

<i>Elements of Medical Decision Making</i>				
Code	Level of MDM (Based on 2 of 3 MDM elements)	Number and Complexity of Problems Addressed	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 below)	Risk of Complications and/or Morbidity or Mortality of Patient Management
99211	N/A	N/A	N/A	N/A
99202 99212	STRAIGHT-FORWARD	Minimal • 1 self-limited or minor problem	Minimal or None	Minimal Risk of morbidity from additional diagnostic testing or treatment
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 of the 2 categories) Category 1: Tests and Documents Any combination of 2 from the following: • Review of prior external note(s) from each unique source*; • Review of the result(s) of each unique test* (example: CXR, CT, UA, CBC) • Ordering of each unique test* or 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)	Low Risk of morbidity from additional diagnostic testing or treatment
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* (example: CXR, CT, UA, CBC) • 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 <i>Examples only:</i> • 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
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 the 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 results(s) of each unique source*; • 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 <i>Examples only:</i> • 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

2021 Time-Based Coding for New & Established Patient Office or Other Outpatient E/M Services (effective 01/01/2021)

Time may be used alone to select the appropriate code level whether or not counseling and/or coordination of care dominates the service (for 99202-99205, 99212-99215). Time for these services is the *TOTAL TIME on the date of the encounter*. It includes both the face-to-face & non-face-to-face time personally spent by the physician and/or other qualified health care professional(s) on the day of the encounter.

Time includes the following activities, when performed and documented:

- Preparing to see the patient (e.g., review of tests)
- Obtaining and/or reviewing separately obtained history
- Performing a medically appropriate examination and/or evaluation
- Counseling and educating the patient/family/caregiver
- Ordering medications, tests, or procedures
- Referring and communicating with other health care professionals (when not separately reported)
- Documenting clinical information in the electronic or other health record
- Independently interpreting results (not separately reported) and communicating results to the patient/family/caregiver
- Care coordination (not separately reported)
- **Documentation of Total Time of the Encounter is required**

Choose the Level of Service Based on Total Time Spent on this DOS	
New Patient	Time Range
99202	15-29 minutes
99203	30-44 minutes
99204	45-59 minutes
*99205	60-74 minutes
Established Patient	Time Range
99212	10-19 minutes
99213	20-29 minutes
99214	30-39 minutes
*99215	40-54 minutes

*Prolonged Service Code 99417 [per AMA] (with or without Direct Patient Contact on this DOS)	
Total Time of New Patient Office or Outpatient Services (Use with 99205)	CPT Code(s)
Less than 75 minutes	Not reported separately
75-89 minutes	99205 x 1 and 99417 x 1
90-104 minutes	99205 x 1 and 99417 x 2
105 minutes or more	99205 x 1 and 99417 x 3 (or more for each additional 15 minutes)
Total Time of Established Patient Office or Outpatient Services (Use with 99215)	CPT Code(s)
Less than 55 minutes	Not separately reported
55-69 minutes	99215 x 1 and 99417 x 1
70-84 minutes	99215 x 1 and 99417 x 2
85 minutes or more	99215 x 1 and 99417 x 3 (or more for each additional 15 minutes)

*Prolonged Service Time Thresholds for G2212 [per CMS]	
Total Time Required for Reporting (Use with 99205)	CPT & HCPCS Code(s)
Less than 89 minutes	Not reported separately
89-103 minutes	99205 x 1 and G2212 x 1
104-118 minutes	99205 x 1 and G2212 x 2
119 minutes or more	99205 x 1 and G2212 x 3 (or more for each additional 15 minutes)
Total Time Required for Reporting (Use with 99215)	CPT & HCPCS Code(s)
Less than 69 minutes	Not separately reported
69-83 minutes	99215 x 1 and G2212 x 1
84-98 minutes	99215 x 1 and G2212 x 2
99 minutes or more	99215 x 1 and G2212 x 3 (or more for each additional 15 minutes)

** do not report G2212 for any time unit less than 15 minutes