

2021 E/M Changes

Office/Outpatient Setting Only

Document a clinically appropriate History and Exam
 MDM or Time will determine the appropriate code for
 99202- 99215

Medical Decision Making (MDM) includes 3 components:

- 1) Number and complexity of problems addressed at encounter
- 2) Amount and/or complexity of data to be reviewed and analyzed
- 3) Risk of complications and/or morbidity or mortality of patient management

E/M Office/Outpatient Revised Definitions

New Office Patients				
E/M	Hx	Exam	MDM	Time*
99202	-	-	SF	15-29 min
99203	-	-	Low	30-44 min
99204	-	-	Mod	45-59 min
99205	-	-	High	60-74 min
Medical Decision Making or Time				

Established Office Patients				
E/M	Hx	Exam	MDM	Time*
99212	-	-	SF	10-19 min
99213	-	-	Low	20-29 min
99214	-	-	Mod	30-39 min
99215	-	-	High	40-54 min
Medical Decision Making or Time				

Questions?

Compliance-training@med.cornell.edu

Moderate Medical Decision Making

Level of Medical Decision Making (2/3 elements of MDM)	Number and Complexity of Problems Addressed	Amount and/or complexity of Data to be Reviewed and Analyzed	Risk of complications and/or morbidity or mortality of Patient Management
Moderate Complexity (99204,99214)	MODERATE 1 or More chronic illnesses with exacerbation, progression, or side effects of treatment OR 2 or More stable chronic illness OR 1 Undiagnosed new problem with uncertain prognosis OR 1 acute illness with systemic symptoms OR 1 Acute complicated injury	MODERATE (1 of 3) 1. Tests and documents Any 3 of the following: -Review of prior external notes from each unique source -Review of the results of each unique test -Ordering of each unique test Assessment requiring independent historian(s), OR 2. Independent interpretation of tests OR 3. Discussion of management or test interpretation with external physician/other source	MODERATE RISK OF MORBIDITY OR MORTALITY FROM ADDITIONAL DIAGNOSTIC TESTING OR TREATMENT Examples: <i>Prescription Drug Management</i> Decision regarding minor surgery with identified patient or procedure risk factors Decision regarding elective major surgery without identified procedure risk factors Diagnosis or treatment significantly limited by social determinants of health

High Medical Decision Making

Level of Medical Decision Making (2/3 elements of MDM)	Number and Complexity of Problems Addressed	Amount and/or complexity of Data to be Reviewed and Analyzed	Risk of complications and/or morbidity or mortality of Patient Management
High Complexity (99205,99215)	HIGH 1 or more chronic illnesses with severe exacerbation, progression, or side effects of treatment, OR 1 acute or chronic illness or injury that poses a threat to life or bodily function	HIGH (2 of 3) 1. Tests and documents Any 3 of the following: -Review of prior external notes from each unique source -Review of the results of each unique test -Ordering of each unique test Assessment requiring independent historian(s), OR 2. Independent interpretation of tests OR 3. Discussion of management or test interpretation with external physician/other source	HIGH RISK OF MORBIDITY OR MORTALITY FROM ADDITIONAL DIAGNOSTIC TESTING OR TREATMENT Examples: <i>Drug therapy requiring intensive monitoring for toxicity</i> Decision regarding major surgery with identified procedure risk factors Decision regarding emergency major surgery Decision regarding hospitalization Decision not to resuscitate or to de-escalate care because of poor prognosis

Coding Based on Time

Providers may count the total time on the day of the encounter that may or may not include counseling and care coordination.

Eligible time includes:

- Face –to-face and non-face-to-face time that the provider personally spends before, during, and after the visit on the same day.

NOTE: Time can only be reported by Provider/Other Qualified Health Care Professional, time cannot be reported for services performed by ancillary staff/RN or resident.

Prolonged Services

New Prolonged Code 99417 added. Can be used with 99205 or 99215. Provider must meet the highest time in the range plus 15 minutes in direct or non-direct patient care on same date of service.

NOTE: WCM will default to CMS guidelines, which require 15 minutes beyond the total time with or without direct patient contact beyond the usual service, on the date of primary service (99205/99215)

*Please verify commercial payer specific time range requirements for prolonged services.

Office/Clinic Setting Prolonged Service	
Total Duration of New Patient Office Visit (use with 99205)	Code(s)
Less than 75 minutes	Not reported separately
89-103 minutes	99205 X 1 and 99417 x 1
104-118 minutes	99205 X 1 and 99417 x 2
119 or more	99205 X 1 and 99417 x 3 or more for each additional 15 minutes
Only use with 99205	

Office/Clinic Setting Prolonged Service	
Total Duration of Est. Patient Office Visit (use with 99215)	Code(s)
Less than 55 minutes	Not reported separately
69-83 minutes	99215 X 1 and 99417 x 1
84-98 minutes	99215 X 1 and 99417 x 2
99 or more	99215 X 1 and 99417 x 3 or more for each additional 15 minutes
Only use with 99215	

Risk Table for MDM

Minimal risk of morbidity from additional diagnostic testing or treatment

Low risk of morbidity from additional diagnostic testing or treatment

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

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 de-escalate care because of poor prognosis

Morbidity is a “state of illness or functional impairment that is expected to be of substantial duration during which function is limited, quality of life is impaired, or there is organ damage that may not be transient despite treatment

Include M.E.A.T. in the Documentation

Each diagnosis must be documented in the assessment, plan of care, and demonstrate the provider is:

Monitoring, Evaluating, Assessing/addressing or Treating the condition.

M.E.A.T. Example:

Monitoring– signs, symptoms, disease progression, disease regression

Evaluating– test results, medication effectiveness, response to treatment

Assessing/Addressing– ordering tests, discussion, review records, counseling

Treating– medications, therapies, other modalities

Low Medical Decision Making

Risk of complications and/or morbidity or mortality of Patient Management	MINIMAL RISK OF MORBIDITY OR MORTALITY FROM ADDITIONAL DIAGNOSTIC TESTING OR TREATMENT	LOW RISK OF MORBIDITY OR MORTALITY FROM ADDITIONAL DIAGNOSTIC TESTING OR TREATMENT
Amount and/or complexity of data to be Reviewed and Analyzed	MINIMAL OR NONE	LIMITED (1 of 2) Tests and Documents Any 2 of the following: 1.Review of prior external notes from each unique source: -Review of the results of each unique test -Order of each unique test (influenza) 2.Assessment requiring independent historians
Number and Complexity of Problems Addressed	MINIMAL	LIMITED 2 or More Self-Limited or Minor Problems OR 1 Stable Chronic Illness OR 1 acute, uncomplicated illness or Injury
Level of Medical Decision Making	Straightforward (99202, 99212)	Low Complexity (99203, 99213) 2/3 Elements of MDM