

2021 E/M Coding, Billing and Auditing Toolkit: E/M Quick Reference



MEDICAL DECISION MAKING					
E/M code	TIME (minutes)	MDM	Number and complexity of problems addressed	Amount and/or complexity of data to review and analyze (Combination of 2 or combination of 3 in Category 1)	Risk
99202 99212	15-29 10-19	Straightforward	Minimal 1 minor prob	Minimal or none	Minimal Rest, gargles, bandages
99203 99213	30-44 20-29	Low	Low 2 minor prob 1 stable chronic ill 1 acute, uncomp ill/inj	Limited Category 1: Tests and documents Review or order tests Category 2: Assessment requiring an independent historian(s)	Low OTC drugs, minor surgery w/o risk factors, PT/OT, IV fluids w/o additives
99204 99214	45-59 30-39	Moderate	Moderate 1 or more chronic ill w/ exacerbation 2 or more stable chronic ill 1 undiagnosed new prob w/uncertain prognosis 1 acute illness w/syst symp 1 acute complicated inj	Moderate Category 1: Tests, documents, or independent historian(s) Review or order tests Assessment requiring an independent historian(s) Category 2: Independent interpretation of tests Independent interp of a test performed by another provider Category 3: Discussion of management or test interpretation Discussion of mgmt or test interp w/external provider	Moderate risk Prescription drug mgmt, minor surgery w/ risk factors, decision for major surgery w/o risk factors, diag/trtmt significantly limited by SDoH
99205 99215	60-74 40-54	High	High • 1 or more chronic illnesses w/severe exacerbation • 1 acute or chronic ill/inj	Extensive Category 1: Tests, documents, or independent historian(s) Review or order tests Assessment requiring an independent historian(s) Category 2: Independent interpretation of tests Independent interp of a test performed by another provider Category 3: Discussion of management or test interpretation • Discussion of mgmt or test interp w/external provider	High risk Drug monitoring for toxicity, major surg w/risk factors, decision for emergncy surg, decision for hospitalization, decision DNR because of poor prognosis
PROLONGED SERVICES (Must meet time components and 15 minutes or more. Each unit must reach 15 minutes to bill for prolonged services.)					
99205	Each additional 15 minutes after 74 minutes on day of encounter			Prolonged services codes (add to appropriate E/M according to payer) +99417 Commercial payers	
99215	Each additional 15 minutes after 54 minutes on day of encounter			+G2212 Medicare	
TIME-BASED CODING ELEMENTS (When performed and documented. **Time-based coding is based on total time spent on date of the encounter)					
• Reviewing patient's record prior to visit • Obtaining/review history from someone other than patient • Performing a medically appropriate history and exam • Counseling/educating the patient/family/caregiver • Referring and communicating with another healthcare provider(s) when not separately reported during the visit			• Documenting clinical information in the patient's electronic health record • Independently interpreting results • Communicating results to the patient/family/caregiver • Coordination of care for the patient • Ordering prescription medications, tests, or procedures		
IMPORTANT NOTES:					
• E/M code 99201 is deleted in 2021 due to low utilization • History and exam will not be counted as an element but medical necessity must be established by documenting risk and medical decision making relevant to management of patient's condition • Interpretation of tests or discussion of management with another qualified healthcare professional is considered only when not separately reported					