



**BCAREV**

*Billing, Coding, Auditing, Revenue Cycle Training by BCA*

# Tough Topics in the FQHC:

Practice with E/M Guidelines



# Agenda

## E/M Guideline Refresher

High-level reminders for E/M code selection using time and MDM

## Practice with Common Scenarios

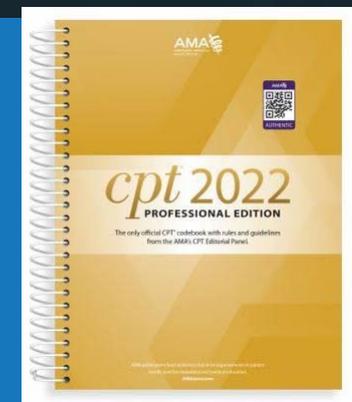
Redacted encounter information we'll use for practicing our skills

## Analysis

How does internal data point to areas of concern or curiosity?



# Coding Tools



## CPT® Evaluation and Management (E/M) Office or Other Outpatient (99202-99215) and Prolonged Services (99354, 99355, 99356, 99XXX) Code and Guideline Changes

This document includes the following CPT E/M changes, effective January 1, 2021:

- E/M Introductory Guidelines related to Office or Other Outpatient Codes 99202-99215
- Revised Office or Other Outpatient E/M codes 99202-99215

For the complete version of E/M Introductory guideline changes, Office or Other Outpatient (99202-99215) code changes, Prolonged Services code (99354, 99355, 99356, 99XXX) and guideline changes, see *Complete E-M Guideline and Code Changes.doc*.

*Note: this content will not be included in the CPT 2020 code set release*

### Category I

#### Evaluation and Management (E/M) Services Guidelines Guidelines Common to All E/M Services

##### Time

The inclusion of time in the definitions of levels of E/M services has been implicit in prior editions of the CPT codebook. The inclusion of time as an explicit factor beginning in CPT 1992 is done to assist in selecting the most appropriate level of E/M services. Beginning with CPT 2021 and except for 99211, time alone may be used to select the appropriate code level for the office or other outpatient E/M services codes (99202, 99203, 99204, 99205, 99212, 99213, 99214, 99215). Different categories of services use time differently. It is important to review the instructions for each category.

Time is not a descriptive component for the emergency department levels of E/M services because emergency department services are typically provided on a variable intensity basis, often involving multiple encounters with several patients over an extended period of time. Therefore, it is often difficult to provide accurate estimates of the time spent face-to-face with the patient.

Time may be used to select a code level in office or other outpatient services whether or not counseling and/or coordination of care dominates the service. Time may only be used for selecting the level of the other E/M services when counseling and/or coordination of care dominates the service.

When time is used to select the appropriate level for E/M services codes, time is defined by the service descriptors. The E/M services for which these guidelines apply require a face-to-face encounter with the physician or other qualified health care professional. For office or other outpatient services, if the physician's or

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**Table 2 – CPT E/M Office Revisions Level of Medical Decision Making (MDM)**

### Revisions effective January 1, 2021:

*Note: this content will not be included in the CPT 2020 code set release*



| Code           | Level of MDM<br>(Based on 2 out of 3 Elements of MDM) | Number and Complexity of Problems Addressed  | Elements of Medical Decision Making<br>Amount and/or Complexity of Data to be Reviewed and Analyzed   | Risk of Complications and/or Morbidity or Mortality of Patient Management  |
|----------------|---|--|---|--|
| 99211          | N/A   | N/A  | *Each unique test, order, or document contributes to the combination of 2 or combination of 3 in Category 1 below.  | N/A  |
| 99202<br>99212 | Straightforward                                       | Minimal<br>• 1 self-limited or minor problem   | Minimal or none   | Minimal risk of morbidity from additional diagnostic testing or treatment  |
| 99203<br>99213 | Low   | Low<br>• 2 or more self-limited or minor problems; or<br>• 1 stable chronic illness; or<br>• 1 acute, uncomplicated illness or injury  | Limited<br>(Must meet the requirements of at least 1 of the 2 categories)<br>Category 1: Tests and documents<br>• Any combination of 2 from the following:<br>• Review of prior external note(s) from each unique source*;<br>• Review of the result(s) of each unique test*;<br>• Ordering of each unique test*<br>or<br>Category 2: Assessment requiring an independent historian(s)<br>(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  |
| 99204<br>99214 | Moderate  | Moderate<br>• 1 or more chronic illnesses with exacerbation, progression, or side effects of treatment; or<br>• 2 or more stable chronic illnesses; or<br>• 1 undiagnosed new problem with uncertain prognosis; or<br>• 1 acute illness with systemic symptoms; or<br>• 1 acute complicated injury | Moderate<br>(Must meet the requirements of at least 1 out of 3 categories)<br>Category 1: Tests, documents, or independent historian(s)<br>• Any combination of 3 from the following:<br>• Review of prior external note(s) from each unique source*;<br>• Review of the result(s) of each unique test*;<br>• Ordering of each unique test*;<br>• Assessment requiring an independent historian(s)<br>or<br>Category 2: Independent interpretation of tests<br>• Independent interpretation of a test performed by another physician/other qualified health care professional (not separately reported);<br>or<br>Category 3: Discussion of management or test interpretation<br>• 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<br><br><i>Examples only:</i><br>• Prescription drug management<br>• Decision regarding minor surgery with identified patient or procedure risk factors<br>• Decision regarding elective major surgery without identified patient or procedure risk factors<br>• Diagnosis or treatment significantly limited by social determinants of health                     |
| 99205<br>99215 | High  | High<br>• 1 or more chronic illnesses with severe exacerbation, progression, or side effects of treatment; or<br>• 1 acute or chronic illness or injury that poses a threat to life or bodily function   | Extensive<br>(Must meet the requirements of at least 2 out of 3 categories)<br>Category 1: Tests, documents, or independent historian(s)<br>• Any combination of 3 from the following:<br>• Review of prior external note(s) from each unique source*;<br>• Review of the result(s) of each unique test*;<br>• Ordering of each unique test*;<br>• Assessment requiring an independent historian(s)<br>or<br>Category 2: Independent interpretation of tests<br>• Independent interpretation of a test performed by another physician/other qualified health care professional (not separately reported);<br>or<br>Category 3: Discussion of management or test interpretation<br>• Discussion of management or test interpretation with external physician/other qualified health care professional/appropriate source (not separately reported) | High risk of morbidity from additional diagnostic testing or treatment<br><br><i>Examples only:</i><br>• Drug therapy requiring intensive monitoring for toxicity<br>• Decision regarding elective major surgery with identified patient or procedure risk factors<br>• Decision regarding emergency major surgery<br>• Decision regarding hospitalization<br>• Decision not to resuscitate or to de-escalate care because of poor prognosis |

# E/M Code Assignment Considerations for 99202-99215



## Time Based Coding

- Total time devoted to patient on DOS
- Only count clinician time

## MDM-Based Coding

- Number and complexity of problems to be addressed
- Amount and complexity of data to be reviewed and analyzed
- Risk of complications and/or morbidity or mortality of patient management today



# Level of MDM

| BCA Recipe Card - Must meet TWO of THREE categories: |  |   |   |
|--|--|---|---|
| Final E/M Code                                       | Problems: Number/Complexity  | Data: Amount/Complexity   | Risk of Complication  |
| 99202/99212<br>Straightforward                       | 1 self-limited or minor problem  | None  | None<br>Rest, Ice, Elevation  |
| 99203/99213<br>Low                                   | <ul style="list-style-type: none"> <li>•2+ Self-limited or minor illness</li> <li>•1 Stable chronic</li> <li>•1 Acute uncomplicated</li> </ul>   | <b>Limited: 1 of 2 data categories required</b> <ul style="list-style-type: none"> <li>•2 Unique tests or documents <b>OR</b></li> <li>•1 Independent historian assessment</li> </ul>   | <b>Low</b><br>OTC Meds<br>PT, OT  |
| 99204/99214<br>Moderate                              | <ul style="list-style-type: none"> <li>•1+ Progressing chronic, exacerbation or treatment SE</li> <li>•2+ Stable chronic</li> <li>•1 Undiagnosed new problem</li> <li>•1 Acute illness w/systemic symptoms</li> <li>•1 Acute complicated injury</li> </ul> | <b>Moderate: 1 of 3 data categories required</b> <ul style="list-style-type: none"> <li>•3 Unique tests,external notes from unique source or ind historian assessment</li> <li>•Test interp not separately reported by clinician</li> <li>•Mgmt discussion or test interp w/external clinician/appropriate source</li> </ul>  | <b>Moderate</b> <ul style="list-style-type: none"> <li>•Rx drug mgmt</li> <li>•Minor surgery/procedure decision w/patient or procedure risk factors</li> <li>•Major surgery decision w/o identified patient or procedure risk factors</li> <li>•SDoH significantly limiting dx or mgmt</li> </ul>   |
| 99205/99215<br>High                                  | <ul style="list-style-type: none"> <li>•1+ Chronic illness w/severe exacerbation or treatment SE</li> <li>•1 Acute or chronic or injury posing a threat to life/ bodily function</li> </ul>  | <b>Extensive: 2 of 3 data categories required</b> <ul style="list-style-type: none"> <li>•3 Unique tests,external notes from unique source or ind historian assessment</li> <li>•Test interp not separately reported by clinician</li> <li>•Mgmt discussion or test interp w/external clinician/appropriate source</li> </ul> | <b>High</b> <ul style="list-style-type: none"> <li>•Intensive monitoring for drug therapy for toxicity</li> <li>•Elective major surgery decision w/identified patient or procedure risk factors</li> <li>•Emergent major surgery decision</li> <li>•Decision regarding hospitalization</li> <li>•DNR or de-escalation of care d/t poor prognosis</li> </ul> |

