			(2 of 3 elements from must be met or exceeded)	
Code	Level of MDM	Number and Complexity of Problems Addressed at the Encounter	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 of Mortality of Patient Management
99211	N/A	N/A	N/A	N/A
99202 99212	Straightforward	<ul><li>Minimal</li><li>1 self-limited or minor problem</li></ul>	Minimal or None	Minimal risk of morbidity from additional diagnostic testing or treatment
99203 99213	Low	<ul> <li>Low</li> <li>2 or more self-limited or minor problems;</li> <li>or</li> <li>1 stable chronic illness;</li> <li>or</li> <li>1 acute uncomplicated illness or injury</li> </ul>	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* • Ordering of each unique test* or Category 2: Assessment requiring an independent historian (For the categories of independent interpretation of tests and discussion of management or test interpretation can birp)	Low risk of morbidity from additional diagnostic testing or treatment
99204 99214	Moderate	<ul> <li>Moderate</li> <li>1 or more chronic illnesses with exacerbation, progression, or side effects of treatment;</li> <li>or</li> <li>2 or more stable chronic illnesses;</li> <li>or</li> <li>1 undiagnosed new problem with uncertain prognosis</li> <li>or</li> <li>1 acute illness with systemic symptoms;</li> <li>or</li> <li>1 acute complicated injury</li> </ul>	<ul> <li>management or test interpretation, see moderate or high)</li> <li>Moderate (Must meet the requirements of at least 1 of 3 categories) Category 1: Tests, documents, or independent historian(s) </li> <li>Any combination of 3 of the following: <ul> <li>Review of prior external note(s) from each unique source*;</li> <li>Review of the result(s) of each unique test*;</li> <li>Ordering of each unique test*;</li> <li>Assessment requiring an independent historian</li> </ul> </li> <li>Or <ul> <li>Category 2: Independent interpretation of tests</li> <li>Independent interpretation of a test performed by another physician/OQHCP (not separately reported);</li> </ul> </li> <li>Or <ul> <li>Category 3: Discussion of management or test interpretation</li> <li>Discussion of management or test interpretation with external physician/OQHCP/appropriate source (not separately reported)</li> </ul> </li> </ul>	Moderate risk of morbidity from additional diagnostic testing or treatment         Examples only:         • 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	<ul> <li>High <ul> <li>1 or more chronic illnesses with severe exacerbation, progression, or side effects of treatment</li> </ul> </li> <li>Or <ul> <li>1 acute or chronic illness or injury that poses a threat to life or bodily function</li> </ul> </li> </ul>	Extensive (Must meet the requirements of at least 2 out of 3 categories) Category 1: Tests, documents, or independent historian(s) • Any combination of 3 of 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*; • Assessment requiring an independent historian or Category 2: Independent interpretation of tests • Independent interpretation of a test performed by another physician/OQHCP (not separately reported); or Category 3: Discussion of management or test interpretation • Discussion of management or test interpretation with external physician/OQHCP/appropriate source (not separately reported)	<ul> <li>High risk of morbidity from additional diagnostic testing or treatment</li> <li>Examples only:</li> <li>Drug therapy requiring intensive monitoring for toxicity</li> <li>Decision regarding elective major surgery with identified patient or procedure risk factors</li> <li>Decision regarding emergency major surgery</li> <li>Decision regarding hospitalization</li> <li>Decision not to resuscitate or to deescalate care because of poor prognosis</li> </ul>

## 2021 Evaluation and Management Guide

For Office and Other Outpatient Services 99202-99215

- History and exam elements are no longer factors in determining the level of the E/M office and other outpatient services
  - ✓ Office or other outpatient services include a medically appropriate history and/or physical examination, when performed
  - The nature and extent of the history and/or physical examination is determined by the treating physician or other qualified health care professional reporting the service
- Select CPT codes 99202-99205 and 99211-99215 based on the level of Medical Decision Making (MDM) OR Time
- Time for these services is the total time on the date of the encounter. It includes both the face-to-face and non-face-to-face time personally spent by the physician and/or other qualified health care professional(s) on the day of the encounter:
  - ✓ Includes time in activities that require the physician or other qualified health care professional (OQHCP)
  - ✓ Does not include time in activities normally performed by clinical staff
  - Time may be used to select a code level in office or other outpatient services whether or not counseling and/or coordination of care dominates the service.

New Patient Codes	Time	Established Patient Codes	Time
99201	Deleted	99211	N/A
99202	15-29 minutes	99212	10-19 minutes
99203	30-44 minutes	99213	20-29 minutes
99204	45-59 minutes	99214	30-39 minutes
99205	60-74 minutes	99215	40-54 minutes

- Time includes the following activities, when performed:
  - ✓ Preparing to see the patient (eg, 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)
  - $\checkmark$  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)

## • Prolonged Service With or Without Direct Patient Contact on the Date of an Office or Other Outpatient Service

- ✓ Report CPT code 99417 for time spent past the typical time for the highest levels of EM services 99205 and 99215
- ✓ 99417 is only reported in addition to 99205 and 99215 when code selection is based on time
- To report a unit of 99417, 15 minutes of additional time must have been attained. Do not report 99417 for any additional time increment of less than 15 minutes

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