

2021 E&M Level of Service Code Selection – Quick Reference

This quick reference sheet can be utilized after reviewing the AMA's *CPT E/M Office or Other Outpatient and Prolonged Services Code and Guideline Changes*: <https://www.ama-assn.org/system/files/2019-06/cpt-office-prolonged-svs-code-changes.pdf>

Evaluation & management (E&M) level of service code selection is based on:

1) Medical-decision making (MDM) OR 2) Time

It should be clear in your note what method was used (MDM or time) to select the level of service code

MDM

- History is not used to select the level of service, but it must still be performed
- To select E&M level of service code, refer to Level of MDM Table (page 2 of this handout) and assess:
 1. Number and complexity of problems addressed (column 3)
 2. Amount and/or complexity of data reviewed/analyzed (column 4)
 3. Risk of complications and/or morbidity or mortality of patient management (column 5)
 4. Select level of E&M (column 2) and corresponding code (column 1) based on two out of three elements (steps 1-3) for established patients and three out of three elements for new patients
- Codes 99202-99205 are for new patients, codes 99212-99215 are for established patients

TIME

- Time includes total time spent on the day of the encounter
 - Time must be clearly documented and does not include ancillary staff time
 - Add-on codes are available for prolonged time

New Patient		
Code	Level of MDM	Minutes*
99202	Straightforward	15-29
99203	Low	30-44
99204	Moderate	45-59
99205	High	60-74

*Must meet minimum time in range

Established Patient		
Code	Level of MDM	Minutes*
99212	Straightforward	10-19
99213	Low	20-29
99214	Moderate	30-39
99215	High	40-54

*Must meet minimum time in range

- Time includes:
 - 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)

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St. Luke's Health Partners Summary of 2021 E&M Changes: Provider Guide

**Table 2 – CPT E/M Office Revisions
Level of Medical Decision Making (MDM)**

Revisions effective January 1, 2021:

Note: this content will not be included in the CPT 2020 code set release



Code	Level of MDM (Based on 2 out of 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 <i>*Each unique test, order, or document contributes to the combination of 2 or combination of 3 in Category 1 below.</i>	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 • 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 at least 1 of the 2 categories)</i> 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(s) <i>(For the categories of independent interpretation of tests and discussion of management or test interpretation, see moderate or high)</i>	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 <i>(Must meet the requirements of at least 1 out of 3 categories)</i> 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*; • 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 <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: • 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 • 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