# Time Ranges



| Final E/M Code                 |            |
|--------------------------------|------------|
| Established Patient Time Range |            |
| 99212                          | 10-19 mins |
| 99213                          | 20-29 mins |
| 99214                          | 30-39 mins |
| 99215                          | 40-54 mins |
|                                |            |
| New Patient                    | Time Range |
| 99202                          | 15-29 mins |
| 99203                          | 30-44 mins |
| 99204                          | 45-59 mins |
| 99205                          | 60-74 mins |

# Practice Scenarios



# Let's Apply:

1

Newborn check, age 4 days, mild jaundice and feeding problem; both improving, continue BF.

2

Asthma with exacerbation, w/ Rx mgmt.

3

Cellulitis, Rx abx.

4

53yo f/u T2DM, not controlled (random BS and A1C today) , insulin adjusted.

5

Multiple chronic illnesses, all stable on Rx's, labs due in 6 months (order placed for 4 unique tests).

| Code           | Level of MDM<br>(Based on 2 out of 3 Elements of MDM) | Elements of Medical Decision Making   |  |   |
|----------------|---|---|--|---|
|                |   | Number and Complexity of Problems Addressed   | Amount and/or Complexity of Data to be Reviewed and Analyzed<br><i>*Each unique test, order, or document contributes to the combination of 2 or combination of 3 in Category 1 below.</i>  | Risk of Complications and/or Morbidity or Mortality of Patient Management   |
| 99211          | N/A   | N/A   | N/A  | N/A   |
| 99202<br>99212 | Straightforward                                       | <b>Minimal</b><br>• 1 self-limited or minor problem   | Minimal or none  | Minimal risk of morbidity from additional diagnostic testing or treatment   |
| 99203<br>99213 | Low   | <b>Low</b><br>• 2 or more self-limited or minor problems;<br>or<br>• 1 stable chronic illness;<br>or<br>• 1 acute, uncomplicated illness or injury  | <b>Limited</b><br><i>(Must meet the requirements of at least 1 of the 2 categories)</i><br><br><b>Category 1: Tests and documents</b><br>• <b>Any combination of 2 from the following:</b><br>• Review of prior external note(s) from each unique source*;<br>• review of the result(s) of each unique test*;<br>• ordering of each unique test*<br><br>or<br><b>Category 2: Assessment requiring an independent historian(s)</b><br><i>(For the categories of independent interpretation of tests and discussion of management or test interpretation, see moderate or high)</i>  | Low risk of morbidity from additional diagnostic testing or treatment   |
| 99204<br>99214 | Moderate  | <b>Moderate</b><br>• 1 or more chronic illnesses with exacerbation, progression, or side effects of treatment;<br>or<br>• 2 or more stable chronic illnesses;<br>or<br>• 1 undiagnosed new problem with uncertain prognosis;<br>or<br>• 1 acute illness with systemic symptoms;<br>or<br>• 1 acute complicated injury | <b>Moderate</b><br><i>(Must meet the requirements of at least 1 out of 3 categories)</i><br><b>Category 1: Tests, documents, or independent historian(s)</b><br>• <b>Any combination of 3 from the following:</b><br>• Review of prior external note(s) from each unique source*;<br>• Review of the result(s) of each unique test*;<br>• Ordering of each unique test*;<br>• Assessment requiring an independent historian(s)<br><br>or<br><b>Category 2: Independent interpretation of tests</b><br>• Independent interpretation of a test performed by another physician/other qualified health care professional (not separately reported);<br><br>or<br><b>Category 3: Discussion of management or test interpretation</b><br>• Discussion of management or test interpretation with external physician/other qualified health care professional/appropriate source (not separately reported)             | <b>Moderate risk of morbidity from additional diagnostic testing or treatment</b><br><br><i>Examples only:</i><br>• Prescription drug management<br>• Decision regarding minor surgery with identified patient or procedure risk factors<br>• Decision regarding elective major surgery without identified patient or procedure risk factors<br>• Diagnosis or treatment significantly limited by social determinants of health                     |
| 99205<br>99215 | High  | <b>High</b><br>• 1 or more chronic illnesses with severe exacerbation, progression, or side effects of treatment;<br>or<br>• 1 acute or chronic illness or injury that poses a threat to life or bodily function  | <b>Extensive</b><br><i>(Must meet the requirements of at least 2 out of 3 categories)</i><br><br><b>Category 1: Tests, documents, or independent historian(s)</b><br>• <b>Any combination of 3 from the following:</b><br>• Review of prior external note(s) from each unique source*;<br>• Review of the result(s) of each unique test*;<br>• Ordering of each unique test*;<br>• Assessment requiring an independent historian(s)<br><br>or<br><b>Category 2: Independent interpretation of tests</b><br>• <b>Independent interpretation of a test performed by another physician/other qualified health care professional (not separately reported);</b><br><br>or<br><b>Category 3: Discussion of management or test interpretation</b><br>• Discussion of management or test interpretation with external physician/other qualified health care professional/appropriate source (not separately reported) | <b>High risk of morbidity from additional diagnostic testing or treatment</b><br><br><i>Examples only:</i><br>• Drug therapy requiring intensive monitoring for toxicity<br>• Decision regarding elective major surgery with identified patient or procedure risk factors<br>• Decision regarding emergency major surgery<br>• Decision regarding hospitalization<br>• Decision not to resuscitate or to de-escalate care because of poor prognosis |

# Let's Apply:

1

Newborn check, age 4 days, mild jaundice and feeding problem; both improving, continue BF.

| Code           | Level of MDM<br>(Based on 2 out of 3 Elements of MDM) | Elements of Medical Decision Making  |   |  |
|----------------|---|--|---|--|
|                |   | Number and Complexity of Problems Addressed  | Amount and/or Complexity of Data to be Reviewed and Analyzed<br><i>*Each unique test, order, or document contributes to the combination of 2 or combination of 3 in Category 1 below.</i>   | Risk of Complications and/or Morbidity or Mortality of Patient Management  |
| 99211          | N/A   | N/A  | N/A   | N/A  |
| 99202<br>99212 | Straightforward                                       | Minimal<br>• 1 self-limited or minor problem   | Minimal or none   | Minimal risk of morbidity from additional diagnostic testing or treatment  |
| 99203<br>99213 | Low   | Low<br>• 2 or more self-limited or minor problems;<br>or<br>• 1 stable chronic illness;<br>or<br>• 1 acute, uncomplicated illness or injury  | Limited<br><i>(Must meet the requirements of at least 1 of the 2 categories)</i><br><br><b>Category 1: Tests and documents</b><br>• Any combination of 2 from the following:<br>• Review of prior external note(s) from each unique source*;<br>• review of the result(s) of each unique test*;<br>• ordering of each unique test*<br>or<br><b>Category 2: Assessment requiring an independent historian(s)</b><br><i>(For the categories of independent interpretation of tests and discussion of management or test interpretation, see moderate or high)</i>   | Low risk of morbidity from additional diagnostic testing or treatment  |
| 99204<br>99214 | Moderate  | Moderate<br>• 1 or more chronic illnesses with exacerbation, progression, or side effects of treatment;<br>or<br>• 2 or more stable chronic illnesses;<br>or<br>• 1 undiagnosed new problem with uncertain prognosis;<br>or<br>• 1 acute illness with systemic symptoms;<br>or<br>• 1 acute complicated injury | Moderate<br><i>(Must meet the requirements of at least 1 out of 3 categories)</i><br><b>Category 1: Tests, documents, or independent historian(s)</b><br>• Any combination of 3 from the following:<br>• Review of prior external note(s) from each unique source*;<br>• Review of the result(s) of each unique test*;<br>• Ordering of each unique test*;<br>• Assessment requiring an independent historian(s)<br>or<br><b>Category 2: Independent interpretation of tests</b><br>• Independent interpretation of a test performed by another physician/other qualified health care professional (not separately reported);<br>or<br><b>Category 3: Discussion of management or test interpretation</b><br>• 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<br><br><i>Examples only:</i><br>• Prescription drug management<br>• Decision regarding minor surgery with identified patient or procedure risk factors<br>• Decision regarding elective major surgery without identified patient or procedure risk factors<br>• Diagnosis or treatment significantly limited by social determinants of health                     |
| 99205<br>99215 | High  | High<br>• 1 or more chronic illnesses with severe exacerbation, progression, or side effects of treatment;<br>or<br>• 1 acute or chronic illness or injury that poses a threat to life or bodily function  | Extensive<br><i>(Must meet the requirements of at least 2 out of 3 categories)</i><br><b>Category 1: Tests, documents, or independent historian(s)</b><br>• Any combination of 3 from the following:<br>• Review of prior external note(s) from each unique source*;<br>• Review of the result(s) of each unique test*;<br>• Ordering of each unique test*;<br>• Assessment requiring an independent historian(s)<br>or<br><b>Category 2: Independent interpretation of tests</b><br>• Independent interpretation of a test performed by another physician/other qualified health care professional (not separately reported);<br>or<br><b>Category 3: Discussion of management or test interpretation</b><br>• Discussion of management or test interpretation with external physician/other qualified health care professional/appropriate source (not separately reported) | High risk of morbidity from additional diagnostic testing or treatment<br><br><i>Examples only:</i><br>• Drug therapy requiring intensive monitoring for toxicity<br>• Decision regarding elective major surgery with identified patient or procedure risk factors<br>• Decision regarding emergency major surgery<br>• Decision regarding hospitalization<br>• Decision not to resuscitate or to de-escalate care because of poor prognosis |

