 stable chronic • 1 acute uncomplicated 	1/2 of <ul style="list-style-type: none"> • 2/3 of ordering test, review of results or prior external note • Independent historian 	Low
99204/99214	Moderate	<ul style="list-style-type: none"> • >1 chronic problem with progression/exacerbation/adverse effects OR • >2 stable chronic OR • 1 new problem/acute illness + systemic symptoms/acute complicated injury 	1/3 of <ul style="list-style-type: none"> • (>3/4) order test or review test or records or independent history • Independently review and interpret test/radiology • Discuss management/plan with another provider 	Moderate e.g. <ul style="list-style-type: none"> • Prescriptions • Minor or elective major surgery without risk factors
99205/99215	High	<ul style="list-style-type: none"> • >1 chronic illness with severe progression/exacerbation/adverse effects OR • Illness with threat to life or body function 	2/3 of <ul style="list-style-type: none"> • (>3/4) Order test or review test or records or independent history • Independently review and interpret test/radiology • Discuss management/plan with another provider 	High e.g. <ul style="list-style-type: none"> • Intensive drug toxicity monitoring • Elective surgery with risk factor • Emergency surgery • Hospitalization • Advance care directives

CPT Code	MDM (2 of 3 elements needed)	Problems (number & complexity)	Data	Risk
99202/99212	Straightforward	<ul style="list-style-type: none"> • 1 self-limited or • Minor problem 	Minimal	Minimal

- A definite and prescribed course
- Transient in nature
- Not likely to permanently alter health status



Case 2

- ▶ 65 yr-old DM, CHF, and HTN
- ▶ **Chief complaint:** leg swelling and rash ×4 days with some pain
 - ▶ Feels feverish
 - ▶ Old records from prior PCP reviewed – no MRSA
 - ▶ No allergies
- ▶ **Exam:** vital signs stable; no fevers
 - ▶ Right leg swelling with erythema, mild tenderness, no pustules
- ▶ **Assessment:** non-purulent RLE cellulitis
- ▶ **Plan:** oral Keflex ×5 days
- ▶ **Follow-up** next week

Acute
uncomplicated
problem

Review of
external
records

Low risk



CPT Code	MDM (2 of 3 elements needed)	Problems (number & complexity)	Data	Risk
99202/99212	Straightforward	<ul style="list-style-type: none"> 1 self-limited or Minor problem 	Minimal	Minimal
99203/99213	Low	<ul style="list-style-type: none"> >2 self-limited/minor 1 stable chronic 1 acute uncomplicated 	1/2 of <ul style="list-style-type: none"> 2/3 of ordering test, review of results or prior external note Independent historian 	Low
99204/99214	Moderate	<ul style="list-style-type: none"> >1 chronic problem with progression/exacerbation/adverse effects OR >2 stable chronic OR 1 new problem/acute illness + systemic symptoms/acute complicated injury 	1/3 of <ul style="list-style-type: none"> (>3/4) order test or review test or records or independent history Independently review and interpret test/radiology Discuss management /plan with another provider 	Moderate e.g. <ul style="list-style-type: none"> Prescriptions Minor or elective major surgery without risk factors
99205/99215	High	<ul style="list-style-type: none"> >1 chronic illness with severe progression/exacerbation/adverse effects OR Illness with threat to life or body function 	2/3 of <ul style="list-style-type: none"> (>3/4) order test or review test or records or independent history Independently review and interpret test/radiology Discuss management /plan with another provider 	High e.g. <ul style="list-style-type: none"> Intensive drug toxicity monitoring Elective surgery with risk factor Emergency surgery Hospitalization Advance care directives

CPT Code	MDM (2 of 3 elements needed)	Problems (number & complexity)	Data	Risk
99203/99213	Low	<ul style="list-style-type: none"> >2 self-limited/minor 1 stable chronic 1 acute uncomplicated 	1/2 of <ul style="list-style-type: none"> 2/3 of ordering test, review of results or prior external note Independent historian 	Low

- Duration >1 year or until death
- At Rx goal for condition
- Not stable if not at Rx goal even if unchanged
- Risk of morbidity significant if untreated



