

MDM for E&M Codes 2021

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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	Low: <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 	Limited <i>(Must meet the requirements of 1 of the 2 categories)</i> Category 1 Tests and documents <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 Or 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)	Low risk of morbidity from additional diagnostic testing or treatment
99204 99214	Moderate	Moderate: <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 	Moderate <i>(Must meet the requirements of at least 1 out of 3 categories)</i> Category 1: Tests, documents, or independent historians <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) Or Category 2: Independent interpretation of tests <ul style="list-style-type: none"> • 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 <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) 	Moderate risk of morbidity from additional diagnostic testing or treatment Examples: <ul style="list-style-type: none"> • Prescription drug management • Decision regarding minor surgery with identified patient or procedure risk factors • Decision regarding emergency major surgery • Decision regarding hospitalization • Decisions not to resuscitate or to de-escalate care because of poor prognosis
99205 99215	High	High: <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 	Extensive <i>(Must meet the requirements of at least 2 out of 3 categories)</i> Category 1: Tests, documents, or independent historians <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) Or Category 2: Independent interpretation of tests <ul style="list-style-type: none"> • 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 reportable)	High risk of morbidity from additional diagnostic testing or treatment Examples: <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 • Decision not to resuscitate

New Patient

Code	Level of Medical Decision Making	Total Time Spent (on day of encounter)
99202	Straightforward	15-29 minutes
99203	Low	30-44 minutes
99204	Moderate	45-59 minutes
99205	High	60-74 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	10-19 minutes
99213	Low	20-29 minutes
99214	Moderate	30-39 minutes
99215	High	40-54 minutes

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

Prolonged Services

Codes 99354-99355 are used when prolonged service(s) involving **direct patient contact** that is provided beyond the usual service in either the inpatient, observation or outpatient setting, **except with office or other outpatient services (99202, 99203, 99204, 99205, 99211, 99212, 99213, 99214, 99215)**. **Direct patient contact is face-to-face and includes additional non-face-to-face services on the patient's floor or unit in the hospital or nursing facility during the same session.** This service is reported in addition to the primary procedure. Appropriate codes should be selected for supplies provided or other procedures performed in the care of the patient during this period.

Codes 99356-99357 are used to report the total duration of **face-to-face time** spent on a given date providing prolonged service in the outpatient setting, **even if the time on that date is not continuous**. **Codes 99356-99357** are used to report the total duration of time spent **at the bedside and on the patient's floor or unit in the hospital or nursing facility** on a given date providing prolonged service to a patient, **even if the time on that date is not continuous**.

Code 99354 or 99356 is used for the first hour

Code 99355 or 99357 is used for each additional 30 minutes

Total Duration of Prolonged Services	Code for direct patient contact (Inpatient/Observation/Outpatient)	Code for spent at bedside in hospital or nursing facility
Less than 30 minutes	Not reportable	Not reportable
30-74 minutes	99354 x 1	99356 x 1
75-104 minutes	99354 and 99355 x 1	99356 x 1 and 99357 x 1
105 minutes or more	99354 x 1 and 99355 x 2 or more for each additional 30 minutes	99356 and 99357 x 2 or more for each additional 30 minutes