

# Medical Decision Making for Outpatient E/M Codes (effective January 2021)



| E/M code | Time<br>(minutes) | MDM<br>(Two out of<br>three elements) | Number and complexity<br>of problems addressed                                                                                                                                                                                                                                                                            | Amount and/or complexity of data to review and analyze<br>(Combination of two or combination of three in Category 1)                                                                                                                                                                                                                     |                                                                                                                                                                                     |                                                                                                                                                                                                                            | Risk of complications and/<br>or morbidity or mortality of<br>patient management<br>(diagnostic testing<br>or treatment)                                                                                                                                                                                                                                                                                     |
|----------|-------------------|---------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|          |                   |                                       |                                                                                                                                                                                                                                                                                                                           | CATEGORY 1                                                                                                                                                                                                                                                                                                                               | CATEGORY 2                                                                                                                                                                          | CATEGORY 3                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                              |
| Level 1  |                   |                                       |                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                     |                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                              |
| 99211    | 0                 | N/A                                   | N/A                                                                                                                                                                                                                                                                                                                       | N/A                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                     |                                                                                                                                                                                                                            | N/A                                                                                                                                                                                                                                                                                                                                                                                                          |
| Level 2  |                   |                                       | Minimal                                                                                                                                                                                                                                                                                                                   | Minimal or none                                                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                     |                                                                                                                                                                                                                            | Minimal risk                                                                                                                                                                                                                                                                                                                                                                                                 |
| 99202    | 15-29             | Straightforward                       | • 1 self-limited or minor problem                                                                                                                                                                                                                                                                                         | Minimal or no complexity and/or data reviewed                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                     |                                                                                                                                                                                                                            | • Rest<br>• Gargles<br>• Bandages<br>• Superficial dressings                                                                                                                                                                                                                                                                                                                                                 |
| 99212    | 10-19             |                                       |                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                     |                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                              |
| Level 3  |                   |                                       | Low                                                                                                                                                                                                                                                                                                                       | Limited<br>(Must meet the requirements of at least 1 of the 2 categories)                                                                                                                                                                                                                                                                |                                                                                                                                                                                     |                                                                                                                                                                                                                            | Low risk                                                                                                                                                                                                                                                                                                                                                                                                     |
| 99203    | 30-44             | Low                                   | • 2 or more self-limited<br>or minor problems<br><br>or<br>• 1 stable chronic illness<br><br>or<br>• 1 acute, uncomplicated illness<br>or injury                                                                                                                                                                          | Category 1: Tests and<br>documents<br><br><u>At least 2 from the following:</u><br><br>• Review of prior external<br>note(s) from each unique<br>source<br><br>• Review of the result(s) of<br>each unique test<br><br>• Ordering of each unique<br>test                                                                                 | Category 2: Assessment<br>requiring an independent<br>historian(s)                                                                                                                  | N/A                                                                                                                                                                                                                        | • OTC drugs<br>• Minor surgery<br>without risk factors<br>• PT/OT<br>• IV fluids without<br>additives                                                                                                                                                                                                                                                                                                        |
| 99213    | 20-29             |                                       |                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                     |                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                              |
| Level 4  |                   |                                       | Moderate                                                                                                                                                                                                                                                                                                                  | Moderate<br>(Must meet the requirements of at least 1 out of 3 categories)                                                                                                                                                                                                                                                               |                                                                                                                                                                                     |                                                                                                                                                                                                                            | Moderate risk                                                                                                                                                                                                                                                                                                                                                                                                |
| 99204    | 45-59             | Moderate                              | • 1 or more chronic illnesses with<br>exacerbation, progression or side<br>effects of treatment<br><br>or<br>• 2 or more stable chronic illnesses<br><br>or<br>• 1 undiagnosed new problem with<br>uncertain prognosis<br><br>or<br>• 1 acute illness with systemic<br>symptoms<br><br>or<br>• 1 acute complicated injury | Category 1: Tests,<br>documents, or<br>independent historian(s)<br><br><u>At least 3 from the following:</u><br><br>• Review of prior external<br>note(s) from each source<br><br>• Review of the result(s) of<br>each unique test<br><br>• Ordering of each unique<br>test<br><br>• Assessment requiring an<br>independent historian(s) | Category 2: Independent<br>interpretation of tests<br><br>• Independent interpretation<br>of a test performed by<br>another physician/other<br>qualified healthcare<br>professional | Category 3: Discussion of<br>management or test<br>interpretation<br><br>• Discussion of management or<br>test interpretation with external<br>physician/other qualified<br>healthcare professional/<br>appropriate source | • Prescription drug<br>management<br><br>• Decision regarding minor<br>surgery with identified risk<br>factors<br><br>• Decision regarding elective<br>major surgery without risk<br>factors<br><br>• Diagnosis or treatment<br>significantly limited by social<br>determinants of health<br>(SDoH) [e.g., socioeconomic<br>status, geographic location,<br>education, employment,<br>transportation access) |
| 99214    | 30-39             |                                       |                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                     |                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                              |

