

E/M Office or Other Outpatient Guidelines and Code Revisions for 2021: MDM—Part 1

For Current Procedural Terminology (CPT®) 2021, the office or other outpatient visit evaluation and management (E/M) guidelines and code descriptors will be significantly revised. The provided information is published early to raise awareness of substantial changes to current coding practice. This is the first of two articles that will review the changes in medical decision making (MDM), including new guidelines and definitions for E/M office or other outpatient visit codes effective January 1, 2021.

Note: Throughout this series of articles, revised guidelines and descriptors for CPT codes 99202-99205 and 99211-99215 are referenced but are subject to change by CPT Editorial Panel or Executive Committee actions up to the editorial deadline for the CPT 2021 publication. For this reason, the final code numbers and/or descriptor language in the CPT 2021 code set may differ from this educational material at the time of publication. Users should consult the CPT 2021 code set, when available, for final code descriptors and guidelines.

Background

The CPT Editorial Panel approved comprehensive revisions to the CPT E/M office or other outpatient visit reporting guidelines and code descriptors that become effective in the 2021 code set. One of the most significant areas of change is the ability for physicians and/or other qualified health care professionals (QHP) to use either

time *or* MDM as a primary code-selection criterion. Until 2021, MDM is still one of the three required key components, along with history and physical examination, used to select the appropriate E/M office or other outpatient visit code level. In 2021, MDM and time will become the determining factors for code selection. MDM refers to the complexity of establishing a diagnosis and/or selecting a management option as measured by the following elements:

- The number of possible diagnoses and/or the number of management options that must be considered
- The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be obtained, reviewed, and analyzed; and/or
- The risk of significant complications, morbidity, and/or mortality, as well as comorbidities, associated with the patient's presenting problem(s), the diagnostic procedure(s), and/or the possible management options.

The four types of MDM recognized for each element are straightforward, low complexity, moderate complexity, and high complexity. To qualify for a given level of MDM, two of the three elements in Table 1 (*CPT Professional 2020*; page 10) must be met or exceeded.

Table 1. Complexity of Medical Decision Making (pre-2021)

Number of Diagnoses or Management Options	Amount and/or Complexity of Data to be Reviewed	Risk of Complications and/or Morbidity or Mortality	Type of Decision Making
minimal	minimal or none	minimal	straightforward
limited	limited	low	low complexity
multiple	moderate	moderate	moderate complexity
extensive	extensive	high	high complexity

Specific criteria used to determine a given complexity level for each element have not been outlined historically within the CPT code set.

Revision Overview

A revised MDM table (see Table 2) and enhanced guidelines will be published in the CPT 2021 code set, for use effective January 1, 2021. Additional detail will be added within the guidelines to reduce variation in interpretation of existing MDM currently encountered

across contractors and payers. Existing Centers for Medicare & Medicaid Services (CMS) and contractor tables and audit tools were reviewed to minimize disruption in coding patterns. The four types of MDM (straightforward, low, moderate, and high) are unchanged, and MDM is still not applicable for code 99211. CPT code 99201 will be deleted to align the new patient E/M office or other outpatient visit codes (99202-99205) with the established patient office or other outpatient visit codes (99211-99215), so that there are four levels of MDM for each.

Table 2. Levels of Medical Decision Making (MDM) (Effective January 1, 2021)

Code	Level of MDM (Based on 2 out of 3 Elements of MDM)	Elements of MDM		
		Number and Complexity of Problems Addressed at the Encounter	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

Code	Level of MDM (Based on 2 out of 3 Elements of MDM)	Elements of MDM		
		Number and Complexity of Problems Addressed at the Encounter	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
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; <p>or</p> <ul style="list-style-type: none"> • 2 or more stable chronic illnesses; <p>or</p> <ul style="list-style-type: none"> • 1 undiagnosed new problem with uncertain prognosis; <p>or</p> <ul style="list-style-type: none"> • 1 acute illness with systemic symptoms; <p>or</p> <ul style="list-style-type: none"> • 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 historian(s)</p> <ul style="list-style-type: none"> • Any combination of 3 from 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 reported) 	<p>Moderate risk of morbidity from additional diagnostic testing or treatment</p> <p><i>Examples only:</i></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

Code	Level of MDM (Based on 2 out of 3 Elements of MDM)	Elements of MDM		
		Number and Complexity of Problems Addressed at the Encounter	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
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 <ul style="list-style-type: none"> 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> <p>Category 1: Tests, documents, or independent historian(s)</p> <ul style="list-style-type: none"> Any combination of 3 from 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 <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); or <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 reported) 	High risk of morbidity from additional diagnostic testing or treatment <p><i>Examples only:</i></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 Decision not to resuscitate or to de-escalate care because of poor prognosis

*Under the element "Amount and/or Complexity of Data to be Reviewed and Analyzed," each unique test, order, or document contributes to the combination of 2 or 3 components in the Category 1 listings

MDM Element: Number and Complexity of Problems Addressed at the Encounter

This element was previously titled "Number of Diagnoses or Management Options." Changes made to this element provide clear definitions for each level of MDM outlined in Table 3. Examples previously

included in the CMS Table of Risk were reviewed for applicability to the office/outpatient setting; some were moved to the guidelines to make the MDM table less complex. Table 3 presents a list of criteria required to be met for each MDM level, if using this element (along with at least one other element) to select an E/M code.