# Let's Apply:

2

Asthma with exacerbation, w/ Rx mgmt.

| Code           | Level of MDM<br>(Based on 2 out of 3 Elements of MDM) | Elements of Medical Decision Making  |   |  |
|----------------|---|--|---|--|
|                |   | Number and Complexity of Problems Addressed  | Amount and/or Complexity of Data to be Reviewed and Analyzed<br><i>*Each unique test, order, or document contributes to the combination of 2 or combination of 3 in Category 1 below.</i>   | Risk of Complications and/or Morbidity or Mortality of Patient Management  |
| 99211          | N/A   | N/A  | N/A   | N/A  |
| 99202<br>99212 | Straightforward                                       | Minimal<br>• 1 self-limited or minor problem   | Minimal or none   | Minimal risk of morbidity from additional diagnostic testing or treatment  |
| 99203<br>99213 | Low   | Low<br>• 2 or more self-limited or minor problems;<br>or<br>• 1 stable chronic illness;<br>or<br>• 1 acute, uncomplicated illness or injury  | Limited<br><i>(Must meet the requirements of at least 1 of the 2 categories)</i><br><br><b>Category 1: Tests and documents</b><br>• Any combination of 2 from the following:<br>• Review of prior external note(s) from each unique source*;<br>• review of the result(s) of each unique test*;<br>• ordering of each unique test*<br>or<br><b>Category 2: Assessment requiring an independent historian(s)</b><br><i>(For the categories of independent interpretation of tests and discussion of management or test interpretation, see moderate or high)</i>   | Low risk of morbidity from additional diagnostic testing or treatment  |
| 99204<br>99214 | Moderate  | Moderate<br>• 1 or more chronic illnesses with exacerbation, progression, or side effects of treatment;<br>or<br>• 2 or more stable chronic illnesses;<br>or<br>• 1 undiagnosed new problem with uncertain prognosis;<br>or<br>• 1 acute illness with systemic symptoms;<br>or<br>• 1 acute complicated injury | Moderate<br><i>(Must meet the requirements of at least 1 out of 3 categories)</i><br><b>Category 1: Tests, documents, or independent historian(s)</b><br>• Any combination of 3 from the following:<br>• Review of prior external note(s) from each unique source*;<br>• Review of the result(s) of each unique test*;<br>• Ordering of each unique test*;<br>• Assessment requiring an independent historian(s)<br>or<br><b>Category 2: Independent interpretation of tests</b><br>• Independent interpretation of a test performed by another physician/other qualified health care professional (not separately reported);<br>or<br><b>Category 3: Discussion of management or test interpretation</b><br>• 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<br><br><i>Examples only:</i><br>• Prescription drug management<br>• Decision regarding minor surgery with identified patient or procedure risk factors<br>• Decision regarding elective major surgery without identified patient or procedure risk factors<br>• Diagnosis or treatment significantly limited by social determinants of health                     |
| 99205<br>99215 | High  | High<br>• 1 or more chronic illnesses with severe exacerbation, progression, or side effects of treatment;<br>or<br>• 1 acute or chronic illness or injury that poses a threat to life or bodily function  | Extensive<br><i>(Must meet the requirements of at least 2 out of 3 categories)</i><br><b>Category 1: Tests, documents, or independent historian(s)</b><br>• Any combination of 3 from the following:<br>• Review of prior external note(s) from each unique source*;<br>• Review of the result(s) of each unique test*;<br>• Ordering of each unique test*;<br>• Assessment requiring an independent historian(s)<br>or<br><b>Category 2: Independent interpretation of tests</b><br>• Independent interpretation of a test performed by another physician/other qualified health care professional (not separately reported);<br>or<br><b>Category 3: Discussion of management or test interpretation</b><br>• Discussion of management or test interpretation with external physician/other qualified health care professional/appropriate source (not separately reported) | High risk of morbidity from additional diagnostic testing or treatment<br><br><i>Examples only:</i><br>• Drug therapy requiring intensive monitoring for toxicity<br>• Decision regarding elective major surgery with identified patient or procedure risk factors<br>• Decision regarding emergency major surgery<br>• Decision regarding hospitalization<br>• Decision not to resuscitate or to de-escalate care because of poor prognosis |

# Let's Apply:

3

Cellulitis, Rx abx.

| Code           | Level of MDM<br>(Based on 2 out of 3 Elements of MDM) | Elements of Medical Decision Making   |  |   |
|----------------|---|---|--|---|
|                |   | Number and Complexity of Problems Addressed   | Amount and/or Complexity of Data to be Reviewed and Analyzed<br><i>*Each unique test, order, or document contributes to the combination of 2 or combination of 3 in Category 1 below.</i>  | Risk of Complications and/or Morbidity or Mortality of Patient Management   |
| 99211          | N/A   | N/A   | N/A  | N/A   |
| 99202<br>99212 | Straightforward                                       | Minimal <ul style="list-style-type: none"> <li>• 1 self-limited or minor problem</li> </ul>   | Minimal or none  | Minimal risk of morbidity from additional diagnostic testing or treatment   |
| 99203<br>99213 | Low   | Low <ul style="list-style-type: none"> <li>• 2 or more self-limited or minor problems;</li> <li>or</li> <li>• 1 stable chronic illness;</li> <li>or</li> <li>• 1 acute, uncomplicated illness or injury</li> </ul>  | Limited<br><i>(Must meet the requirements of at least 1 of the 2 categories)</i><br><br><b>Category 1: Tests and documents</b> <ul style="list-style-type: none"> <li>• Any combination of 2 from the following:               <ul style="list-style-type: none"> <li>• Review of prior external note(s) from each unique source*;</li> <li>• review of the result(s) of each unique test*;</li> <li>• ordering of each unique test*</li> </ul> </li> <li>or</li> <li>• <b>Category 2: Assessment requiring an independent historian(s)</b><br/><i>(For the categories of independent interpretation of tests and discussion of management or test interpretation, see moderate or high)</i></li> </ul>  | Low risk of morbidity from additional diagnostic testing or treatment   |
| 99204<br>99214 | Moderate  | Moderate <ul style="list-style-type: none"> <li>• 1 or more chronic illnesses with exacerbation, progression, or side effects of treatment;</li> <li>or</li> <li>• 2 or more stable chronic illnesses;</li> <li>or</li> <li>• 1 undiagnosed new problem with uncertain prognosis;</li> <li>or</li> <li>• 1 acute illness with systemic symptoms;</li> <li>or</li> <li>• 1 acute complicated injury</li> </ul> | Moderate<br><i>(Must meet the requirements of at least 1 out of 3 categories)</i><br><b>Category 1: Tests, documents, or independent historian(s)</b> <ul style="list-style-type: none"> <li>• Any combination of 3 from the following:               <ul style="list-style-type: none"> <li>• Review of prior external note(s) from each unique source*;</li> <li>• Review of the result(s) of each unique test*;</li> <li>• Ordering of each unique test*;</li> <li>• Assessment requiring an independent historian(s)</li> </ul> </li> <li>or</li> <li>• <b>Category 2: Independent interpretation of tests</b> <ul style="list-style-type: none"> <li>• Independent interpretation of a test performed by another physician/other qualified health care professional (not separately reported);</li> </ul> </li> <li>or</li> <li>• <b>Category 3: Discussion of management or test interpretation</b> <ul style="list-style-type: none"> <li>• Discussion of management or test interpretation with external physician/other qualified health care professional/appropriate source (not separately reported)</li> </ul> </li> </ul>  | Moderate risk of morbidity from additional diagnostic testing or treatment<br><br><i>Examples only:</i> <ul style="list-style-type: none"> <li>• Prescription drug management</li> <li>• Decision regarding minor surgery with identified patient or procedure risk factors</li> <li>• Decision regarding elective major surgery without identified patient or procedure risk factors</li> <li>• Diagnosis or treatment significantly limited by social determinants of health</li> </ul>                           |
| 99205<br>99215 | High  | High <ul style="list-style-type: none"> <li>• 1 or more chronic illnesses with severe exacerbation, progression, or side effects of treatment;</li> <li>or</li> <li>• 1 acute or chronic illness or injury that poses a threat to life or bodily function</li> </ul>  | Extensive<br><i>(Must meet the requirements of at least 2 out of 3 categories)</i><br><b>Category 1: Tests, documents, or independent historian(s)</b> <ul style="list-style-type: none"> <li>• Any combination of 3 from the following:               <ul style="list-style-type: none"> <li>• Review of prior external note(s) from each unique source*;</li> <li>• Review of the result(s) of each unique test*;</li> <li>• Ordering of each unique test*;</li> <li>• Assessment requiring an independent historian(s)</li> </ul> </li> <li>or</li> <li>• <b>Category 2: Independent interpretation of tests</b> <ul style="list-style-type: none"> <li>• Independent interpretation of a test performed by another physician/other qualified health care professional (not separately reported);</li> </ul> </li> <li>or</li> <li>• <b>Category 3: Discussion of management or test interpretation</b> <ul style="list-style-type: none"> <li>• Discussion of management or test interpretation with external physician/other qualified health care professional/appropriate source (not separately reported)</li> </ul> </li> </ul> | High risk of morbidity from additional diagnostic testing or treatment<br><br><i>Examples only:</i> <ul style="list-style-type: none"> <li>• Drug therapy requiring intensive monitoring for toxicity</li> <li>• Decision regarding elective major surgery with identified patient or procedure risk factors</li> <li>• Decision regarding emergency major surgery</li> <li>• Decision regarding hospitalization</li> <li>• Decision not to resuscitate or to de-escalate care because of poor prognosis</li> </ul> |