CPT Code	MDM (2 of 3 elements needed)	Problems (number & complexity)	Data	Risk
99203/99213	Low	<ul style="list-style-type: none"> >2 self-limited/minor 1 stable chronic 1 acute uncomplicated 	1/2 of <ul style="list-style-type: none"> 2/3 of ordering test, review of results or prior external note Independent historian 	Low

- Recent or new short-term problem
- Low risk of morbidity for considered treatment
- Little to no risk of mortality with treatment
- Expected full recovery without functional impairment
- Normally self-limited or minor problems that are not resolving



Case 3

- ▶ 65 yr-old with h/o DM, CHF, HTN
- ▶ **Chief complaint:** leg swelling and rash ×4 days with some pain, fevers
- ▶ **Old records** from primary care physician – has h/o MRSA
 - ▶ No allergies
- ▶ **Exam:** vital signs stable; T 102
 - ▶ Right leg swelling with erythema, mild tenderness, small pustule, minimal discharge
- ▶ **Assessment:** RLE purulent cellulitis, possibly MRSA
- ▶ **Plan:** CBC CMP and wound culture ordered
 - ▶ 5 days of oral doxycycline, adverse effects discussed
- ▶ **Follow up** next week; advised to contact earlier if worsens, case also discussed with PCP

New problem +
systemic signs

Order tests
+ review old
records

Discussion with
other provider

Prescriptions



CPT Code	MDM (2 of 3 elements needed)	Problems (number & complexity)	Data	Risk
99202/99212	Straightforward	<ul style="list-style-type: none"> • 1 self-limited or • Minor problem 	Minimal	Minimal
99203/99213	Low	<ul style="list-style-type: none"> • >2 self-limited/minor • 1 stable chronic • 1 acute uncomplicated 	1/2 of <ul style="list-style-type: none"> • 2/3 of ordering test, review of results or prior external note • Independent historian 	Low
99204/99214	Moderate	<ul style="list-style-type: none"> • >1 chronic problem with progression/exacerbation/adverse effects OR • >2 stable chronic OR • 1 new problem/acute illness + systemic symptoms/acute complicated injury 	1/3 of <ul style="list-style-type: none"> • (>3/4) order test or review test or records or independent history • Independently review and interpret test/radiology • Discuss management /plan with another provider 	Moderate e.g. <ul style="list-style-type: none"> • Prescriptions • Minor or elective major surgery without risk factors
99205/99215	High	<ul style="list-style-type: none"> • >1 chronic illness with severe progression/exacerbation/adverse effects OR • Illness with threat to life or body function 	2/3 of <ul style="list-style-type: none"> • (>3/4) order test or review test or records or independent history • Independently review and interpret test/radiology • Discuss management /plan with another provider 	High e.g. <ul style="list-style-type: none"> • intensive drug toxicity monitoring • Elective surgery with risk factor • Emergency surgery • Hospitalization • Advance care directives

CPT Code	MDM (2 of 3 elements needed)	Problems (number & complexity)	Data	Risk
99204/99214	Moderate	<ul style="list-style-type: none"> >1 chronic problem with progression/exacerbation/adverse effects OR >2 stable chronic OR 1 new problem/acute illness + systemic symptoms/acute complicated injury 	1/3 of <ul style="list-style-type: none"> (>3/4) order test or review test or records or independent history Independently review and interpret test/radiology Discuss management /plan with another provider 	Moderate e.g. <ul style="list-style-type: none"> Prescriptions Minor or elective major surgery without risk factors

- Chronic illness with acute worsening, poorly controlled, or progressing
- Intent to control progression
- Requires additional supportive care or attention to treatment for side effects
- Does not require consideration of hospital level of care



