

Selecting an E/M Code Based on Medical Decision Making in 2021

Starting on **January 1st, 2021**, providers may select the level of office and outpatient Evaluation and Management (E/M) services based on either [Time](#) or **Medical Decision Making**.

Medical decision making is currently part of the Evaluation and Management selection components. However, changes have been made to the key elements of medical decision making (listed below) and the criteria for selection, which are described in a new medical decision-making table.

Key Elements of Medical Decision Making

The medical decision-making elements associated with codes **99202-99215** will consist of three components:

- 1) Problem: The number and complexity of problems addressed
- 2) Data: Amount and/or complexity of data to be reviewed and analyzed
- 3) Risk: Risk of complications and or morbidity or mortality of patient management.

In order to select a level of an E/M service, **two** of the **three** elements of medical decision making must be **met or exceeded**.

Medical Decision-Making Definitions

The new guidelines provide updated definitions of the elements of medical decision making. It is important to understand these definitions in order to ensure you are selecting the appropriate CPT code.

Minimal problem: A problem that may not require the presence of the physician or other qualified health care professional, but the service is provided under the physician's or other qualified health care professional's supervision (see 99211).

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

Stable, chronic illness: A problem with an expected duration of at least a year or until the death of the patient.
Acute, uncomplicated illness or injury: A recent or new short-term problem with low risk of morbidity for which treatment is considered.

Chronic illness with exacerbation, progression, or side effects of treatment: A 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 that does not require consideration of hospital level of care.

Undiagnosed new problem with uncertain prognosis: A problem in the differential diagnosis that represents a condition likely to result in a high risk of morbidity without treatment.

Acute illness with systemic symptoms: An illness that causes systemic symptoms and has a high risk of morbidity without treatment.

Acute, complicated injury: An injury which requires treatment that includes evaluation of body systems that are not directly part of the injured organ, the injury is extensive, or the treatment options are multiple and/or associated with risk of morbidity.

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Chronic illness with 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 hospital level of care.

Acute or chronic illness or injury that poses a threat to life or bodily function: An acute illness with systemic symptoms, or an acute complicated injury, or a chronic illness or injury with exacerbation and/or progression or side effects of treatment, that poses a threat to life or bodily function in the near term without treatment.

A full list of definitions can be found in the [“CPT® Evaluation and Management \(E/M\) Office or Other Outpatient \(99202-99215\) and Prolonged Services \(99354, 99355, 99356, 99XXX\) Code and Guideline Changes”](#)

2021 Medical Decision-Making Table

A new [medical decision-making table](#) was created to provide guidelines for E/M code level selection in 2021. Documentation should support the E/M service chosen

Features of the 2021 Medical Decision-Making Table

Refer to the [Table 2- CPT E/M Office Revisions Level of Medical Decision Making](#) for the full grid.

Column 1	Column 2	Column 3	Column 4	Column 5
CPT® Code	Level of Medical Decision Making	Number and Complexity of Problems Addressed	Amount and Complexity of Data to Be Reviewed and Analyzed	Risk of Complications and/or Morbidity or Mortality of Patient Management
The far-left hand column contains CPT® codes 99202-99205 and 99211-99215.	<p>Four levels of medical decision making are recognized. Each office and outpatient E/M service correspond to a specific level of medical decision making.</p> <p>The four levels of medical decision making are:</p> <ul style="list-style-type: none"> ▪ Straightforward (99202 and 99212) ▪ Low (99203 and 99213) ▪ Moderate (99204 and 99214) ▪ High (99205 and 99215) 	<p>During an encounter with the patient, multiple new or established conditions may be addressed.</p> <p>Several symptoms or conditions may be related to a specific diagnosis but are not always unique conditions.</p> <p>Comorbidities and underlying diseases are not considered in determining the level of MDM <i>unless</i> they are addressed at the encounter and contribute to the amount and complexity of data to be reviewed.</p> <p>The final diagnosis may not determine complexity or risk. For example, the evaluation of multiple, but low severity symptoms may create higher risk due to interaction.</p>	<p>Data includes medical records, tests, and/or other information that must be obtained, ordered, reviewed, and analyzed for the encounter.</p> <p>It also includes information obtained from multiple sources or interprofessional communications that are not separately reported, and interpretation of tests not separately reported.</p> <p>Ordering a test is part of the category of “test result(s)” and the review of the test result is part of the same encounter and not a subsequent encounter.</p> <p>Each level of medical decision making contains 1-3 qualifying categories of amount and complexity of data to be reviewed and analyzed.</p> <p>Category 1: Tests and documents Category 2: Assessment requiring independent historian (level 3) OR independent interpretation of tests (level 4 or 5) Category 3: Discussion and management or test interpretation.</p>	This includes the possible management options selected and those considered, but not necessarily selected, after shared medical decision making with the patient and/or family.

Source: “[CPT® Evaluation and Management \(E/M\) Office or Other Outpatient \(99202-99215\) and Prolonged Services \(99354, 99355, 99356, 99XXX\) Code and Guideline Changes](#)”

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Selecting an E/M Code Using the 2021 Medical Decision-Making Table

Step 1: Problem- Select the applicable number and complexity of problems addressed at the encounter.