# Let's Apply:

4

53yo f/u T2DM, not controlled (random BS and A1C today), insulin adjusted.

| Code           | Level of MDM<br>(Based on 2 out of 3 Elements of MDM) | Elements of Medical Decision Making   |  |   |
|----------------|---|---|--|---|
|                |   | Number and Complexity of Problems Addressed   | Amount and/or Complexity of Data to be Reviewed and Analyzed<br><i>*Each unique test, order, or document contributes to the combination of 2 or combination of 3 in Category 1 below.</i>  | Risk of Complications and/or Morbidity or Mortality of Patient Management   |
| 99211          | N/A   | N/A   | N/A  | N/A   |
| 99202<br>99212 | Straightforward                                       | Minimal <ul style="list-style-type: none"> <li>1 self-limited or minor problem</li> </ul>   | Minimal or none  | Minimal risk of morbidity from additional diagnostic testing or treatment   |
| 99203<br>99213 | Low   | Low <ul style="list-style-type: none"> <li>2 or more self-limited or minor problems;</li> <li>or</li> <li>1 stable chronic illness;</li> <li>or</li> <li>1 acute, uncomplicated illness or injury</li> </ul>  | Limited<br><i>(Must meet the requirements of at least 1 of the 2 categories)</i><br><br><b>Category 1: Tests and documents</b><br><ul style="list-style-type: none"> <li>Any combination of 2 from the following: <ul style="list-style-type: none"> <li>Review of prior external note(s) from each unique source*;</li> <li>review of the result(s) of each unique test*;</li> <li>ordering of each unique test*</li> </ul> </li> </ul> or<br><b>Category 2: Assessment requiring an independent historian(s)</b><br><i>(For the categories of independent interpretation of tests and discussion of management or test interpretation, see moderate or high)</i>   | Low risk of morbidity from additional diagnostic testing or treatment   |
| 99204<br>99214 | Moderate  | Moderate <ul style="list-style-type: none"> <li>1 or more chronic illnesses with exacerbation, progression, or side effects of treatment;</li> <li>or</li> <li>2 or more stable chronic illnesses;</li> <li>or</li> <li>1 undiagnosed new problem with uncertain prognosis;</li> <li>or</li> <li>1 acute illness with systemic symptoms;</li> <li>or</li> <li>1 acute complicated injury</li> </ul> | Moderate<br><i>(Must meet the requirements of at least 1 out of 3 categories)</i><br><b>Category 1: Tests, documents, or independent historian(s)</b> <ul style="list-style-type: none"> <li>Any combination of 3 from the following: <ul style="list-style-type: none"> <li>Review of prior external note(s) from each unique source*;</li> <li>Review of the result(s) of each unique test*;</li> <li>Ordering of each unique test*;</li> <li>Assessment requiring an independent historian(s)</li> </ul> </li> </ul> or<br><b>Category 2: Independent interpretation of tests</b> <ul style="list-style-type: none"> <li>Independent interpretation of a test performed by another physician/other qualified health care professional (not separately reported);</li> </ul> or<br><b>Category 3: Discussion of management or test interpretation</b> <ul style="list-style-type: none"> <li>Discussion of management or test interpretation with external physician/other qualified health care professional/appropriate source (not separately reported)</li> </ul>  | Moderate risk of morbidity from additional diagnostic testing or treatment<br><br><i>Examples only:</i> <ul style="list-style-type: none"> <li>Prescription drug management</li> <li>Decision regarding minor surgery with identified patient or procedure risk factors</li> <li>Decision regarding elective major surgery without identified patient or procedure risk factors</li> <li>Diagnosis or treatment significantly limited by social determinants of health</li> </ul>                         |
| 99205<br>99215 | High  | High <ul style="list-style-type: none"> <li>1 or more chronic illnesses with severe exacerbation, progression, or side effects of treatment;</li> <li>or</li> <li>1 acute or chronic illness or injury that poses a threat to life or bodily function</li> </ul>  | Extensive<br><i>(Must meet the requirements of at least 2 out of 3 categories)</i><br><b>Category 1: Tests, documents, or independent historian(s)</b> <ul style="list-style-type: none"> <li>Any combination of 3 from the following: <ul style="list-style-type: none"> <li>Review of prior external note(s) from each unique source*;</li> <li>Review of the result(s) of each unique test*;</li> <li>Ordering of each unique test*;</li> <li>Assessment requiring an independent historian(s)</li> </ul> </li> </ul> or<br><b>Category 2: Independent interpretation of tests</b> <ul style="list-style-type: none"> <li>Independent interpretation of a test performed by another physician/other qualified health care professional (not separately reported);</li> </ul> or<br><b>Category 3: Discussion of management or test interpretation</b> <ul style="list-style-type: none"> <li>Discussion of management or test interpretation with external physician/other qualified health care professional/appropriate source (not separately reported)</li> </ul> | High risk of morbidity from additional diagnostic testing or treatment<br><br><i>Examples only:</i> <ul style="list-style-type: none"> <li>Drug therapy requiring intensive monitoring for toxicity</li> <li>Decision regarding elective major surgery with identified patient or procedure risk factors</li> <li>Decision regarding emergency major surgery</li> <li>Decision regarding hospitalization</li> <li>Decision not to resuscitate or to de-escalate care because of poor prognosis</li> </ul> |

# Let's Apply:

5

Multiple chronic illnesses, all stable on Rx's, labs due in 6 months (order placed for 4 unique tests).