Table 3. Medical Decision Making (MDM) Element Criteria: Number and Complexity of Problems Addressed at Encounter

CPT Code	Level of MDM	Number and Complexity of Problems Addressed at Encounter Criteria
99211	N/A	N/A
99202 99212	Straightforward	Minimal 1 self-limited or minor problem
99203 99213	Low	Low 2 or more self-limited or minor problems or 1 stable chronic illness or 1 acute, uncomplicated illness or injury
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 undiagnosed new problem with uncertain prognosis or 1 acute illness with systemic symptoms or 1 acute complicated injury
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

Key Concepts and Definitions

In the 2021 E/M guidelines, a problem is defined as a disease, condition, illness, injury, symptom, sign, finding, complaint, or other matter noted at the encounter, with or without a diagnosis being established at the time of the encounter. A problem is considered to be *addressed or managed* when it is evaluated or treated at the encounter by the physician or other QHP reporting the service. This includes consideration of further testing or treatment that may not be elected by virtue of risk/benefit analysis or patient/parent/guardian/surrogate choice.

Situations that do not qualify as being addressed or managed by the physician or other QHP reporting the service include the following:

- Notation in the patient's medical record that another professional is managing the problem without documenting additional assessment or care coordination
- Referral without evaluation (by history, examination, or diagnostic study[ies] or consideration of treatment)

Table 4 provides concrete descriptions and clinical examples of the criteria used in choosing an E/M code associated with a given MDM level (Table 3).

Table 4. Problems, Illnesses, and Injuries: Descriptions and Examples

MDM Level	Criterion	Description	Example
Straightforward	Self-limited or minor problem	A problem that runs a definite and prescribed course, is transient in nature, and is not likely to permanently alter health status.	
Low	Stable, chronic illness	A problem with an expected duration of at least 1 year or until the death of the patient. Additional clarity is provided for the following 3 key facets: chronicity, stability, and the risk of morbidity without treatment. <ul style="list-style-type: none"> • Conditions are treated as chronic whether or not stage or severity changes (eg, uncontrolled diabetes and controlled diabetes are a single chronic condition). • “Stable” for the purposes of categorizing MDM is defined by the specific treatment goals for an individual patient. A patient who is not at their treatment goal is not stable, even if the condition has not changed and there is no short-term threat to life or function. For example, a patient with persistently poorly controlled blood pressure for whom better control is a goal is not stable, even if the pressures are not changing and the patient is asymptomatic. • The risk of morbidity without treatment is significant. 	Well-controlled hypertension, non-insulin-dependent diabetes, cataract, or benign prostatic hyperplasia
	Acute, uncomplicated illness or injury	A recent or new short-term problem with low risk of morbidity for which treatment is considered. There is little to no risk of mortality with treatment, and full recovery without functional impairment is expected. A problem that is normally self-limited or minor but is not resolving consistent with a definite and prescribed course is an acute uncomplicated illness.	Cystitis, allergic rhinitis, simple sprain
Moderate	Chronic illness with exacerbation, progression, or side effects of treatment	A chronic illness that is acutely worsening, poorly controlled, or progressing with an intent to control progression and requiring additional supportive care or requiring treatment for side effects but does not require consideration of hospital level of care.	Asthma exacerbation
	Undiagnosed new problem with uncertain prognosis	A new problem in the differential diagnosis that represents a condition likely to result in a high risk of morbidity without treatment.	Breast lump
	Acute illness with systemic symptoms	An illness that causes systemic symptoms and has a high risk of morbidity without treatment. Note that systemic symptoms may not be general but may be within a single system. Systemic general symptoms such as fever, body aches, or fatigue in a minor illness that may be treated to alleviate symptoms, shorten the course of an illness, or to prevent complications, are categorized in the self-limited or minor problem or acute, uncomplicated illness or injury classifications.	Pyelonephritis, pneumonitis, or colitis
	Acute, complicated injury	An injury which requires treatment that includes evaluation of body systems that are not directly a part of the injured organ, the injury is extensive, or the treatment options are multiple and/or associated with a risk of morbidity.	Head injury with brief loss of consciousness
High	Chronic illness with severe exacerbation, progression, or side effects of treatment	The severe exacerbation or progression of a chronic illness or severe side effects of treatment that have significant risk of morbidity and may require hospital level of care.	COPD exacerbation
	Acute or chronic illness or injury that poses a threat to life or bodily function	An acute illness with systemic symptoms, an acute complicated injury, or a chronic illness or injury with exacerbation and/or progression or side effects of treatment that pose a threat to life or bodily function in the near term without treatment.	Acute myocardial infarction, pulmonary embolus, severe respiratory distress, progressive severe rheumatoid arthritis, psychiatric illness with potential threat to self or others, peritonitis, acute renal failure, an abrupt change in neurologic status

Note: Comorbidities/underlying diseases, in and of themselves, are not considered in selecting a level of E/M service unless they are addressed, and their presence increases the amount and/or complexity of data to be reviewed and analyzed or the risk of complications and/or morbidity or mortality of patient management.

Next Article: The next article in this series will focus on the changes in two MDM elements: **(1) amount and/or complexity of data to be reviewed and analyzed** and **(2) risk of complications and/or morbidity or mortality of patient management.**◆