2021 E/M Office or Other Outpatient (99202-99215) Audit Worksheet

MDM Definitions

Per CPT® symptoms may cluster around a specific diagnosis and each symptom is not necessarily a unique condition. Comorbidities/underlying diseases, in and of themselves, are not considered in selecting a level of E/M services 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. 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 higher risk due to interaction.

Problem	A problem is a **disease, condition, illness, injury, symptom, sign, finding, complaint, and/or other matter addressed at the visit, with or without a diagnosis being established at the time of the visit.**
Problem Addressed	A **problem is addressed or managed when it is evaluated or treated** at the visit by the provider reporting the service. This includes **consideration for further testing or treatment that may not be elected** by reason of risk/benefit analysis or patient/parent/guardian/surrogate choice. **Notation in the patient's medical record that another professional is managing the problem without additional assessment or coordination of care documented does not qualify as being 'addressed'** or managed by the provider reporting the service. **Referring a patient to another provider without evaluation (by history, exam, or diagnostic study[ies]) or consideration of treatment does not qualify** as being addressed or managed by the provider reporting the service.
Minimal Problem	A **problem that may not require the presence of the provider,** but the service is provided under the provider's supervision.
Self-limited or Minor Problem	A **problem that runs a definite and prescribed course**, is temporary in nature, and is not likely to permanently affect the patient's health status.
Stable, Chronic Illness	A **problem with an expected duration of at least one (1) year or until the death of the patient**. For the purpose of defining chronicity, conditions are treated as chronic whether or not the stage or the severity changes (e.g., uncontrolled diabetes and controlled diabetes are a single chronic condition). 'Stable' for the purposes of calculating medical decision making is defined by the specific treatment goal(s) for an individual patient. A patient that 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 bodily 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. *Examples may include 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 a treatment is considered**. There is little to no risk of mortality with treatment, and full recovery without functional deterioration 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. *Examples may include cystitis, allergic rhinitis, or a simple sprain.*
Chronic Illness with Exacerbation, Progression, or Side Effects of Treatment	A chronic illness that is **acutely worsening, poorly controlled, uncontrolled, or progressing with an intent of controlling progression and requiring additional supportive care or requiring attention to treatment for side effects, but that does not require consideration of hospital level of care.**
Undiagnosed New Problem with Uncertain Prognosis	A problem in the **differential diagnosis that represents a condition likely to result in a high risk of morbidity without medical intervention**. *An example may be a lump in the breast.*
Acute Illness with Systemic Symptoms	An **illness that causes systemic symptoms (symptoms affecting one or more organ systems) and has a high risk of morbidity without medical intervention**. For **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 illness or to prevent complications, see the definitions for 'self-limited or minor' or 'acute, uncomplicated.'** Systemic symptoms may not be general, but may be single system. *Examples may include pyelonephritis, pneumonitis, or colitis.*
Acute, Complicated Injury	An **injury which requires medical intervention that includes evaluation of other body systems that are not directly related to the injured organ**, the **injury is extensive**, or **the treatment options are multiple and/or associated with risk of morbidity.** *An example may be a head injury with brief loss of consciousness, multiple fractures, multiple injuries, etc.*
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 hospitalization.

