E/M Office or Other Outpatient Guidelines and Code Revisions for 2021: MDM—Part 2

For the Current Procedural Terminology (CPT®) 2021 code set, the office or other outpatient visit evaluation and management (E/M) guidelines and code descriptors will be significantly revised. The information given here is provided early to raise awareness of substantial changes to current coding practice. This article focuses on the changes in two of the three medical decision making (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. Part 1, published in the May 2020 issue of *CPT Assistant* (pp 3-8), provided an overview of the revised MDM table and information on the first MDM element, the "Number and Complexity of Problems Addressed at the Encounter."

Note: *Throughout this series of articles, revised guidelines and descriptors for CPT codes 99202-99205 and 99211-99215 are referenced, but they are subject to change by CPT Editorial Panel or Executive Committee actions up to the editorial deadline for 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.*

Table 1. 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 **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** • **2** or more self-limited or minor problems; or • **1** stable chronic illness; or • **1** acute, uncomplicated illness or injury	**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(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**

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 **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
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** *(Must meet the requirements of at least 1 out of 3 categories)* 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** *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

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 **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
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** *(Must meet the requirements of at least 2 out of 3 categories)* **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** *Examples only:* • 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: Amount and/or Complexity of Data to be Reviewed and Analyzed

This element was previously titled "Amount and/or Complexity of Data to be Reviewed." Revisions and enhancements to this element focus on simplifying and standardizing scoring guidelines and increasing emphasis on activities that affect patient care beyond the number of documents or test results reviewed. This emphasis is expressed through the following three key changes:

- An expanded definition of data: In the CPT E/M 2021 guidelines, "Data include medical records, tests, and/or other information that must be obtained, ordered, reviewed, and analyzed for the encounter."
- The introduction of criteria categories, each of which reflects a different type of data, and work required by the physician or other qualified health care professional (QHP), utilized in evaluating the patient

- Reporting requirements that fulfill certain category criteria for a specific MDM level, providing flexibility to the physician or other QHP based on the needs of an individual patient: Minimal or no requirements are required for straightforward MDM; low and moderate MDM must meet the requirements of at least one category; and high MDM must meet the requirements of at least two categories within this element.

Table 2. Medical Decision Making (MDM) Element Criteria: Amount and/or Complexity of Data to be Reviewed and Analyzed

CPT Code	MDM Level	Amount and/or Complexity of Data to be Reviewed and Analyzed Criteria
99211	N/A	N/A
99202 **99212**	**Straightforward**	**Minimal or none**
99203 **99213**	**Low**	**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(s) (For the categories of independent interpretation of tests and discussion of management or test interpretation, see moderate or high)
99204 **99214**	**Moderate**	**Moderate** (Must meet the requirements of at least 1 of 3 categories) 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 QHP (not separately reported); *or* Category 3: Discussion of management or test interpretation • Discussion of management or test interpretation with external physician/other QHP/appropriate source (not separately reported)
99205 **99215**	**High**	**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 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 QHP (not separately reported); or Category 3: Discussion of management or test interpretation • Discussion of management or test interpretation with external physician/other QHP/appropriate source (not separately reported)

*Each unique test, order, or document contributes to the combination of 2 or 3 components in the Category 1 listing. However, to fulfill the requirements for Category 1, activities in a minimum of two different subgroups must be performed.

Key Definitions and Reporting Considerations for Category 1

Test, Documents, or Independent Historians. Category 1 in Table 2, outlines subgroups for tests, documents, and orders that may be performed for all MDM levels. For moderate and high levels of MDM, an option to assess a problem, illness, or injury that requires the participation of an independent historian is also included as a subgroup. Taken together these activities emphasize clinical work beyond just counting the number of documents reviewed as is currently the case. Key terms from this category are clarified in the CPT E/M 2021 guidelines and are shown in Table 3.

Table 3. Test, Documents, and Independent Historians: Terms and Definitions

Term	Definition
Test	Tests are services that result in imaging, laboratory, psychometric, or physiologic data. The differentiation between single and multiple unique tests is defined in accordance with the CPT code set. When a CPT code representing a clinical laboratory panel is reported (eg, CPT code 80047, *Basic metabolic panel (Calcium, ionized)),* it is considered a single test.
External note(s)	External note(s) are record(s), communication(s), and/or test result(s) from an external physician/other QHPs facility or health care organization.
Independent historian(s)	An independent historian is an individual (eg, parent, guardian, surrogate, spouse, witness) who provides a history in addition to the history provided by the patient who is unable to provide a complete or reliable history (eg, due to developmental stage, dementia, or psychosis) or because a confirmatory history is judged to be necessary. Key to this definition is that the independent historian should provide additional information, and not merely restate information already provided by the patient.

