

2021 E&M Coding Quick Reference Sheet

MEDICAL NECESSITY

- Medical necessity is the overarching principle for determining an encounter's level of service.
- It helps ensure the service was medically appropriate for the presenting problem, at the time of service.
- Determine the patient's level of medical necessity using encounter documentation.

ACUTE PROBLEMS	
Minimal nature. It may be questioned whether the patient needed to be seen for treatment.	Level 2
Uncomplicated nature. Complete recovery without impairment is anticipated.	Level 3
Problem presents with issues complicating and adding to the complexity of the patient's treatment and/or decisionmaking.	Level 4
Issue(s) potentially threatening the patient's life or bodily function, or a psychiatric problem potentially threatening the safety of the patient or others.	Level 5
CHRONIC PROBLEMS	
Minimal nature. It may be questioned whether or not the patient needed to be seen for treatment.	Level 2
Stable nature and not presently exacerbated.	Level 3
Presenting problem is currently exacerbated, or the patient presents for the management of 2+ stable chronic conditions.	Level 4
Issue(s) potentially threatening the patient's life or bodily function, or a psychiatric problem potentially threatening the patient or others.	Level 5
DECISION #1 – MEDICAL NECESSITY	

TIME

- Time must be included in encounter documentation.
- Documentation must include a statement supporting the time.
- May include time spent on:

✓ Preparing for the encounter ✓ Reviewing past history ✓ Performing history and exam ✓ Care coordination	✓ Ordering prescriptions, labs, tests, or procedures ✓ Independent interpretation or communication of results	✓ Counseling and/or educating the patient or family ✓ Encounter documentation
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- Time may include the combined time of physicians and nonphysician practitioners working under the same tax ID number.

TOTAL TIME (Minutes)	NEW PATIENTS
15-29	99202
30-44	99203
45-59	99204
60-74	99205
TOTAL TIME (Minutes)	ESTABLISHED PATIENTS
10-19	99212
20-29	99213
30-39	99214
40-54	99215
DECISION #2 – TIME	

- If total time is greater than 74/54 minutes (new patient/established patient), add the appropriate prolonged E&M service code.
- If time is not documented, the level of service should be determined by medical decisionmaking (MDM).

MEDICAL DECISIONMAKING

Scoring the level of MDM is a four-step process that helps ensure the documentation requirements have been satisfied.

1. Determine the number and complexity of the problem(s) addressed (problems being evaluated and/or treated):

MINIMAL PROBLEMS		
QTY.	DESCRIPTION	COMPLEXITY
1	Self-limited/Minor: may not require the presence of a physician or other qualified health care professional; has a clear, short-lived course and is not likely to alter a patient’s overall health.	Minimal
2+		Low
ACUTE PROBLEMS		
QTY.	DESCRIPTION	COMPLEXITY
1	Acute, uncomplicated: new problem with a short duration and no or low risk of morbidity; a problem expected to fully resolve with treatment.	Low
1	Acute, complicated: a problem with systemic symptoms; may be an extensive injury in which systems beyond the organ injured require treatment. There may be numerous treatment options that have risk of morbidity.	Moderate
1	Acute, posing a threat to life or bodily function: illness or injury with systemic symptoms or complications; potentially threatening the life or bodily function of the patient unless treatment is received.	High
CHRONIC PROBLEMS		
QTY.	DESCRIPTION	COMPLEXITY
1	Chronic, stable: typically affects the patient long term; patient is at or approaching the documented treatment goal(s).	Low
2+		Moderate
1	Chronic, exacerbated: condition is inadequately controlled or worsening; requires changes to treatment or additional care for the side effects of treatment. Does not require hospitalization.	Moderate
1	Chronic, severely exacerbated: condition is notably exacerbated or progressing and there is considerable risk of morbidity, potentially threatening the life or bodily function of the patient unless treatment is received.	High
UNDIAGNOSED NEW PROBLEMS		
QTY.	DESCRIPTION	COMPLEXITY
1	Undiagnosed new problem with uncertain prognosis: a differential diagnosis that may indicate a problem resulting in a high risk of morbidity if treatment is not received.	Moderate
COMPONENT – COMPLEXITY		