Acute or Chronic Illness or Injury that Poses a Threat to Life or Bodily Function	An **acute illness with systemic symptoms (symptoms affecting one or more organ systems), or an acute complicated injury, or a chronic illness or injury with exacerbation and/or progression or side effects of treatment,** that poses a threat to life or bodily function in the short-term without treatment. *Examples may include 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, or an abrupt change in neurologic status.*
Test	Tests are **laboratory services, diagnosistic imaging, psychometric, or physiologic data.** A clinical laboratory **panel** (e.g., basic metabolic panel [80047]) is a **single test**. The differentiation between single or multiple unique tests is defined in accordance with the **CPT® code set.**
External	**External records, communications and/or test result**s are from an external provider, facility or healthcare organization.
External Physician or Other Qualified Healthcare Professional	An external physician or other qualified health care professional is an individual **who is in a different group practice or who is of a different specialty or subspecialty**. It includes licensed professionals that are practicing independently. It may also be a facility or organizational provider such as a hospital, nursing facility, or home health care agency.
Independent Historian(s)	An **individual such as a parent, guardian, surrogate, spouse, care giver, witness, who provides a history in addition to a history provided by the patient who is unable to provide a complete or reliable history due to developmental stage of the patient, or another mental condition(s)** or **because a confirmatory history is determined to be necessary**. In the case where there may be conflict or poor communication between multiple historians and more than one historian(s) is needed, the independent historian(s) requirement is met.
Independent Interpretation	The interpretation of a test for which there is a CPT® code and an interpretation or report is expected. This **does not apply when the provider is reporting the service or has previously reported the service** for the patient. A form of interpretation **should be documented, but need not conform to the usual standards of a complete report for the test.**
Appropriate Source	For the purpose of the Discussion of Management Data Element, an **appropriate source includes individuals who are not health care professionals, but may be involved in the management of the patient** (e.g., lawyer, parole officer, power of attorney, case manager, clergy, teacher). It does **not include discussion with family or informal caregivers**.
Risk	**The probability and/or consequences of an event (an event is the medical intervention or treatment). The assessment of the level of risk is affected by the nature of the medical intervention or treatment under consideration.** *For example, a low probability of death may be high risk, whereas a high chance of a minor, self-limited adverse effect of treatment may be low risk.* **Definitions of risk are based upon the usual behavior and thought processes of a provider in the same specialty.** 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). **For the purposes of calculating medical decision making, level of risk is based upon consequences of the problem(s) addressed at the visit when appropriately treated. Risk also includes medical decision making related to the need to initiate or forego further testing, treatment and/or hospitalization.**
Morbidity	A **state of illness or functional impairment that is expected to be long-term duration in which function is limited, quality of life is impaired, or there is organ damage** that may not be temporary despite treatment.
Social Determinants of Health	**Economic and social conditions that may influence the health of individuals and communities.** *Examples may include food or housing insecurity, safety and wellfare risks, unemployment, inadequate education, etc.*
Drug Therapy Requiring Intensive Monitoring for Toxicity	A **drug that requires intensive monitoring is a therapeutic agent which has the potential to cause serious morbidity or death**. Monitoring is performed for assessment of potential adverse effects, not primarily for assessment of the therapeutic effect. Monitoring should follow practice that is generally accepted for the drug, but may be patient specific in some cases. Intensive monitoring may be long-term or short term. Long-term intensive monitoring is performed not less than quarterly. **Monitoring may include a lab test, a physiologic test or imaging. Monitoring by history or examination does not qualify. The monitoring affects the level of medical decision making in a visit in which it is considered in the management of the patient.** *Examples may include monitoring for a cytopenia in the use of an antineoplastic agent between dose cycles or the short-term intensive monitoring of electrolytes and renal function in a patient who is undergoing diuresis. Examples of monitoring that does not qualify include monitoring glucose levels during insulin therapy as the primary reason is the therapeutic effect (even if hypoglycemia is a concern); or annual electrolytes and renal function for a patient on a diuretic as the frequency does not meet the threshold.*
Total Time on the Date of the Visit (99202-99205, 99212- 99215)	For calculation purposes, time for these services is the **total time on the date of the visit**. It includes both the **face-to-face and non-face-to-face time** personally spent by the provider(s) on the day of the visit and includes time in activities that require the provider but **does not include time in activities normally performed by clinical staff.**

MDM Risk Table

Number/Complexity of Problems Addressed - **Nature of Presenting Problem (Chart A)**

Minimal	☐ 1 Self-limited / minor problem
Low	☐ 2+ Self-limited / minor problem ☐ 1 Stable chronic illness ☐ 1 Acute uncomplicated illness / injury
Moderate	☐ 1+ Chronic illness w/ exacerbation, progression, or Tx side effects ☐ 2+ Stable chronic illness ☐ Undiagnosed problem w/ uncertain prognosis ☐ Acute illness w/ systemic symptoms ☐ Acute complicated injury
High	☐ Chronic illness w/ severe exacerbation, progression or Tx side effects ☐ Acute / chronic illness / injury that pose threat to life or bodily function

Risk of Complications and/or Morbidity or Mortality of **Patient Management (Chart C)**

Minimal	☐ Minimal risk of morbidity from additional diagnostic testing or Treatment *Examples: Rest, gargles, elastic bandages, superficial dressings*
Low	☐ Low risk of morbidity from additional diagnostic testing or Treatment *Examples: OTC drugs, minor surgery w/o identified risk factors, PT OT therapy, IV fluids w/o additives*
Moderate	☐ Moderate risk of morbidity from additional diagnostic testing or Treatment *Examples: Prescription drug management. Decision regarding minor surgery w/identified patient or Tx risk factors, Decision regarding elective major surgery w/o identified PT or Tx risk factors, Diagnosis or Tx significantly limited by social determinants of health*
High	☐ High risk of morbidity from additional diagnostic testing or Treatment *Examples: Drug therapy requiring intensive monitoring for toxicity, Decision regarding elective major surgery w/identified Patient or treatment risk factors, Decision regarding emergency major surgery, Decision regarding hospitalization, Decision not to resuscitate or to de- escalate care because of poor prognosis*