| Code           | Level of MDM<br>(Based on 2 out of 3 Elements of MDM) | Elements of Medical Decision Making   |  |   |
|----------------|---|---|--|---|
|                |   | Number and Complexity of Problems Addressed   | Amount and/or Complexity of Data to be Reviewed and Analyzed<br><i>*Each unique test, order, or document contributes to the combination of 2 or combination of 3 in Category 1 below.</i>  | Risk of Complications and/or Morbidity or Mortality of Patient Management   |
| 99211          | N/A   | N/A   | N/A  | N/A   |
| 99202<br>99212 | Straightforward                                       | <b>Minimal</b><br>• 1 self-limited or minor problem   | Minimal or none  | Minimal risk of morbidity from additional diagnostic testing or treatment   |
| 99203<br>99213 | Low   | <b>Low</b><br>• 2 or more self-limited or minor problems;<br>or<br>• 1 stable chronic illness;<br>or<br>• 1 acute, uncomplicated illness or injury  | <b>Limited</b><br><i>(Must meet the requirements of at least 1 of the 2 categories)</i><br><br><b>Category 1: Tests and documents</b><br>• Any combination of 2 from the following:<br>• Review of prior external note(s) from each unique source*;<br>• review of the result(s) of each unique test*;<br>• ordering of each unique test*<br>or<br><b>Category 2: Assessment requiring an independent historian(s)</b><br><i>(For the categories of independent interpretation of tests and discussion of management or test interpretation, see moderate or high)</i>   | Low risk of morbidity from additional diagnostic testing or treatment   |
| 99204<br>99214 | Moderate  | <b>Moderate</b><br>• 1 or more chronic illnesses with exacerbation, progression, or side effects of treatment;<br>or<br>• 2 or more stable chronic illnesses;<br>or<br>• 1 undiagnosed new problem with uncertain prognosis;<br>or<br>• 1 acute illness with systemic symptoms;<br>or<br>• 1 acute complicated injury | <b>Moderate</b><br><i>(Must meet the requirements of at least 1 out of 3 categories)</i><br><b>Category 1: Tests, documents, or independent historian(s)</b><br>• Any combination of 3 from the following:<br>• Review of prior external note(s) from each unique source*;<br>• Review of the result(s) of each unique test*;<br>• Ordering of each unique test*;<br>• Assessment requiring an independent historian(s)<br>or<br><b>Category 2: Independent interpretation of tests</b><br>• Independent interpretation of a test performed by another physician/other qualified health care professional (not separately reported);<br>or<br><b>Category 3: Discussion of management or test interpretation</b><br>• Discussion of management or test interpretation with external physician/other qualified health care professional/appropriate source (not separately reported)      | <b>Moderate risk of morbidity from additional diagnostic testing or treatment</b><br><br><i>Examples only:</i><br>• Prescription drug management<br>• Decision regarding minor surgery with identified patient or procedure risk factors<br>• Decision regarding elective major surgery without identified patient or procedure risk factors<br>• Diagnosis or treatment significantly limited by social determinants of health                     |
| 99205<br>99215 | High  | <b>High</b><br>• 1 or more chronic illnesses with severe exacerbation, progression, or side effects of treatment;<br>or<br>• 1 acute or chronic illness or injury that poses a threat to life or bodily function  | <b>Extensive</b><br><i>(Must meet the requirements of at least 2 out of 3 categories)</i><br><br><b>Category 1: Tests, documents, or independent historian(s)</b><br>• Any combination of 3 from the following:<br>• Review of prior external note(s) from each unique source*;<br>• Review of the result(s) of each unique test*;<br>• Ordering of each unique test*;<br>• Assessment requiring an independent historian(s)<br>or<br><b>Category 2: Independent interpretation of tests</b><br>• Independent interpretation of a test performed by another physician/other qualified health care professional (not separately reported);<br>or<br><b>Category 3: Discussion of management or test interpretation</b><br>• Discussion of management or test interpretation with external physician/other qualified health care professional/appropriate source (not separately reported) | <b>High risk of morbidity from additional diagnostic testing or treatment</b><br><br><i>Examples only:</i><br>• Drug therapy requiring intensive monitoring for toxicity<br>• Decision regarding elective major surgery with identified patient or procedure risk factors<br>• Decision regarding emergency major surgery<br>• Decision regarding hospitalization<br>• Decision not to resuscitate or to de-escalate care because of poor prognosis |

A collection of medical supplies including a sphygmomanometer, several vials of colored liquids, and various pills and capsules on a white surface.

# Scenario #1:

**CC:** He has finished up the prednisone from gout a few weeks ago but swelling has not completely gone away in his right wrist and fingers. Fingers still very sore but he can move his fingers now.

**HPI:**

Patient presents to the office today with swelling and stiffness of his right wrist and fingers. He was treated with prednisone on 7/18 for gout. He states he does have a hx of osteomyelitis in his right wrist. He completed his prednisone and states his hand does look better than it did before taking this, but it just hasn't completely resolved. He states it has not worsened since completing the prednisone, but it also isn't back to normal. He denies recent injuries, fever, erythema or numbness of his fingers. He states he does have some pain around his knuckles, but it isn't bad.

**Assessment/Plan**

**1. Pain in right hand**

M79.641 Pain in right hand  
XR, HAND, 3 OR MORE VIEW

**Discussion Notes:**

Patient presents to the office today with right hand pain. XRs were obtained and just showed degenerative changes. He was prescribed prednisone, advised to apply ice for up to 10 minutes at a time for a few times a day, and call or rtc if his hand worsens or fails to resolve in the next few days.

Prednisone 50 mg tablet

Take 1 tablet(s) every day by oral route

| Code           | Level of MDM<br>(Based on 2 out of 3 Elements of MDM) | Elements of Medical Decision Making  |   |  |
|----------------|---|--|---|--|
|                |   | Number and Complexity of Problems Addressed  | Amount and/or Complexity of Data to be Reviewed and Analyzed<br><i>*Each unique test, order, or document contributes to the combination of 2 or combination of 3 in Category 1 below.</i>   | Risk of Complications and/or Morbidity or Mortality of Patient Management  |
| 99211          | N/A   | N/A  | N/A   | N/A  |
| 99202<br>99212 | Straightforward                                       | Minimal<br>• 1 self-limited or minor problem   | Minimal or none   | Minimal risk of morbidity from additional diagnostic testing or treatment  |
| 99203<br>99213 | Low   | Low<br>• 2 or more self-limited or minor problems;<br>or<br>• 1 stable chronic illness;<br>or<br>• 1 acute, uncomplicated illness or injury  | Limited<br><i>(Must meet the requirements of at least 1 of the 2 categories)</i><br><br><b>Category 1: Tests and documents</b><br>• Any combination of 2 from the following:<br>• Review of prior external note(s) from each unique source*;<br>• review of the result(s) of each unique test*;<br>• ordering of each unique test*<br>or<br><b>Category 2: Assessment requiring an independent historian(s)</b><br><i>(For the categories of independent interpretation of tests and discussion of management or test interpretation, see moderate or high)</i>   | Low risk of morbidity from additional diagnostic testing or treatment  |
| 99204<br>99214 | Moderate  | Moderate<br>• 1 or more chronic illnesses with exacerbation, progression, or side effects of treatment;<br>or<br>• 2 or more stable chronic illnesses;<br>or<br>• 1 undiagnosed new problem with uncertain prognosis;<br>or<br>• 1 acute illness with systemic symptoms;<br>or<br>• 1 acute complicated injury | Moderate<br><i>(Must meet the requirements of at least 1 out of 3 categories)</i><br><b>Category 1: Tests, documents, or independent historian(s)</b><br>• Any combination of 3 from the following:<br>• Review of prior external note(s) from each unique source*;<br>• Review of the result(s) of each unique test*;<br>• Ordering of each unique test*;<br>• Assessment requiring an independent historian(s)<br>or<br><b>Category 2: Independent interpretation of tests</b><br>Independent interpretation of a test performed by another physician/other qualified health care professional (not separately reported);<br>or<br><b>Category 3: Discussion of management or test interpretation</b><br>• 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<br><br><i>Examples only:</i><br>• Prescription drug management<br>• Decision regarding minor surgery with identified patient or procedure risk factors<br>• Decision regarding elective major surgery without identified patient or procedure risk factors<br>• Diagnosis or treatment significantly limited by social determinants of health                     |
| 99205<br>99215 | High  | High<br>• 1 or more chronic illnesses with severe exacerbation, progression, or side effects of treatment;<br>or<br>• 1 acute or chronic illness or injury that poses a threat to life or bodily function  | Extensive<br><i>(Must meet the requirements of at least 2 out of 3 categories)</i><br><b>Category 1: Tests, documents, or independent historian(s)</b><br>• Any combination of 3 from the following:<br>• Review of prior external note(s) from each unique source*;<br>• Review of the result(s) of each unique test*;<br>• Ordering of each unique test*;<br>• Assessment requiring an independent historian(s)<br>or<br><b>Category 2: Independent interpretation of tests</b><br>• Independent interpretation of a test performed by another physician/other qualified health care professional (not separately reported);<br>or<br><b>Category 3: Discussion of management or test interpretation</b><br>• Discussion of management or test interpretation with external physician/other qualified health care professional/appropriate source (not separately reported) | High risk of morbidity from additional diagnostic testing or treatment<br><br><i>Examples only:</i><br>• Drug therapy requiring intensive monitoring for toxicity<br>• Decision regarding elective major surgery with identified patient or procedure risk factors<br>• Decision regarding emergency major surgery<br>• Decision regarding hospitalization<br>• Decision not to resuscitate or to de-escalate care because of poor prognosis |

# Scenario #1:

CC: He has finished up the prednisone from gout a few weeks ago but swelling has not completely gone away in his right wrist and fingers. Fingers still very sore but he can move his fingers now.

## HPI:

Patient presents to the office today with swelling and stiffness of his right wrist and fingers. He was treated with prednisone on 7/18 for gout. He states he does have a hx of osteomyelitis in his right wrist. He completed his prednisone and states his hand does look better than it did before taking this, but it just hasn't completely resolved. He states it has not worsened since completing the prednisone, but it also isn't back to normal. He denies recent injuries, fever, erythema or numbness of his fingers. He states he does have some pain around his knuckles, but it isn't bad.