CPT Code	MDM (2 of 3 elements needed)	Problems (number & complexity)	Data	Risk
99204/99214	Moderate	<ul style="list-style-type: none"> >1 chronic problem with progression/exacerbation/adverse effects OR >2 stable chronic OR 1 new problem/acute illness + systemic symptoms/acute complicated injury 	1/3 of <ul style="list-style-type: none"> (>3/4) order test or review test or records or independent history Independently review and interpret test/radiology Discuss management /plan with another provider 	Moderate e.g. <ul style="list-style-type: none"> Prescriptions Minor or elective major surgery without risk factors

- Causes systemic symptoms
- High risk of morbidity without treatment
- Symptoms in a minor illness that are treated to alleviate symptoms, shorten illness course, or prevent complications should be treated as self-limited or minor or acute, uncomplicated
- Systemic symptoms may not be general and may be single system (ie, pyelonephritis, pneumonitis, colitis)



CPT Code	MDM (2 of 3 elements needed)	Problems (number & complexity)	Data	Risk
99204/99214	Moderate	<ul style="list-style-type: none"> >1 chronic problem with progression/exacerbation/adverse effects OR >2 stable chronic OR 1 new problem/acute illness + systemic symptoms/acute complicated injury 	1/3 of <ul style="list-style-type: none"> (>3/4) order test or review test or records or independent history Independently review and interpret test/radiology Discuss management /plan with another provider 	Moderate e.g. <ul style="list-style-type: none"> Prescriptions Minor or elective major surgery without risk factors

- **Complicated illness**
- **Includes evaluation of body systems not part of illness**
- **Includes more possible diagnoses**



Case 4

- ▶ 65 yr-old with DM, CHF, HTN
- ▶ **Chief complaint:** Leg swelling, pain ×4 days
 - ▶ Feels very sick; unable to provide history
 - ▶ Call Daughter :says mom has fevers, malaise and severe leg pain
- ▶ **Exam:** leg erythema with severe tenderness; appears sick
 - ▶ VS 90/60 118 18 103
- ▶ **Assessment:** RLE cellulitis, sepsis, ?necrotizing fasciitis
- ▶ **Plan:** Send to ER for hospitalization and emergent surgical evaluation
 - ▶ CBC CMP, blood cultures
 - ▶ IV Vancomycin and Piperacillin/tazobactam with Vancomycin level monitoring
 - ▶ Case discussed with ER and surgical attending

Life-
threatening
Illness

Independent
history
Order tests
Discuss with
provider

High Risk:
hospitalization
emergency
surgery



CPT Code	MDM (2 of 3 elements needed)	Problems (number & complexity)	Data	Risk
99202/99212	Straightforward	<ul style="list-style-type: none"> 1 self-limited or Minor problem 	Minimal	Minimal
99203/99213	Low	<ul style="list-style-type: none"> >2 self-limited/minor 1 stable chronic 1 acute uncomplicated 	1/2 of <ul style="list-style-type: none"> 2 /3 of ordering test, review of results or prior external note Independent historian 	Low
99204/99214	Moderate	<ul style="list-style-type: none"> >1 chronic problem with progression/exacerbation/adverse effects OR >2 stable chronic OR 1 new problem/acute illness+ systemic symptoms/acute complicated injury 	1/3 of <ul style="list-style-type: none"> (>3/4) order test or review test or records or independent history Independently review and interpret test/radiology Discuss management/plan with another provider 	Moderate e.g. <ul style="list-style-type: none"> Prescriptions Minor or elective major surgery without risk factors
99205/99215	High	<ul style="list-style-type: none"> >1 chronic illness with severe progression/exacerbation/adverse effects OR Illness with threat to life or body function 	2/3 of <ul style="list-style-type: none"> (>3/4) order test or review test or records or independent history Independently review and interpret test/radiology Discuss management/plan with another provider 	High e.g. <ul style="list-style-type: none"> intensive drug toxicity monitoring Elective surgery with risk factor Emergency surgery Hospitalization Advance care directives

CPT Code	MDM (2 of 3 elements needed)	Problems (number & complexity)	Data	Risk
99205/99215	High	<ul style="list-style-type: none"> >1 chronic illness with severe progression/exacerbation/adverse effects OR Illness with threat to life or body function 	2/3 of <ul style="list-style-type: none"> (>3/4) order test or review test or records or independent history Independently review and interpret test/radiology Discuss management/plan with another provider 	High e.g. <ul style="list-style-type: none"> intensive drug toxicity monitoring Elective surgery with risk factor Emergency surgery Hospitalization Advance care directives