Amount and/or Complexity of **Data to be Reviewed and Analyzed (Chart B)** *Each unique test, order, or document contributes to the combination of T&D category below

Tests & Documents (T&D)					**T&D Total Category points**	**Data Level**
Review of prior **external note(s)** from each unique source*		**x1**	=			
Review of the **result(s)** of each unique test*		**x1**	=			
Ordering of each unique test*		**x1**	=			
Assessment requiring an independent historian(s) (IHx)					**IHx Total Category points**	
An individual (eg, parent, guardian, surrogate, spouse, witness) who provides a history in addition to patient		**0 or 1 max**	=			
Independent interpretation of tests (Intpr)					**Intpr Total Category points**	
Independent **interpretation of a test performed by another** physician/other qualified health care professional (not separately reported);		**0 or 1 max**	=			
Discussion of management or test interpretation (DISC)					**DISC Total Category points**	
Discussion of management or test interpretation **with external physician**/other qualified health care professional\appropriate source (not separately reported)		**0 or 1 max**	=			

MDM Overall Level: _____

Must consider 2 of the 3 MDM elements for the overall MDM level (Charts: A, B and/or C)

Use any 2 charts that meet or exceed

Drop the lowest one

Data Section Calculation

Points should be calculated for each category.
Unique test(s) and document(s) count as 1 point for each and are totaled to = category points.
The more points the higher the data level
For calculations purposes use the below abbreviations:

Tests & Documents = **T&D**
Assessment requiring an independent historian(s) = **IHx**
Independent interpretation of tests = **Intpr**
Discussion of management or test interpretation = **DISC**

Chart B Calculations for Data

Category	Data Level	Category	Data Level
1 T&D	Minimal	1 Intpr	Moderate
2 T&D	Limited	1 DISC	Moderate
1 IHx	Limited	2 T&D AND 1 IHx AND 1 Intpr	High
1 T&D AND 1 IHx	Limited	2 T&D AND 1 IHx AND 1 DISC	High
2 T&D AND 1 IHx	Moderate	3+ T&D AND 1 Intpr	High
2 T&D AND 1 Intpr	Moderate	3+ T&D AND 1 DISC	High
2 T&D AND 1 DISC	Moderate	3+ T&D AND 1 IHx AND 1 Intpr	High
3+ T&D	Moderate	3+ T&D AND 1 IHx AND 1 DISC	High
3+ T&D AND 1 IHx	Moderate	1 Intpr AND 1 DISC	High

Time-Based Coding

Elements of Time

Provider time includes the following activities, when performed:

- Preparing to see the patient such as reviewing the pt.s record
- Obtaining and/or reviewing separately obtained history
- Performing a medically appropriate history and examination
- Counseling and educating the patient, family, and/or caregiver
- Ordering prescirption medications, tests, or procedures
- Referring and communicating with other health care providers when not separately reported during the visit
- Documenting clinical information in the electronic or other health record
- Independently interpreting results when not separately reported
- Communicating results to the patient/family/caregiver
- Corrdinating the care of the patient when not separately reported

Total Encounter Time: _____ **E/M Code:** _____

Code	Time	Code	Time	Code	Time
99202	15-29	99211	0	99214	30-39
99203	30-44	99212	10-19	99215	40-54
99204	45-59	99213	20-29		
99205	60-74				

Prolonged Time Calculations*

Prolonged Code: _____

Code	Time	Code	Time
New Patient 99205 +		Est. Patient 99215 +	
99XXX	75-89	99XXX	55-69
99XXX	90-104	99XXX	70-84
99XXX	105+	99XXX	85+

**Prolonged time less than 15 minutes are not billable*

Time-Base Calculation Guide

Total time must fall exactly into the ranges for the code to apply.

For New Patient Visits:

If total time is less than 15 minutes No Code will apply
If time is greater than 74 minutes add Prolonged EM Service

For Established Patient Visits:

If total time is less than 10 minutes No Code will apply
If times greater than 55 minutes add Prolonged EM Service