## Assessment/Plan

### 1. Pain in right hand

M79.641 Pain in right hand  
XR, HAND, 3 OR MORE VIEW

## Discussion Notes:

Patient presents to the office today with right hand pain. XRs were obtained and just showed degenerative changes. He was prescribed prednisone, advised to apply ice for up to 10 minutes at a time for a few times a day, and call or rtc if his hand worsens or fails to resolve in the next few days.

Prednisone 50 mg tablet  
Take 1 tablet(s) every day by oral route

# Scenario #2:

CC: Follow up labs. Hyperlipidemia and DM2

HPI: Patient presents to the office today for f/up of hyperlipidemia and DM2. He states he is doing well on his medications and tolerates them well. His A1c is at goal. His lipids are improving, but still not at goal. He states he feels well overall and has no concerns at this time. He denies chest pain, hematochezia, UTI symptoms or obstructive urinary symptoms.

Assessment/Plan:

**1. Hyperlipidemia**

E78.5 Hyperlipidemia, unspecified

Pravastatin 80 mg tablet – Take 1 tablet(s) every day by oral route for 90 days.

Pharmacy: PILL BOX PHARMACY

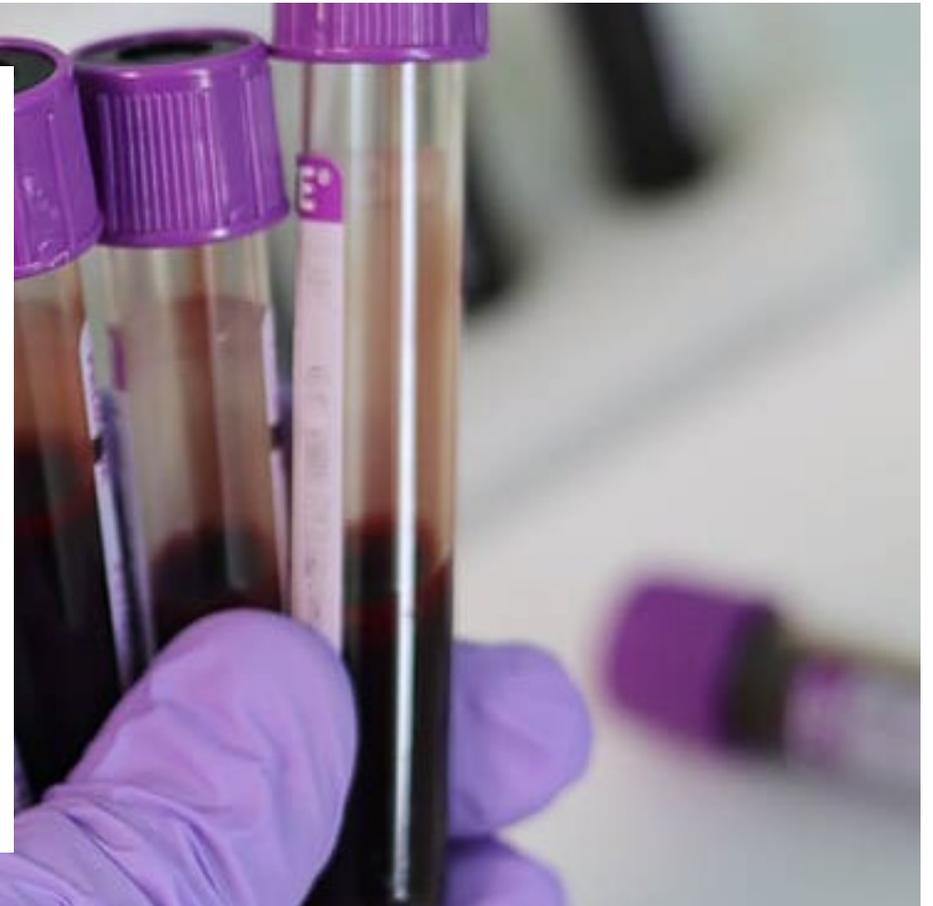
**2. Type 2 diabetes mellitus without complication**

E11.9 Type 2 diabetes mellitus without complications

Metformin 500 mg tablet – Take one tablet by mouth once daily

Discussion Notes:

Patient presents to the office today for routine f/up of hyperlipidemia and DM2. We will increase his pravastatin to 80 mg QD. He was encouraged to call or rtc if he develops side effects from this dose increase. We will check lipids again in 6 weeks, but he will not need another visit with us for 6 months, sooner, prn.



# Scenario #2:

| Code           | Level of MDM<br>(Based on 2 out of 3 Elements of MDM) | Elements of Medical Decision Making  |   |  |
|----------------|---|--|---|--|
|                |   | Number and Complexity of Problems Addressed  | Amount and/or Complexity of Data to be Reviewed and Analyzed<br><i>*Each unique test, order, or document contributes to the combination of 2 or combination of 3 in Category 1 below.</i>   | Risk of Complications and/or Morbidity or Mortality of Patient Management  |
| 99211          | N/A   | N/A  | N/A   | N/A  |
| 99202<br>99212 | Straightforward                                       | Minimal<br>• 1 self-limited or minor problem   | Minimal or none   | Minimal risk of morbidity from additional diagnostic testing or treatment  |
| 99203<br>99213 | Low   | Low<br>• 2 or more self-limited or minor problems;<br>or<br>• 1 stable chronic illness;<br>or<br>• 1 acute, uncomplicated illness or injury  | Limited<br><i>(Must meet the requirements of at least 1 of the 2 categories)</i><br><br><b>Category 1: Tests and documents</b><br>• Any combination of 2 from the following:<br>• Review of prior external note(s) from each unique source*;<br>• review of the result(s) of each unique test*;<br>• ordering of each unique test*<br>or<br><b>Category 2: Assessment requiring an independent historian(s)</b><br><i>(For the categories of independent interpretation of tests and discussion of management or test interpretation, see moderate or high)</i>   | Low risk of morbidity from additional diagnostic testing or treatment  |
| 99204<br>99214 | Moderate  | Moderate<br>• 1 or more chronic illnesses with exacerbation, progression, or side effects of treatment;<br>or<br>• 2 or more stable chronic illnesses;<br>or<br>• 1 undiagnosed new problem with uncertain prognosis;<br>or<br>• 1 acute illness with systemic symptoms;<br>or<br>• 1 acute complicated injury | Moderate<br><i>(Must meet the requirements of at least 1 out of 3 categories)</i><br><b>Category 1: Tests, documents, or independent historian(s)</b><br>• Any combination of 3 from the following:<br>• Review of prior external note(s) from each unique source*;<br>• Review of the result(s) of each unique test*;<br>• Ordering of each unique test*;<br>• Assessment requiring an independent historian(s)<br>or<br><b>Category 2: Independent interpretation of tests</b><br>• Independent interpretation of a test performed by another physician/other qualified health care professional (not separately reported);<br>or<br><b>Category 3: Discussion of management or test interpretation</b><br>• 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<br><br><i>Examples only:</i><br>• Prescription drug management<br>• Decision regarding minor surgery with identified patient or procedure risk factors<br>• Decision regarding elective major surgery without identified patient or procedure risk factors<br>• Diagnosis or treatment significantly limited by social determinants of health                     |
| 99205<br>99215 | High  | High<br>• 1 or more chronic illnesses with severe exacerbation, progression, or side effects of treatment;<br>or<br>• 1 acute or chronic illness or injury that poses a threat to life or bodily function  | Extensive<br><i>(Must meet the requirements of at least 2 out of 3 categories)</i><br><b>Category 1: Tests, documents, or independent historian(s)</b><br>• Any combination of 3 from the following:<br>• Review of prior external note(s) from each unique source*;<br>• Review of the result(s) of each unique test*;<br>• Ordering of each unique test*;<br>• Assessment requiring an independent historian(s)<br>or<br><b>Category 2: Independent interpretation of tests</b><br>• Independent interpretation of a test performed by another physician/other qualified health care professional (not separately reported);<br>or<br><b>Category 3: Discussion of management or test interpretation</b><br>• Discussion of management or test interpretation with external physician/other qualified health care professional/appropriate source (not separately reported) | High risk of morbidity from additional diagnostic testing or treatment<br><br><i>Examples only:</i><br>• Drug therapy requiring intensive monitoring for toxicity<br>• Decision regarding elective major surgery with identified patient or procedure risk factors<br>• Decision regarding emergency major surgery<br>• Decision regarding hospitalization<br>• Decision not to resuscitate or to de-escalate care because of poor prognosis |

CC: Follow up labs. Hyperlipidemia and DM2

HPI: Patient presents to the office today for f/up of hyperlipidemia and DM2. He states he is doing well on his medications and tolerates them well. His A1c is at goal. His lipids are improving, but still not at goal. He states he feels well overall and has no concerns at this time. He denies chest pain, hematochezia, UTI symptoms or obstructive urinary symptoms.

