2024 Office Visit Evaluation & Management (E/M) Coding Tool

WELTER HEALTHCARE PARTNERS

Select appropriate level of E/M service based on either: **1. Level of MDM** **OR** **2. Total Encounter Time** *(*see below)*	**Level of Medical Decision Making (MDM)** *To qualify for a particular level of medical decision making TWO of the three (2/3) ELEMENTS of MDM below MUST BE MET* **or exceeded.** ***Quantity of History and Exam is not considered when in selecting the level of service. Notes should include a medically appropriate history and/or physical exam, when performed.**		
	Elements of Medical Decision Making (MDM)		
	(1) Number & Complexity of Problems Addressed	**(2) Amount and/or Complexity of Data to be Reviewed and Analyzed**	**(3) Risk of Complications and/or Morbidity or Mortality of Patient Management**
* Total encounter time includes both face to face (F2F) and non-F2F time personally spent by the clinician on the day of the encounter. Time includes completing documentation. Clinical staff time cannot be counted. Avoid use of time statements in all records, only document time when selecting code based on total encounter time.			
Straightforward MDM **99202**: 15 minutes **99212:** 10 minutes	Minimal • 1 self-limited or minor problem	Minimal or none	**Minimal risk of morbidity from additional diagnostic testing or treatment** *Examples only:* • Rest/Gargles • Superficial dressings/bandages
Low Complexity MDM **99203:** 30 minutes **99213:** 20 minutes	• 2 or more self-limited or minor problems; • 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 | *Any combination of 2 from the following:* • Review of prior external note(s) from each unique source*; • Review of the result(s) of each unique test*; • Ordering of each unique test* **OR** ***Category 2:*** Assessment requiring an independent historian(s)** *(For the categories of independent interpretation of tests and discussion of management or test interpretation, see moderate or high)*	**Low risk of morbidity from additional diagnostic testing or treatment** *Examples only:* • Over-the-counter drugs• Physical therapy/Occupational Therapy
Moderate Complexity MDM **99204:** 45 minutes **99214:** 30 minutes	• 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 w/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) 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 a test performed by another physician/other qualified health care professional (not separately reported); **OR** ***Category 3:*** Discussion of management or test interpretation with external clinician or 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 w/o identified patient or procedure risk factors • Diagnosis or treatment significantly limited by social determinants of health
High Complexity MDM **99205:** 60 minutes **99215:** 40 minutes	• 1 or more chronic illnesses w/severe exacerbation, progression, or side effects of treatment; **or** • 1 acute or chronic illness or injury that poses a threat to life or bodily function	**Extensive:** *(Must meet the requirements of at least* ***2 out of 3 categories*** *)* ***Category 1:*** Tests, documents, or independent historian(s) *Any combination of 3 from the following:* • Review of prior external note(s) from each unique source*; • Review of the result(s) of each unique test*; • Ordering of each unique test*; • Assessment requiring an independent historian(s) **OR** ***Category 2:*** 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 with external clinician or appropriate source (not separately reported)	**High risk of morbidity from additional diagnostic testing or treatment** *Examples only:* • 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

Per AMA: For the purposes of medical decision making, level the 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, of risk is based upon treatment and/or hospitalization. **Risk of MDM is based on the risk of patient management at the encounter, not the risk of the condition itself.**

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*****See back side of coding tool for prolonged services, definitions and documentation considerations.***

Definitions for MDM Terms & Documentation Considerations

Term	Definition
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. Conditions are treated as chronic whether or not stage or severity changes.
Acute, uncomplicated illness or injury	A recent or new short-term problem with low risk of morbidity. There is little to no risk of mortality, full recovery expected. *Examples: allergic rhinitis or a simple sprain.*
Chronic illness with exacerbation, progression/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	A problem in the differential diagnosis that represents a condition likely to result in a high risk of morbidity without treatment. *An example may include 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 include a head injury with brief loss of consciousness.*
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.
Chronic illness with severe exacerbation, progression, or side	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 MI, PE, severe respiratory distress*
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.*
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.

Tests that do not require separate interpretation (eg,results only) and are analyzed as part of MDM do not count as an independent interpretation, but may be counted as ordered or reviewed for selecting an MDM level.

Analyzed: The process of using the data as part of the MDM. The data element itself may not be subject to analysis (eg, glucose), but it is instead included in the thought processes for diagnosis, evaluation, or treatment. Tests ordered are presumed to be analyzed when the results are reported. Therefore, when they are ordered during an encounter, they are counted in that encounter. Tests that are ordered outside of an encounter may be counted in the encounter in which they are analyzed. In the case of a recurring order, each new result may be counted in the encounter in which it is analyzed. For example, an encounter that includes an order for monthly prothrombin times would count for one prothrombin time ordered and reviewed. Additional future results, if analyzed in a subsequent encounter, may be counted as a single test in that subsequent encounter. Any service for which the professional component is separately reported by the physician or other qualified health care professional reporting the E/M services is not counted as a data element ordered, reviewed, analyzed, or independently interpreted for the purposes of determining the level of MDM.

A combination of different data elements, for example, a combination of notes reviewed, tests ordered, tests reviewed, or independent historian, allows these elements to be summed. It does not require each item type or category to be represented. A unique test ordered, plus a note reviewed and an independent historian would be a combination of three elements.

PROLONGED SERVICES: **+**● 99417* Prolonged service(s), requiring total time with or without direct patient contact beyond the usual service, on the date of the primary service; each 15 minutes (List separately in addition to codes 99205, 99215 for office or other outpatient Evaluation and Management services). To report a unit of 99417, 15 minutes of additional time must have been attained after the minimum time of the level 5 code has been met.** Do not report 99417 for any additional time increment of less than 15 minutes. Time spent performing separately reported services other than the E/M service does not count .

*****CMS guidelines (Medicare) instruct to report G2212 for prolonged services for each additional 15 minutes of time is spent after maximum time of level 5 has been met.***

Total Duration of New Patient Services:
75-89 minutes = 99205 X 1 and 99417 X 1
90-104 minutes = 99205 X 1 and 99417 X 2
105 minutes or more = 99205 X 1 and 99417 X 3 or more

Total Duration of Established Patient Services:
55 - 69 minutes = 99215 X 1 and 99417 X 1
70 - 84 minutes = 99215 X 1 and 99417 X 2
85 minutes or more = 99215 X 1 and 99417 X 3 or more

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Updated: 12/18/2023