

MDM for E&M Codes

Code	Level of MDM (Based on 2 out of 3 Elements of MDM)	Number and Complexity of Problems Addressed	Amount 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	Straightforward	Minimal: 1 self-limited or minor problem	Minimal or none	Minimal risk of morbidity from additional diagnostic testing or treatment
99203 99213	Low	<p>Low:</p> <ul style="list-style-type: none"> • 2 or more self-limited or minor problems; OR • 1 stable chronic illness; OR • 1 acute, uncomplicated illness or injury; OR • 1 stable acute illness; OR • 1 acute, uncomplicated illness or injury requiring hospital or observation level of care 	<p>Limited <i>(Must meet the requirements of 1 of the 2 categories)</i></p> <p>Category 1 Tests and documents</p> <ul style="list-style-type: none"> • Any combination of 2 from the following <ul style="list-style-type: none"> ○ Review of external prior note(s) from each unique source ○ Review of the result(s) of each unique test* ○ Ordering of each unique test <p>Or</p> <p>Category 2 Assessment requiring and independent historian(s) (For the categories of independent interpretation of tests and discussion of management or test interpretation, see moderate or high)</p>	Low risk of morbidity from additional diagnostic testing or treatment
99204 99214	Moderate	<p>Moderate:</p> <ul style="list-style-type: none"> • 1 or more chronic illnesses with exacerbation, progression, or side effects of treatment; OR • 2 or more stable chronic illness OR • 1 undiagnosed new problem with uncertain prognosis • 1 acute illness with systemic symptoms OR • 1 acute complicated injury 	<p>Moderate <i>(Must meet the requirements of at least 1 out of 3 categories)</i></p> <p>Category 1: Tests, documents, or independent historians</p> <ul style="list-style-type: none"> • Any combination of 3 of the following <ul style="list-style-type: none"> ○ 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) <p>Or</p> <p>Category 2: Independent interpretation of tests</p> <ul style="list-style-type: none"> • Independent interpretation of a test performed by another physician/other qualified health care professional (not separately reported) <p>Or</p> <p>Category 3: Discussion of Management or test interpretation</p> <ul style="list-style-type: none"> • Discussion of management or test interpretation with external physician/other qualified health care professional/appropriate source (not separately reportable) 	<p>Moderate risk of morbidity from additional diagnostic testing or treatment</p> <p>Examples:</p> <ul style="list-style-type: none"> • 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	<p>High:</p> <ul style="list-style-type: none"> • 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 	<p>Extensive <i>(Must meet the requirements of at least 2 out of 3 categories)</i></p> <p>Category 1: Tests, documents, or independent historians</p> <ul style="list-style-type: none"> • Any combination of 3 of the following <ul style="list-style-type: none"> ○ 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) <p>Or</p> <p>Category 2: Independent interpretation of tests</p> <ul style="list-style-type: none"> • Independent interpretation of a test performed by another physician/other qualified health care professional (not separately reported) <p>Or</p> <p>Category 3: Discussion of Management or test interpretation</p> <p>Discussion of management or test interpretation with external physician/other qualified health care professional/appropriate source (not separately reportable)</p>	<p>High risk of morbidity from additional diagnostic testing or treatment</p> <p>Examples:</p> <ul style="list-style-type: none"> • 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 or escalation of hospital level of care • Decision not to resuscitate or to de-escalate care because of poor prognosis • Parenteral controlled substances

Utilizing Time for E&M Codes

www.jarallmedical.com



New Patient

Code	Level of Medical Decision Making	Total Time Spent (on day of encounter)
99202	Straightforward	15 minutes
99203	Low	30 minutes
99204	Moderate	45 minutes
99205	High	60 minutes

* if 75 minutes or longer, use code for Prolonged services

Established Patient

Code	Level of Medical Decision Making	Total Time Spent (on day of encounter)
99211	Minimal	N/A
99212	Straightforward	10 minutes
99213	Low	20 minutes
99214	Moderate	30 minutes
99215	High	40 minutes

* if 55 minutes or longer, use code for Prolonged services

Prolonged Services Office or Outpatient

Codes 99417 -Prolonged office or other outpatient evaluation and management service(s) (beyond the total time of the primary procedure which has been selected using total time), requiring total time with or without direct patient contact beyond the usual service, on the date of the primary service; each 15 minutes (List separately in addition to codes 99205, 99215 for office or other outpatient Evaluation and Management services.) May only be reported in conjunction with 99205 or 99215 if the codes were selected based on the time alone and not medical decision making. A service of less than 15 minutes should not be reported.

Total Duration of a New Patient Office or Other Outpatient Level 5 Service (99205)		Total Duration of an Established Patient Office or Other Outpatient Level 5 Service (99215)	
Time	Codes	Time	Codes
Less than 75 minutes	Not reported	less than 55 minutes	Not reported
75-89 minutes	99205 and 99417 (1X)	55-69 minutes	99215 and 99417 (1X)
90-104 minutes	99205 and 99417 (2X)	70-84 minutes	99215 and 99417 (2X)
105 minutes or more	99205 and 99417 (3X or more for each additional 15 mins)	85 minutes or more	99215 and 99417 (3X or more for each additional 15 minutes)

Disclaimer: JARALL Medical Management Consulting offers this document solely for guidance and offers no assurances or guarantees regarding payment. Always check with your third-party payer