New key reporting considerations should be noted for tests and independent historians. The 2021 guidelines state, "Ordering a test is included in the category of test result(s) and the review of the test result is part of the encounter and not a subsequent encounter." For independent historians, "In the case where there may be conflict or poor communication between multiple historians and more than one historian is needed, the independent historian requirement is met."

In addition, within this element it is important to note that Category 1 criteria are considered met only when activities in at least two *different* subgroups are completed. For moderate and high MDM, activities in at least three different subgroups must be completed.

Data Element Category 2: Independent Interpretation of Tests. This category addresses the work performed by a physician's independent interpretation of a test that has not been separately reported by another physician or other QHP, who performed the E/M service for the same patient at a different encounter. Key reporting considerations include the following:

- The test should be one for which there is a CPT code and an interpretation or report is customary.
- A form of independent interpretation should be documented by the physician or other QHP but it does not have to conform to the usual standards of a complete report for the test.
- This criterion should not be applied when the physician or other QHP is reporting the service or has previously reported the service for the patient.

See Example 1 for a scenario of when this criterion would be considered met.

Example 1

Dr. Anderson conducts an initial office visit for a 12-week-old infant with bilateral hip dislocations and bilateral club feet. During the visit, Dr. Anderson reviews and documents his independent interpretation of X rays taken at another facility, prior to the patient coming under Dr. Anderson's care. In this case, the criteria for independent interpretation of tests have been met.

See Example 2 for a scenario of when this criterion would be considered not met.

Example 2

Dr. Stone conducts an office visit for the biannual follow up of an established patient with migraine variant having infrequent, intermittent, moderate to severe headaches with nausea and vomiting, which are sometimes effectively managed by ergotamine tartrate and an antiemetic, but occasionally require visits to an emergency department. During the visit, Dr. Stone reviews the images and radiologist interpretation of a computed tomography (CT) scan that was taken when the patient suffered a severe migraine on a recent out-of-town vacation; however, Dr. Stone did not prepare an independent interpretation of the results himself. In this case, the criteria for independent interpretation of tests have not been met.

Data Element Category 3: Discussion of Management or Test Interpretation. This category recognizes the work performed by the physician or other QHP in discussion of management or test interpretation with an external physician or other QHP or appropriate source.

These two groups are more clearly defined in the guidelines and in Table 4.

Table 4. Discussion of Management or Test Interpretation: Definitions

Term	Definition
External physician or other qualified health care professional	An external physician or other qualified health care professional is one who is not in the same group practice or is a different specialty or subspecialty. This includes licensed professionals who are practicing independently. The individual may also be at a facility such as a hospital, nursing facility, or home health care agency.
Appropriate Source	In this element, an appropriate source includes professionals who are not health care professionals but may be involved in the evaluation and management of the patient's problem (eg, lawyer, parole officer, case manager, teacher). It does *not* include discussion with family or informal caregivers.

A key reporting consideration is that when the physician or other QHP is reporting a separate service for discussion of management with an external physician or other QHP, the time and/or work involved in reporting that separate service is not counted toward MDM when selecting a level of office or other outpatient service. See Examples 3 and 4 for scenarios of when it is appropriate and inappropriate to use the time and/or work involved to count toward MDM.

Example 3

Dr. Jones, a family practice physician, conducts an office visit for a 68-year-old female, established patient, for routine review and follow up of noninsulin-dependent diabetes, obesity, hypercholesterolemia, hypertension, and congestive heart failure. The patient complains of vision difficulties and admits dietary noncompliance. During the visit, Dr. Jones confers briefly with Dr. Adams, an endocrinologist in the same group practice, regarding the results of the comprehensive metabolic panel testing ordered for the visit. The results of the discussion factor into how Dr. Jones will counsel the patient on diet and adjustment of medications. This discussion of management is counted toward MDM when Dr. Jones is selecting a level of E/M office or other outpatient service.

Example 4

Dr. Williams, who is also a family practice physician, sees a patient similar to Dr. Jones' patient in Example 3. Dr. Williams reported code 99452 for 16 to 30 minutes in a service day preparing for a referral to communicate with a consultant, Dr. Ingham, an independently practicing endocrinologist two states away. Dr. Williams could not use the time or work preparing for the referral toward establishing a level of MDM for an E/M code reported on the same day.

See Example 5 for a scenario of communication with an appropriate source.

