

CPT 2021 E/M Office Revisions MDM Table, Time Requirements, and Guidance

Code	Level of MDM	Elements of Medical Decision Making				
		Number and Complexity of Problems Addressed	Amount and/or Complexity of Data to be Reviewed and Analyzed	Risk of Complications and/or Morbidity or Mortality	CPT Time	CMS Time
99211	N/A	N/A	N/A	N/A	1-9	1-9
99202 99212	Straightforward	Minimal • self limited or minor problem	Minimal or none	Minimal risk of morbidity from additional diagnostic testing or Tx	15-29 10-19	15-29 10-19
99203 99213	Low	Low 2 or more self-limited or minor problems or 1 stable chronic illness Or 1 acute, uncomplicated illness or injury	Limited (Must meet the requirements of at least 1 or the 2 categories) Any combination of 2 from the following: • Review of prior external note(s) from each unique source • Review of the result (2) of each unique test • Ordering of each unique test Or Category 2: Assessment requiring an independent historian (s)	Low risk or morbidity from additional diagnostic testing or treatment	30-44 20-29	30-44 20-29
99204 99214	Moderate	Moderate • 1 or more chronic illnesses with exacerbation, progression, or side effects of treatment Or • 2 or more stable chronic illnesses Or • 1 undiagnosed new problem with uncertain prognosis Or • 1 acute illness with systemic symptoms Or 1 acute complicated injury	Moderate (Must meet the requirements of at least 1 out of 3 categories) Category 1: Tests, documents, or independent historian(s) • Any combination of 3 from the following: • Review of prior external note(s) from each unique source*; • Review of the result(s) of each unique test*; • Ordering of each unique test*; • Assessment requiring an independent historian(s) or Category 2: Independent interpretation of tests • Independent interpretation of a test performed by another physician/other qualified health care professional (not separately reported); or Category 3: Discussion of management or test interpretation • 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 Examples only: • Prescription drug management • Decision regarding minor surgery with identified patient or procedure risk factors • Decision regarding elective major surgery without identified patient or procedure risk factors • Diagnosis or treatment significantly limited by social determinants of health	45-59 30-39	45-59 30-39
99205 99215	High	High • 1 or more chronic illnesses with severe exacerbation, progression, or side effects of treatment; or • 1 acute or chronic illness or injury that poses a threat to life or bodily function	Extensive (Must meet the requirements of at least 2 out of 3 categories) Category 1: Tests, documents, or independent historian(s) • Any combination of 3 from the following: • Review of prior external note(s) from each unique source*; • Review of the result(s) of each unique test*; • Ordering of each unique test*; • Assessment requiring an independent historian(s) or Category 2: Independent interpretation of tests • Independent interpretation of a test performed by another physician/other qualified health care professional (not separately reported); or Category 3: Discussion of management or test interpretation • 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 Examples only: • Drug therapy requiring intensive monitoring for toxicity • Decision regarding elective major surgery with identified patient or procedure risk factors • Decision regarding emergency major surgery • Decision regarding hospitalization • Decision not to resuscitate or to de-escalate care because of poor prognosis	60-74 40-54	60-74 40-54

TIME

Time for Office/Outpatient Evaluation and Management Services is defined as total time on the date of the encounter which includes both face-to-face and non-face-to-face time personally spent by the provider on the day of the encounter. This Time includes time in activities that require the physician or other qualified health care professional and does not include normally performed by clinical staff.

Includes the following activities:

- preparing to see the patient (review of tests/records)
- obtaining or reviewing separately obtained history
- performing medically appropriate examination
- counseling and educating patient/family/caregiver
- ordering medications, tests, or procedures
- referring and communicating with other healthcare professional or appropriate source
- documenting clinical information in the electronic or other health record
- independently interpreting results (not separately reported) and communicating to patient/family/caregiver
- care coordination

Definitions for Terms in the Medical Decision-Making Table

Problem Addressed: disease, condition, illness, injury, symptom, sign, finding, complaint, or other matter addressed or managed at the encounter, with or without diagnosis being established. Includes differential diagnoses. Includes consideration of further testing or treatment that may not be elected by virtue of risk/benefit analysis or patient/parent/guardian/surrogate choice.

Self-limited or minor problem: problem that runs a definite and prescribed course, is transient in nature, and is not likely to permanently alter health status

Acute, uncomplicated illness or injury: recent or new short-term problem with low risk of morbidity for which treatment is considered. A problem that is normally self-limited or minor but is not resolving consistent with a definite and prescribed course is an acute uncomplicated illness. Examples may include cystitis, allergic rhinitis or simple sprain.

Stable, chronic illness: expected duration of at least a year or until death of patient. Stable is defined by the specific treatment goals for the patient. A patient not at their treatment goal is not stable.

Chronic illness with exacerbation, progression, or side effects of treatment: Chronic illness that is acutely worsening, poorly controlled or progressing with an intent to control progression and requiring additional supportive care or requiring attention to treatment for side effects but does not require consideration of hospital level of care.

External physician or other qualified healthcare professional: External physician or other qualified health care professional not in the same group practice or a different specialty or subspecialty.

Independent Historian: parent, guardian, surrogate, spouse, witness who provides a history in addition to history provided by the patient who is unable to provide a complete or reliable history.

Independent Interpretation: interpretation of a test for which there is a CPT code and interpretation, or report is customary. Does not apply when provider is separately reporting the service or has previously reported the service. A form of interpretation should be documented but does not conform to usual standards of a complete report.

Appropriate source: includes professionals who are not health care professionals but may be involved in the management of the patient; e.g., lawyer, parole office, case manager, teacher).

Risk: based upon consequences of the problem(s) addressed when appropriately treated – also includes risk related to initiate or forego further treatment, testing, or hospitalization.