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| Level 5                                                                                                                                                                                                                                                                                                                                                                                                             |       |      | High                                                                                                                                                                                                 | Extensive<br><i>(Must meet the requirements of at least 2 out of 3 categories)</i>                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                  |                                                                                                                                                                                                      | High risk                                                                                                                                                                                                                                                                                                                             |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------|------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 99205                                                                                                                                                                                                                                                                                                                                                                                                               | 60-74 | High | • 1 or more chronic illnesses with severe exacerbation, progression, or side effects of treatment<br><br>or<br>• 1 acute or chronic illness or injury that poses a threat to life or bodily function | Category 1: Tests, documents, or independent historian(s)<br><u>At least 3 from the following:</u><br>• Review of prior external note(s) from each source<br>• Review of the result(s) of each test<br>• Ordering of each test<br>• Assessment requiring an independent historian(s)                                                                                                  | Category 2: Independent interpretation of tests<br>• Independent interpretation of a test performed by another physician/other qualified healthcare professional | Category 3: Discussion of management or test interpretation<br>• Discussion of management or test interpretation with external physician/other qualified healthcare professional/ appropriate source | • 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 |
| 99215                                                                                                                                                                                                                                                                                                                                                                                                               | 40-54 |      |                                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                  |                                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                                                                       |
| Time-based coding elements* <i>(when performed and documented)</i>                                                                                                                                                                                                                                                                                                                                                  |       |      |                                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                  |                                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                                                                       |
| • Reviewing patient's record prior to visit<br>• Performing a medically appropriate history and examination<br>• Ordering prescription medications, tests, or procedures<br>• Independently interpreting results<br>• Communicating results to the patient/family/caregiver                                                                                                                                         |       |      |                                                                                                                                                                                                      | • Obtaining/reviewing separately obtained history from someone other than patient<br>• Counseling/educating the patient/family/caregiver<br>• Referring and communicating with another healthcare provider(s) when not separately reported during the visit<br>• Documenting clinical information in the patient's electronic health record<br>• Coordination of care for the patient |                                                                                                                                                                  |                                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                                                                       |
| * Time-based coding is based on total time spent on the date of the encounter.                                                                                                                                                                                                                                                                                                                                      |       |      |                                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                  |                                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                                                                       |
| Important notes:                                                                                                                                                                                                                                                                                                                                                                                                    |       |      |                                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                  |                                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                                                                       |
| • E/M code 99201 is deleted in 2021 due to low utilization.<br>• Documentation of history and exam will not be counted as an element, but medical necessity must be established by documenting risk and MDM relevant to management of patient's condition.<br>• Interpretation of tests or discussion of management with another qualified healthcare professional is considered only when not separately reported. |       |      |                                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                  |                                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                                                                       |

[For more information on these changes, consult the American Medical Association's E/M office revisions for level of MDM \(effective Jan. 1, 2021\).](#)

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