- Severe exacerbation or progression of chronic illness
- Severe side effects of treatment having a significant risk of morbidity and may require hospital level of care



CPT Code	MDM (2 of 3 elements needed)	Problems (number & complexity)	Data	Risk
99205/99215	High	<ul style="list-style-type: none"> >1 chronic illness with severe progression/exacerbation/adverse effects OR Illness with threat to life or body function 	2/3 of <ul style="list-style-type: none"> (>3/4) order test or review test or records or independent history Independently review and interpret test/radiology Discuss management/plan with another provider 	High e.g. <ul style="list-style-type: none"> intensive drug toxicity monitoring Elective surgery with risk factor Emergency surgery Hospitalization Advance care directives

- Threat to life or bodily function in near term without treatment due to
- Acute illness with systemic symptoms
- Acute complicated injury
- Chronic illness or injury with exacerbation and/ or progress
- Side effects of treatment



Case 5

- ▶ 65 yr-old DM, CHF, HTN, chronic lymphedema
- ▶ **Chief complaint:** leg swelling and rash ×4 days with some pain
 - ▶ Feels feverish
 - ▶ Old records from prior PCP reviewed – no MRSA, No allergies
- ▶ **Exam:** vital signs stable; no fevers
 - ▶ Right leg swelling with erythema, mild tenderness, no pustules
- ▶ **Assessment:** non-purulent RLE cellulitis
- ▶ **Plan:** oral Keflex X 5 days
- ▶ Discussion with patient about leg elevation, compression stockings and lymphedema as a factor in recurrent cellulitis
- ▶ Total time spent in patient care 34 minutes

Acute
uncomplicated
problem

Review of
external records

Low risk

Time 34
minutes



CPT Code	MDM (2 of 3 elements needed)	Problems (number & complexity)	Data	Risk
99202/99212	Straightforward	<ul style="list-style-type: none"> 1 self-limited or Minor problem 	Minimal	Minimal
99203/99213	Low	<ul style="list-style-type: none"> >2 self-limited/minor 1 stable chronic 1 acute uncomplicated 	1/2 of <ul style="list-style-type: none"> 2/3 of ordering test, review of results or prior external note Independent historian 	Low
99204/99214	Moderate	<ul style="list-style-type: none"> >1 chronic problem with progression/exacerbation/adverse effects OR >2 stable chronic OR 1 new problem/acute illness + systemic symptoms/acute complicated injury 	1/3 of <ul style="list-style-type: none"> (>3/4) order test or review test or records or independent history Independently review and interpret test/radiology Discuss management /plan with another provider 	Moderate e.g. <ul style="list-style-type: none"> Prescriptions Minor or elective major surgery without risk factors
99205/99215	High	<ul style="list-style-type: none"> >1 chronic illness with severe progression/exacerbation/adverse effects OR Illness with threat to life or body function 	2/3 of <ul style="list-style-type: none"> (>3/4) order test or review test or records or independent history Independently review and interpret test/radiology Discuss management /plan with another provider 	High e.g. <ul style="list-style-type: none"> intensive drug toxicity monitoring Elective surgery with risk factor Emergency surgery Hospitalization Advance care directives

Time-Based Coding

New Patient

Level	99202	99203	99204	99205	
Time spent (minutes)	15-29	30-44	45-59	60-74	

Established Patient

Level	99211	99212	99213	99214	99215
Time spent (minutes)	NA	10-19	20-29	30-39	40-54

Disclaimer: CPT® is copyrighted by the American Medical Association. Given the inherent subjectivity of choosing the most appropriate CPT code or HCPCS code for services provided to patients, the material provided within this document is for informational and educational purposes only. Readers must use their independent, professional judgment in making coding decisions. IDSA assumes no risk in providing coding information and all risks are assumed by the provider, physician, or other qualified healthcare professional.