Example 5

Dr. Davis, a family practice physician, communicates with the parole officer of one of his patients, who was recently released from jail to residential confinement as a condition of parole and wears an ankle monitor. The discussion focuses on the management of the patient's kidney failure status, which requires dialysis treatments three times per week at a facility outside the home. Days of treatment and approximate times of day they will be traveling outside of the ankle monitoring boundaries are discussed.

MDM Element: Risk of Complications and/or Morbidity or Mortality of Patient Management

This element was previously titled "Risk of Complications and/or Morbidity or Mortality." Guideline changes for this element in CPT 2021 E/M increased the emphasis on work performed by the physician or other QHP in addressing patient-management decisions made at the visit that would be associated with the patient's problem(s), the diagnostic procedure(s), and/or treatment(s). It is important to note that this element encompasses the work of both the possible management options selected, as well as those considered but not selected, after sharing the MDM with the patient and/or family. Shared MDM involves eliciting patient and/or family preferences, patient and/or family education, and explaining the risks and benefits of management options.

An example of shared MDM would be a decision about hospitalization that includes consideration of alternative levels of care. Examples may include a psychiatric patient with a sufficient degree of support in the outpatient setting, or the decision to not hospitalize a patient with advanced dementia with an acute condition, which would generally warrant inpatient care, but for whom the goal is palliative treatment.

Structural changes made to this element focused on providing a more streamlined presentation of terms, with retention of some examples within the table to further clarify the intended use at the moderate and high levels of MDM.

Table 5. Medical Decision Making (MDM) Element Criteria: Risk of Complications and/or Morbidity or Mortality of Patient Management

CPT Code	Overall MDM Level	Criteria
99211	N/A	N/A
99202 **99212**	**Straightforward**	Minimal risk of morbidity from additional diagnostic testing or treatment
99203 **99213**	**Low**	Low risk of morbidity from additional diagnostic testing or treatment
99204 **99214**	**Moderate**	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**	High risk of morbidity from additional diagnostic testing or treatment *Examples only:* ▪ 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

In the CPT 2021 E/M guidelines, *risk* is described as the probability and/or consequences of an event. The assessment of the level of risk is affected by the nature of the event under consideration. For example, a high-risk procedure may have a low probability of death whereas a low-risk treatment may have a high risk of a minor, self-limited adverse effect. Definitions of risk are based on the usual behavior and thought processes of a physician or other QHP in the same specialty.

For the purposes of MDM, the level of risk is based on consequences of the problem(s) addressed at the encounter when appropriately treated. Risk also includes MDM related to the need to initiate or forego further testing, treatment, and/or hospitalization.

A key reporting consideration, per the guidelines, is that *trained clinicians apply common language-usage meanings to terms such as high, medium, low, or minimal risk and do not require quantification for these definitions*, though quantification may be provided when evidence-based medicine has established probabilities.

Three key terms in this element, including examples where provided, are further delineated in the new guidelines and Table 6.

Table 6. Risk Element Terms: Descriptions and Examples

Term	Descriptions and Reporting Considerations	Example (where provided)
Morbidity	A state of illness or functional impairment that is expected to be of substantial duration during which function is limited, quality of life is impaired, or there is organ damage that may not be transient despite treatment.	
Social determinants of health	Economic and social conditions that influence the health of people and communities.	Food or housing insecurity
Drug therapy requiring intensive monitoring for toxicity	• A drug that requires intensive monitoring is a therapeutic agent that has the potential to cause serious morbidity or death. • The monitoring is performed for assessment of these adverse effects and not primarily for assessment of therapeutic efficacy. The monitoring should be that which is generally accepted practice for the agent but may be patient-specific in some cases. • Intensive monitoring may be long-term or short-term. Long-term intensive monitoring is not performed less than quarterly. The monitoring may be performed with a laboratory test, a physiologic test, or imaging. • Monitoring by history or examination does not qualify. The monitoring affects the level of MDM in an encounter in which it is considered in the management of the patient.	▪ Monitoring for cytopenia in the use of an antineoplastic agent between dose cycles ▪ The short-term intensive monitoring of electrolytes and renal function in a patient who is undergoing diuresis Examples of monitoring that do *not* qualify: • Monitoring of glucose levels during insulin therapy, as the primary reason is the therapeutic effect (even if hypoglycemia is a concern); • Annual electrolytes and renal function for a patient on a diuretic, as the frequency does not meet the threshold.

Note that the final diagnosis for a condition does not in itself determine the complexity or risk, as extensive evaluation may be required to reach the conclusion that the signs or symptoms do not represent a highly morbid condition. Multiple problems of a lower severity may, in the aggregate, create a higher risk due to interactions.◆