2. Determine the amount and/or complexity of data to be reviewed/analyzed: (one point each)

A: TESTS – DOCUMENTS – INDEPENDENT HISTORIANS				
None				
Review of prior records from an external source, per unique source				
Review of each unique test result (e.g., imaging, labs). Note: A panel is one test.				
Ordering of each unique test (e.g., imaging, labs). Note: A panel is one test.				
Assessment that requires an independent historian providing history in addition to the patient who is unable to provide complete or reliable information (e.g., parent, guardian, spouse, witness)				
Minimal = 0-1		Limited = 2	Moderate = 3	Extensive = 3
2.A. Subtotal				
B: INDEPENDENT INTERPRETATION OF TESTS				
None				
Independent interpretation of a test performed by another physician/qualified health care professional. A report is expected but may be informal. May not be counted if previously reported.				
Minimal = 0		Limited = 1 Max	Moderate = 1 Max	Extensive = 1 Max
2.B. Subtotal				

C: DISCUSSION OF CARE OR TEST INTERPRETATION			
None			
Discussion of care or test results with an external physician or qualified health care professional, or other appropriate professional involved in patient care. (e.g., attorney, case manager). Excludes family members.			
Minimal = 0	Limited = 0	Moderate = 1 Max	Extensive = 1 Max
2.C. Subtotal			

2.A. Subtotal	2.B. Subtotal	2.C. Subtotal	LEVEL
Minimal	Minimal	Minimal	Straightforward No requirements
Limited	Limited	N/A	Low Requires 1 or 2
Moderate	Moderate	Moderate	Moderate Requires 1 of 3
Extensive	Extensive	Extensive	High Requires 2 of 3
COMPONENT – DATA			

3. Determine the risk of complications and/or morbidity or mortality. Choose the highest level:

DESCRIPTION	TREATMENT EXAMPLES	LEVEL
A presenting problem with minimal risk of substantial duration, limited function, impairment of quality of life, or organ damage.	• Rest • Gargles • Elastic bandages • Superficial dressings	Minimal
A presenting problem with low risk of substantial duration, limited function, impairment of quality of life, or organ damage.	• Over-the-counter drugs • Physical or occupational therapy • IV fluids without additives • Minor surgery without identified risk factors	Straightforward
A presenting problem with moderate risk of substantial duration, limited function, impairment of quality of life, or organ damage.	• Initiation, continuation, modification or discontinuation of prescription drugs • Minor surgery decision (0-10 day global) with risk factors (e.g., comorbidities or other injury/illness impacting the outcome) • Major surgery decision (90 day global) without risk factors (e.g., comorbidities or other injury/illness impacting the outcome) • Diagnosis/Treatment limited by social determinants of health (e.g., unemployment, food or housing insecurity, safety risks)	Moderate
A presenting problem with high risk of substantial duration, limited function, impairment of quality of life, or organ damage.	• Drug therapy requiring intensive long- or short-term monitoring for toxicity. Monitoring is by lab/physiologic/ imaging test. Long term is performed at least quarterly. • Major surgery decision (90 day global) with risk factors (e.g., comorbidities or other injury/illness impacting the outcome) • Emergency major surgery • Decision to hospitalize • Decision to deescalate care because of poor prognosis • Decision to not resuscitate	High
COMPONENT – RISK		

4. Determine the overall level of service using the components in steps 1-3. Use two of the three components to assign the overall level of service.

COMPONENT COMPLEXITY	COMPONENT DATA	COMPONENT RISK	LEVEL OF SERVICE	
			New Patient	Established Patient
Straightforward/Minimal	Minimal	Minimal	99202	99212
Low	Limited	Low	99203	99213
Moderate	Moderate	Moderate	99204	99214
High	Extensive	High	99205	99215
DECISION #3 – MDM				

FINAL CODE SELECTION

- Compare your decisions for medical necessity, MDM, and time.
- Determine if the level of MDM is different from the level of medical necessity. If so, select the lower level as your final code selection, OR code the level of service supported by your time documentation.

MEDICAL NECESSITY	MDM		TIME	
Level 2	99202	99212	99202	99212
Level 3	99203	99213	99203	99213
Level 4	99204	99214	99204	99214
Level 5	99205	99215	99205	99215
FINAL DECISION – CODE SELECTION				