Assessment/Plan:

**1. Hyperlipidemia**

E78.5 Hyperlipidemia, unspecified

Pravastatin 80 mg tablet – Take 1 tablet(s) every day by oral route for 90 days.

Pharmacy: PILL BOX PHARMACY

**2. Type 2 diabetes mellitus without complication**

E11.9 Type 2 diabetes mellitus without complications

Metformin 500 mg tablet – Take one tablet by mouth once daily

Discussion Notes:

Patient presents to the office today for routine f/up of hyperlipidemia and DM2. We will increase his pravastatin to 80 mg QD. He was encouraged to call or rtc if he develops side effects from this dose increase. We will check lipids again in 6 weeks, but he will not need another visit with us for 6 months, sooner, prn.

# Scenario #3:

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CC: FU T2DM, HTN, hyperlipidemia. Pt also c/o legs hurting and breaking out x2 weeks. Doesn't feel well. Non-smoker.

HPI: 95 yof here to follow up on chronic issues. Her granddaughter is with her.

-She continues to have pain in both lower extremities. She is taking APAP a couple times a day without real relief. Prednisone has not been helpful. Tramadol made her sick. She had a GI bleed on naproxen. Opiates have not done well with her mental status.

-She has a rash on her feet that started 1.5-3 weeks ago; the story varies from patient to granddaughter. This is burning and itchy. She tried Nivea cream for diabetics with no relief.

-She has had no chest pain, cough, or palpitations. She says her mask is making her snort or breath.

-She has not checked her sugar since her last visit.

## Assessment/Plan:

1. Type 2 diabetes mellitus without complication, E11.9: Type 2 diabetes mellitus without complications.
2. Benign essential hypertension - I10: Essential (primary) hypertension, olmesartan 5 mg tablet - TAKE 1 TABLET BY MOUTH EVERY DAY Qty: 30 tablet(s) Refills: 3 Pharmacy: PILL BOX PHARMACY
3. Hyperlipidemia E78.5: Hyperlipidemia, unspecified
4. Spinal stenosis of lumbar region M48.061: Spinal stenosis, lumbar region without neurogenic claudication. Gabapentin 300 mg capsule - Take 2 capsule(s) twice a day by oral route for 90 days. Qty: 360 capsule(s) Refills: 0 Pharmacy: PILL BOX PHARMACY
5. Eruption. R21: Rash and other nonspecific skin eruption. Triamcinolone acetonide 0.1 % topical cream - APPLY A THIN LAYER TO THE AFFECTED AREA(S) BY TOPICAL ROUTE 2 TIMES PER DAY Qty: 1 30 gm tube(s) Refills: 1 Pharmacy: PILL BOX PHARMACY

## Discussion Notes

Stop atorvastatin--that may help you feel better. Continue with gabapentin 2 caps twice daily increase APAP 500 mg to 2 tabs twice daily try to be up and about when you can.



# Scenario #3:

CC: FU T2DM, HTN, hyperlipidemia. Pt also c/o legs hurting and breaking out x2 weeks. Doesn't feel well. Non-smoker.

HPI: 95 yof here to follow up on chronic issues. Her granddaughter is with her.

-She continues to have pain in both lower extremities. She is taking APAP a couple times a day without real relief. Prednisone has not been helpful. Tramadol made her sick. She had a GI bleed on naproxen. Opiates have not done well with her mental status.

-She has a rash on her feet that started 1.5-3 weeks ago; the story varies from patient to granddaughter. This is burning and itchy. She tried Nivea cream for diabetics with no relief.

-She has had no chest pain, cough, or palpitations. She says her mask is making her short of breath.  
-She has not checked her sugar since her last visit.

## Assessment/Plan:

1. Type 2 diabetes mellitus without complication, E11.9: Type 2 diabetes mellitus without complications.
2. Benign essential hypertension - I10: Essential (primary) hypertension, olmesartan 5 mg tablet - TAKE 1 TABLET BY MOUTH EVERY DAY Qty: 30 tablet(s) Refills: 3 Pharmacy: PILL BOX PHARMACY
3. Hyperlipidemia E78.5: Hyperlipidemia, unspecified
4. Spinal stenosis of lumbar region M48.061: Spinal stenosis, lumbar region without neurogenic claudication. Gabapentin 300 mg capsule - Take 2 capsule(s) twice a day by oral route for 90 days. Qty: 360 capsule(s) Refills: 0 Pharmacy: PILL BOX PHARMACY
5. Eruption. R21: Rash and other nonspecific skin eruption. Triamcinolone acetonide 0.1 % topical cream - APPLY A THIN LAYER TO THE AFFECTED AREA(S) BY TOPICAL ROUTE 2 TIMES PER DAY Qty: 1 30 gm tube(s) Refills: 1 Pharmacy: PILL BOX PHARMACY

## Discussion Notes

Stop atorvastatin--that may help you feel better. Continue with gabapentin 2 caps twice daily increase APAP 500 mg to 2 tabs twice daily try to be up and about when you can.

| Code           | Level of MDM<br>(Based on 2 out of 3 Elements of MDM) | Elements of Medical Decision Making  |   |  |
|----------------|---|--|---|--|
|                |   | Number and Complexity of Problems Addressed  | Amount and/or Complexity of Data to be Reviewed and Analyzed<br><i>*Each unique test, order, or document contributes to the combination of 2 or combination of 3 in Category 1 below.</i>   | Risk of Complications and/or Morbidity or Mortality of Patient Management  |
| 99211          | N/A   | N/A  | N/A   | N/A  |
| 99202<br>99212 | Straightforward                                       | Minimal<br>• 1 self-limited or minor problem   | Minimal or none   | Minimal risk of morbidity from additional diagnostic testing or treatment  |
| 99203<br>99213 | Low   | Low<br>• 2 or more self-limited or minor problems;<br>or<br>• 1 stable chronic illness;<br>or<br>• 1 acute, uncomplicated illness or injury  | Limited<br><i>(Must meet the requirements of at least 1 of the 2 categories)</i><br><br><b>Category 1: Tests and documents</b><br>• Any combination of 2 from the following:<br>• Review of prior external note(s) from each unique source*;<br>• review of the result(s) of each unique test*;<br>• ordering of each unique test*<br>or<br><b>Category 2: Assessment requiring an independent historian(s)</b><br><i>(For the categories of independent interpretation of tests and discussion of management or test interpretation, see moderate or high)</i>   | Low risk of morbidity from additional diagnostic testing or treatment  |
| 99204<br>99214 | Moderate  | Moderate<br>• 1 or more chronic illnesses with exacerbation, progression, or side effects of treatment;<br>or<br>• 2 or more stable chronic illnesses;<br>or<br>• 1 undiagnosed new problem with uncertain prognosis;<br>or<br>• 1 acute illness with systemic symptoms;<br>or<br>• 1 acute complicated injury | Moderate<br><i>(Must meet the requirements of at least 1 out of 3 categories)</i><br><b>Category 1: Tests, documents, or independent historian(s)</b><br>• Any combination of 3 from the following:<br>• Review of prior external note(s) from each unique source*;<br>• Review of the result(s) of each unique test*;<br>• Ordering of each unique test*;<br>• Assessment requiring an independent historian(s)<br>or<br><b>Category 2: Independent interpretation of tests</b><br>• Independent interpretation of a test performed by another physician/other qualified health care professional (not separately reported);<br>or<br><b>Category 3: Discussion of management or test interpretation</b><br>• 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<br><br><i>Examples only:</i><br>• Prescription drug management<br>• Decision regarding minor surgery with identified patient or procedure risk factors<br>• Decision regarding elective major surgery without identified patient or procedure risk factors<br>• Diagnosis or treatment significantly limited by social determinants of health                     |
| 99205<br>99215 | High  | High<br>• 1 or more chronic illnesses with severe exacerbation, progression, or side effects of treatment;<br>or<br>• 1 acute or chronic illness or injury that poses a threat to life or bodily function  | Extensive<br><i>(Must meet the requirements of at least 2 out of 3 categories)</i><br><b>Category 1: Tests, documents, or independent historian(s)</b><br>• Any combination of 3 from the following:<br>• Review of prior external note(s) from each unique source*;<br>• Review of the result(s) of each unique test*;<br>• Ordering of each unique test*;<br>• Assessment requiring an independent historian(s)<br>or<br><b>Category 2: Independent interpretation of tests</b><br>• Independent interpretation of a test performed by another physician/other qualified health care professional (not separately reported);<br>or<br><b>Category 3: Discussion of management or test interpretation</b><br>• Discussion of management or test interpretation with external physician/other qualified health care professional/appropriate source (not separately reported) | High risk of morbidity from additional diagnostic testing or treatment<br><br><i>Examples only:</i><br>• Drug therapy requiring intensive monitoring for toxicity<br>• Decision regarding elective major surgery with identified patient or procedure risk factors<br>• Decision regarding emergency major surgery<br>• Decision regarding hospitalization<br>• Decision not to resuscitate or to de-escalate care because of poor prognosis |

# Scenario #4:

CC: Patient is here to follow up on his chronic issues.

