

OFFICE/OUTPATIENT	E&M DOCUMENTATION GUIDELINES			Compliance 2021
CPT CODES	NUMBER/COMPLEXITY OF PROBLEMS	RISK	AMOUNT/COMPLEXITY OF DATA REVIEWED *Each unique test/note counts toward # needed	
(must meet 2 of 3 columns to meet MDM / level of service)				
99202/99212 Straightforward	Minor/1 self-limited problem	Minimal	Minimal or none	
99203/99213 Low	2 self-limited problems 1 stable chronic illness 1 acute uncomplicated illness	Low	Limited - <b>meet 1 of 2 categories:</b> <b>Category 1:</b> (need 2 of the following) - review test*, review external note*, order test* OR <b>Category 2:</b> history obtained from independent historian	
99204/99214 Moderate	2 stable chronic illnesses 1 chronic illness w/exacerbation 1 undiagnosed problem w/uncertain prognosis 1 acute illness w/systemic symptoms 1 acute complicated injury	Mod (Rx)	Moderate - <b>meet 1 of 3 categories:</b> <b>C1:</b> (need 3 of the following) - review test*, review external note*, order test*, history obtained from independent historian OR <b>C2:</b> independent interpretation of test performed by another provider (a test not separately reported by independent interpreting provider) OR <b>C3:</b> discussion of management or test interp w/external provider	
99205/99215 High	1 or more chronic illnesses w/severe exacerbation 1 acute or chronic illness or injury posing threat to life or bodily function	High	Extensive - <b>meet 2 of 3 categories:</b> <b>C1:</b> (need 3 of the following) - review test*, review external note*, order test*, history obtained from independent historian AND/OR <b>C2:</b> independent interpretation of test performed by another provider (a test not separately reported by independent interpreting provider) AND/OR <b>C3:</b> discussion of management or test interp w/external provider	
TOTAL TIME SPENT BY THE PROVIDER ON THE DATE OF SERVICE				
NEW PATIENT		ESTABLISHED PATIENT		
99202 - 15-29 mins		99212 - 10-19 mins		
99203 - 30-44 mins		99213 - 20-29 mins		
99204 - 45-59 mins		99214 - 30-39 mins		
99205 - 60-74 mins		99215 - 40-54 mins		

Level of service can be based on MDM (medical decision making) or total time - medically appropriate history and exam still required

**When describing problems, important descriptors are:**

- \* Status of condition: exacerbated or progressed, acute or chronic (previously new or established)
- \* Multiple treatment options
- \* Requires additional evaluation
- \* Side effects from treatment
- \* Risk or morbidity without treatment or from treatment itself
- \* Severe exacerbation or threat to life or bodily function

**MEDICARE TEACHING PHYSICIAN (TP) RULES:** TP must document he/she performed the service or was physically present during the key/critical portions of the service when performed by the resident, and the extent of the TP's participation in the patient's management.

## Definitions:

**Total time includes:** face to face and non-face to face time personally spent by the provider(s) on the day of the visit; preparing to see the patient (record review), obtaining/reviewing separate history gathered, medically appropriate exam, counseling/educating the pt/family/caregiver, ordering prescriptions, tests or procedures, referring and communicating w/other healthcare providers (when not separately reported), independent interpretation of test results (when not separately reported), communicating results to pt/family/caregiver, coordinating care of pt (when not separately reported), documenting clinical information in the medical record. Clinical staff time NOT included.

**Problem:** a disease, condition, illness, injury, symptom/sign, finding, complaint, or other matter addressed at the visit, with or without a diagnosis being established at the time of the visit. A problem is addressed/managed when it is evaluated or treated at the visit by the provider billing the service.

**Self-limited or Minor Problem:** a problem that runs a definite and prescribed course, is temporary in nature, and is not likely to permanently affect the patient's health status.

**Stable, Chronic Illness:** a problem with an expected duration of at least one year or until the death of the pt. A patient that is not at their treatment goal is not stable, even if the condition has not changed and there is no short-term threat to life or bodily function.

**Acute, Uncomplicated Illness or Injury:** a recent or new short-term problem with low risk of morbidity for which a treatment is considered.

**Chronic Illness w/Exacerbation, Progression or Side Effects of Treatment:** a chronic illness that is acutely worsening, poorly controlled, uncontrolled, or progressing with an intent of controlling progression and requiring add'l supportive care or requiring attention to treatment for side effects, but that does not require consideration of hospital level of care.

**Undiagnosed New Problem w/Uncertain Prognosis:** a problem in the differential diagnosis that represents a condition likely to result in a high risk of morbidity without medical intervention.

**Acute Illness w/Systemic Symptoms:** an injury which requires medical intervention that includes evaluation of other body systems that are not directly related to the injured organ, the injury is extensive, or the treatment options are multiple and/or associated with risk of morbidity.

**Chronic Illness w/Severe Exacerbation, Progression, or Side Effects of Treatment:** the severe exacerbation or progression of a chronic illness or severe side effects of treatment that have significant risk of morbidity and may require hospitalization.

**Acute or Chronic Illness or Injury that Poses Threat to Life or Bodily Function:** an acute illness w/systemic symptoms (symptoms affecting one or more organ systems), or an acute complicated injury, or a chronic illness or injury w/exacerbation and/or progression or side effects of treatment, that poses a threat to life or bodily function in the short-term without treatment.

**Test:** laboratory services, diagnostic imaging, psychometric or psychologic data. A clinical lab panel (i.e. basic metabolic panel [80047]) is a single test. The differentiation between single and multiple unique tests is defined in accordance w/CPT codes - each test that has it's own CPT code.

**External Physician or Other Qualified Healthcare Professional:** physician or other qualified healthcare professional who is in a different specialty, a different subspecialty, or a different group practice.

**Independent Historian:** an individual, i.e. parent, guardian, surrogate, spouse, caregiver, witness, who provides history in addition to history provided by the patient, who is unable to provide a complete or reliable history due to developmental stage, mental condition, or because a confirmatory history is determined to be necessary.

**Independent Interpretation:** interpretation of a test for which there is a CPT code and interpretation/report is expected. This does not apply when the provider is reporting the service or has previously reported the service for the pt. Use for tests performed by another healthcare provider.

**Risk:** the probability and/or consequences of medical intervention or treatment. For the purposes of calculating MDM, level of risk is based upon consequences of the problem(s) addressed at the visit when appropriately treated. Risk also includes medical decision making related to the need to initiate or forego further testing, treatment and/or hospitalization.

**Social Determinants of Health:** economic and social conditions that may influence the health of individuals and communities.