Code	Level of MDM	Number and Complexity of Problems Addressed
99211	N/A	N/A
99202 99212	Straightforward	Minimal <input type="checkbox"/> 1 self-limited or minor problem
99203 99213	Low	Low <input type="checkbox"/> 2 or more self-limited or minor problems OR <input type="checkbox"/> 1 stable chronic illness OR <input type="checkbox"/> 1 acute, uncomplicated illness or injury
99204 99214	Moderate	Moderate <input type="checkbox"/> 1 or more chronic illnesses with exacerbation, progression, or side effects of treatment; OR <input type="checkbox"/> 2 or more stable chronic illnesses; OR <input type="checkbox"/> 1 undiagnosed new problem with uncertain prognosis; OR <input type="checkbox"/> 1 acute illness with systemic symptoms; OR <input type="checkbox"/> 1 acute complicated injury
99205 99215	High	High <input type="checkbox"/> 1 or more chronic illnesses with severe exacerbation, progression, or side effects of treatment; or <input type="checkbox"/> 1 acute or chronic illness or injury that poses a threat to life or bodily function

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Step 2: Data- Select the amount and/or complexity of data to be reviewed and analyzed. *Each unique test, order, or document contributes to the combination of 2 or combination of 3 in Category 1.

Code	Level of MDM	Amount and/or Complexity of Data to be Reviewed and Analyzed
99211	N/A	N/A
99202 99212	Straightforward	Minimal or none
99203 99213	Low	<p>Limited (Must meet the requirements of at least 1 of the 2 categories)</p> <p>Category 1: Tests and documents Any combination of 2 from the following:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Review of prior external note(s) from each unique source*; <input type="checkbox"/> Review of the result(s) of each unique test*; <input type="checkbox"/> Ordering of each unique test* <p>OR</p> <p>Category 2: Assessment requiring an independent historian(s) (For the categories of independent interpretation of tests and discussion of management or test interpretation, see moderate or high)</p>
99204 99214	Moderate	<p>Moderate (Must meet the requirements of at least 1 out of 3 categories)</p> <p>Category 1: Tests, documents, or independent historian(s) Any combination of 3 from the following:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Review of prior external note(s) from each unique source*; <input type="checkbox"/> Review of the result(s) of each unique test*; <input type="checkbox"/> Ordering of each unique test*; <input type="checkbox"/> Assessment requiring an independent historian(s) <p>OR</p> <p>Category 2: Independent interpretation of tests</p> <ul style="list-style-type: none"> <input type="checkbox"/> Independent interpretation of a test performed by another physician/other qualified health care professional (not separately reported); <p>OR</p>

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Code	Level of MDM	Amount and/or Complexity of Data to be Reviewed and Analyzed
		Category 3: Discussion of management or test interpretation <input type="checkbox"/> Discussion of management or test interpretation with external physician/other qualified health care professional\appropriate source (not separately reported) <input type="checkbox"/>
99205 99215	High	Extensive <i>(Must meet the requirements of at least 2 out of 3 categories)</i> Category 1: Tests, documents, or independent historian(s) Any combination of 3 from the following: <input type="checkbox"/> Review of prior external note(s) from each unique source*; <input type="checkbox"/> Review of the result(s) of each unique test*; <input type="checkbox"/> Ordering of each unique test*; <input type="checkbox"/> Assessment requiring an independent historian(s) <u>OR</u> Category 2: Independent interpretation of tests <input type="checkbox"/> Independent interpretation of a test performed by another physician/other qualified health care professional (not separately reported); <u>OR</u> Category 3: Discussion of management or test interpretation <input type="checkbox"/> Discussion of management or test interpretation with external physician/other qualified health care professional/appropriate source (not separately reported) <input type="checkbox"/> professional/appropriate source (not separately reported)

Step 3: Risk- Select the risk of complications and/or morbidity or mortality of patient management.

Code	Level of MDM	Risk of Complications and/or Morbidity or Mortality of Patient Management
99211	N/A	N/A
99202 99212	Straightforward	Minimal risk of morbidity from additional diagnostic testing or treatment
99203 99213	Low	Low risk of morbidity from additional diagnostic testing or treatment
99204 99214	Moderate	Moderate risk of morbidity from additional diagnostic testing or treatment
99205 99215	High	High risk of morbidity from additional diagnostic testing or treatment

Step 4: Put the selections together to determine the appropriate E/M code selection and level. Example:

Code	Level of MDM Based on 2 out of the 3 elements 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 of Patient Management
99211	N/A			
99202 99212	Straightforward			
99203 99213	Low			<input checked="" type="checkbox"/> Low risk of morbidity from additional diagnostic testing or treatment
99204 99214	Moderate	<input checked="" type="checkbox"/> 1 undiagnosed new problem with uncertain prognosis;	Category 1: Tests, documents, or independent historian(s) <input checked="" type="checkbox"/> Review of prior external note(s) from each unique source*; <input checked="" type="checkbox"/> Review of the result(s) of each unique test*; <input checked="" type="checkbox"/> Ordering of each unique test*;	
99205 99215	High			

Selection: The appropriate code level to select would be 4 (99204 or 99214), as **two** of the three elements of medical decision making were met in that category.

Resources

[American Medical Association](#)

[CPT® Evaluation and Management \(E/M\) Office or Other Outpatient \(99202-99215\) and Prolonged Services \(99354, 99355, 99356, 99XXX\) Code and Guideline Changes](#)

[Table 2 – CPT E/M Office Revisions Level of Medical Decision Making \(MDM\)](#)

[Revisions to the CPT E/M Office Visits: new Ways to Report Using Medical Decision Making \(MDM\)](#)

[Using MDM criteria to document an office visit](#)

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