HPI: He says he's feeling okay and sleeping "pretty good." He is not having nightmares at this time. He continues to do a lot of volunteer work—he will be helping with food distribution in a couple days.

-No chest pain or shortness of breath.

-His back hurt when he got out of the chair in the lobby. He had to stand for a few minutes after getting out of the car after driving up here. He is doing short walks without his cane now. He carries it for longer walks and shopping.

-He denies issues with medications.

-BP before he left the house was 115/64.

-Another brother has a mass in his colon. He is scheduled for a visit with a surgeon on 10/18. This makes 4 brothers with colon cancer.

-His last colonoscopy was December 2018 and was incomplete. He did not have the recommended barium enema. He is not having any symptoms.

## Assessment/Plan

### 1. Mixed hyperlipidemia

E78.82 Mixed hyperlipidemia

Simvastatin 40 mg tablet – TAKE 1 TABLET AT BEDTIME Qty: 90 tablet(s) Refills: 1 Pharmacy: CVS Mailorder electronic (Primary)

### 2. Lumbosacral radiculitis

M54.17 Radiculopathy, lumbosacral region

Ibuprofen 800 mg tablet – Take 1 tab po qhs Qty: 90 tablet(s) Refills: 1 Pharmacy: CVS Mailorder electronic (Primary)

### 3. Posttraumatic stress disorder

F43.12 Post-traumatic stress disorder, chronic

Risperidone 0.5 tablet – Take 1 tab po qhs Qty: 90 tablet(s) Refills: 1 Pharmacy: CVS Mailorder electronic (Primary)

Venlafaxine ER 75 mg capsule, extended release 24 hr – TAKE 1 CAPSULE 3 TIMES A DAY Qty: 270 tablet(s) Refills: 1 CVS Mailorder electronic (Primary)

### 4. Influenza vaccine needed

Z23 Encounter for immunization

FLUZONE HIGH-DOSE 2019-20 (PF) 180 MCG/0.5 ML INTRAMUSCULAR SYRINGE – influenza high-dose seasonal Qty: 0.5 mL Administer Perform Date: 10/10/2019

### 5. Insomnia disorder related to known organic factor

G47.01 Insomnia due to medical condition

Clonazepam 2 mg tablet – Take 1 tab po qhs Qty: 90 tablet(s) Refills: 0 Pharmacy: CVS Mailorder electronic (Primary)

## Discussion Note:

We will contact Dr. Gastro's office to see when they want to try to repeat your colonoscopy

No changes in medications

Keep active as much as you can—that's important for staying healthy



# Scenario #4:

CC: Patient is here to follow up on his chronic issues.

HPI: He says he's feeling okay and sleeping "pretty good." He is not having nightmares at this time. He continues to do a lot of volunteer work—he will be helping with food distribution in a couple days.

-No chest pain or shortness of breath.

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No changes in medications

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| Code           | Level of MDM<br>(Based on 2 out of 3<br>Elements of MDM) | Elements of Medical Decision Making  |  |  |
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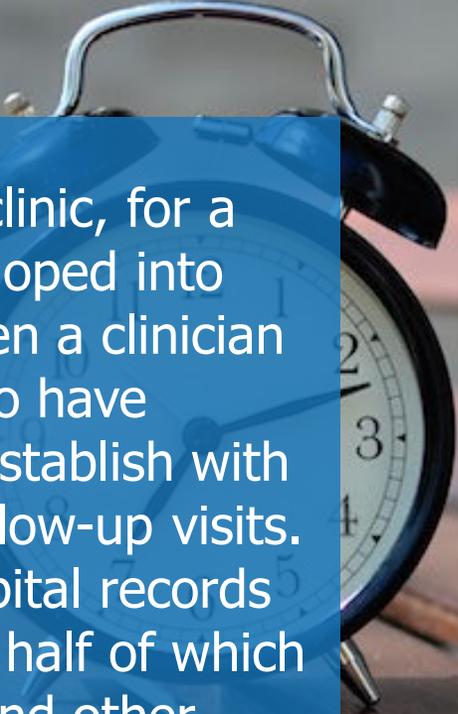
## Time-Based Encounters

| Final E/M Code                 |            | Allowable Activities for Time performed on date of service   |
|--------------------------------|------------|--|
| Established Patient Time Range |            |  |
| 99212                          | 10-19 mins | <ul style="list-style-type: none"> <li>• <b>Pre-visit work:</b> Review of lab/test results, consult notes, discharge summary</li> <li>• <b>History:</b> Review of separately obtained history e.g. caregiver, guardian, witness</li> <li>• <b>Face to face:</b> Time spent on medically necessary exam and/or evaluation</li> <li>• <b>Education or counseling</b> of patient/family/caregiver</li> <li>• <b>Orders:</b> labs, xrays, other diagnostic tests or procedures, medications</li> <li>• <b>Referral/Communication</b> with other health care professionals</li> <li>• <b>Documentation:</b> clinical information documentation in the EMR/health record</li> <li>• <b>Independent Results Interp:</b> results/communication to patient/family/caregiver</li> <li>• <b>Coordination of care</b> not separately reported</li> </ul> |
| 99213                          | 20-29 mins |  |
| 99214                          | 30-39 mins |  |
| 99215                          | 40-54 mins |  |
|                                |            |  |
| New Patient Time Range         |            | <p style="background-color: yellow;">Note: Time spent performing separately reported services, e.g., procedures, EKGs, chronic care management activities, etc. cannot be counted</p>  |
| 99202                          | 15-29 mins |  |
| 99203                          | 30-44 mins |  |
| 99204                          | 45-59 mins |  |
| 99205                          | 60-74 mins |  |

**Reminder: Don't count time by: Ancillary staff, Resident/student, time on another DOS or procedure time**

This coding tool is based off of AMA guidelines as published in CPT© 2021 Professional Edition. This card is intended to be used as a quick reference tool. Please see AMA guidelines for full details. Training on the use of this tool is available from BCA, Inc. Please visit us at [codinghelp.com](http://codinghelp.com)

# Practice with Time-Based Coding

An alarm clock with a silver handle and black bell is placed on a wooden slatted table. The clock face is visible, showing the time around 10:10. The background is a blurred outdoor setting with a metal fence.

57-year-old patient presents, new to clinic, for a hospital follow-up after URI that developed into shortness of breath. Patient hasn't seen a clinician in years, during inpatient stay found to have multiple underlying issues. Needs to establish with a PCP and needs multiple specialty follow-up visits.

10 minutes before visit reviewing hospital records  
30 minutes seeing patient, more than half of which is spent counseling about lab values and other indicators of underlying health concerns.  
22 minutes spent after visit calling clinicians involved in hospital stay and coordinating follow-ups based on urgency of conditions.

# Practice with Time Changes

57-year-old patient presents, new to clinic, for a hospital follow-up after URI that developed into shortness of breath. Patient hasn't seen a clinician in years, found during inpatient stay to have multiple underlying issues. Needs to establish with a PCP and needs multiple specialty follow-up visits.

10 minutes before visit reviewing hospital records

30 minutes seeing patient, more than half of which is spent counseling about lab values and other indicators of underlying health concerns.

22 minutes spent after visit calling clinicians involved in hospital stay and coordinating follow-ups based on urgency of conditions.

**New Guidelines: 99205**

Combine all time spent by clinician on DOS = 62 minutes

99205 = 60-74 minutes of total time spent on day of encounter





# In Summary

1

How many visits will benefit from time vs MDM?

2

Clarify MDM steps

- Identify each lab test ordered/reviewed
- Independent interpretation – “Per my review”
- Discussion of case/tests with external physician
- Independent historian
- Did social determinants of health significantly impact management?

3

Is decision making clear?

4

Know production data

5

EMR vendor updates

# Must-Have Resources



- ◆ AMA CPT Evaluation and Management Office or Other Outpatient and Prolonged Services Code and Guideline Changes  
<https://www.ama-assn.org/system/files/2019-06/cpt-office-prolonged-svs-code-changes.pdf>
- ◆ CMS Fact Sheet: Finalized Policy, Payment, and Quality Provisions Changes to Medicare Physician Fee Schedule for Calendar Year 2020  
<https://www.cms.gov/newsroom/fact-sheets/finalized-policy-payment-and-quality-provisions-changes-medicare-physician-fee-schedule-calendar>
- ◆ AMA CPT E/M Office Revisions Level of Medical Decision Making  
<https://www.ama-assn.org/system/files/2019-06/cpt-revised-mdm-grid.pdf>
- ◆ 10 Tips to Prepare Your Practice for E/M Office Visit Changes  
<https://www.ama-assn.org/practice-management/cpt/10-tips-prepare-your-practice-em-office-visit-changes>

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