

| Number and Complexity of Problems Addressed | | | |
|---|---|--|--|
| Code | Number/Complexity of Problems | Definitions | Examples |
| 99211 | <u>NA</u> | <u>NA</u> | <ul style="list-style-type: none"> • PPD reading • BP check follow-up (normal) |
| 99202 / 99212 | Minimal (Straightforward) <ul style="list-style-type: none"> • 1 self-limited or minor problem | <u>Self-Limited/Minor</u> : A problem that runs a definite and prescribed course, is transient in nature, and is not likely to permanently alter health status. | <ul style="list-style-type: none"> • Uncomplicated mosquito bites • Follow-up resolved condition |
| 99203 / 99213 | Low (choose 1) <ul style="list-style-type: none"> • 2 or more self-limited or minor problems; • 1 stable chronic illness; • 1 acute, uncomplicated illness or injury | <u>Stable, chronic illness</u> : expected duration of at least a year or until death. 'Stable' is defined by the <i>specific treatment goals</i> for an individual patient. A patient that is not at their treatment goal is not stable, even if the condition is unchanged and there is no short-term threat to life or function. Risk of morbidity w/o treatment is significant. <u>Acute, uncomplicated illness or injury</u> : A recent or new short-term problem with low risk of morbidity treatment, and full recovery without functional impairment. A problem that is normally self-limited or minor , but is not resolving in a definite and prescribed course. | <ul style="list-style-type: none"> • Follow-up mild chronic asthma (controlled) • Uncomplicated pharyngitis • Uncomplicated viral syndrome • Simple sprain/strain • Allergic rhinitis • Allergic conjunctivitis • Uncomplicated otitis media |
| 99204 / 99214 | Moderate (choose 1) <ul style="list-style-type: none"> • 1 or more chronic illnesses w/ exacerbation, progression, or side effects of treatment; • 2 or more stable chronic illnesses; • 1 undiagnosed new problem with uncertain prognosis; • 1 acute illness with systemic symptoms; • 1 acute complicated injury | <u>Chronic illness with</u> : A chronic illness that is acutely worsening, poorly controlled or progressing with an intent to control progression and requiring additional supportive care or attention to treatment for side effects (excludes hospital care). <u>Undiagnosed new problem with uncertain prognosis</u> : Problem in the differential diagnosis that represents a condition likely to result in a high risk of morbidity without treatment. <u>Acute illness with systemic symptoms</u> : An illness that causes systemic symptoms and has a high risk of morbidity w/o treatment. 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 ' self-limited or minor ' or ' acute, uncomplicated .') Systemic symptoms may not be general, but may be single system. <u>Acute, complicated injury</u> : An injury which requires treatment that includes evaluation of body systems that are not directly part of the injured organ, the injury is extensive, or the treatment options are multiple and/or associated with risk of morbidity. | <ul style="list-style-type: none"> • Worsening headaches/migraines • CBC results with high WBCs and low RBCs requiring further work up • Concussion with brief LOC • Strep throat presenting with fever and vomiting • Pneumonia • Injuries resulting from an MVA that include multiple systems • Recurrent OM with fever and perforated TM |
| 99205 / 99215 | High (choose 1) <ul style="list-style-type: none"> • 1 or more chronic illnesses with severe exacerbation, progression, or side effects of treatment; • 1 acute or chronic illness or injury that poses a threat to life or bodily function | <u>Chronic illness with severe exacerbation....</u> : Have significant risk of morbidity and may require hospital level of care. <u>Acute or chronic illness or injury that poses a threat to life or bodily function</u> : Pose a threat to life or bodily function in the near term w/o treatment. Typically, hospital care is needed. | <ul style="list-style-type: none"> • Depression with suicide ideation • Severe respiratory distress • Renal failure • Treatment for refractory migraine pain • New seizure onset |

Amount and/or Complexity of Data to be Reviewed and Analyzed

| Code | Data Needed | Examples | Definitions |
|---------------|--|---|---|
| 99211 | None | None | <p>Analyzed: The data element itself may not be subject to analysis (eg, glucose), but it is instead included in the thought processes for diagnosis, evaluation, or treatment. When ordering a test during an encounter, they are counted in that encounter. Tests that are ordered outside of an encounter may be counted in the encounter in which they are analyzed. For recurring orders, each new result may be counted in the encounter in which it is analyzed. For example, an encounter that includes an order for monthly prothrombin times would count for one prothrombin time ordered and reviewed. Additional future results, if analyzed in a subsequent encounter, may be counted as a single test in that subsequent encounter. Any service for which the professional component is separately reported by the physician or other qualified health care professional reporting the E/M services is not counted as a data element ordered, reviewed, analyzed, or independently interpreted for the purposes of determining the level of MDM.</p> <p>Test: Tests are imaging, laboratory, psychometric, or physiologic data. A clinical laboratory panel (eg, basic metabolic panel [80047]) is a single test. The differentiation between single or multiple tests is defined in accordance with the CPT code set. Pulse oximetry is not a test.</p> <p>External: External records, communications and/or test results are from an external physician, OQHCP, facility, or health care organization. External physician or other qualified healthcare professional: An external physician or other OQHP is an individual who is not in the same group practice or is 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.</p> <p>Independent historian(s): An individual (eg, parent, witness) who provides a history in addition to a history provided by the patient who is unable to provide a complete or reliable history (eg, due to developmental stage) or because a confirmatory history is judged to be necessary.</p> <p>Independent Interpretation: Test for which there is a CPT code and an interpretation or report is customary. Excludes when the physician or OQHP professional is reporting or has previously reported the service for the patient. Documentation is required, but need not conform to the usual standards of a complete report for the test.</p> <p>Appropriate source: Includes non-healthcare professionals, but who may be involved in the management of the patient (eg, lawyer, case manager, teacher). Not family or informal caregivers.</p> |
| 99202 / 99212 | Minimal or none (Refer to Limited if there is an independent historian) | | |
| 99203 / 99213 | <p>Limited (Must meet the requirements of at least 1 of the 2 categories)</p> <p>Category 1: Tests and documents Any combination of 2 from the following:</p> <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 <p>Category 2: Assessment requiring an independent historian(s)</p> | <p>3 y/o patient: Mom historian, no tests</p> <hr/> <p>17 y/o patient: Ordered CBC, Comprehensive metabolic panel (outside lab)</p> | |
| 99204 / 99214 | <p>Moderate (Must meet the requirements of at least 1 out of 3 categories)</p> <p>Category 1: Tests, documents, or independent historian(s) Any combination of 3 from the following:</p> <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>Category 2: Independent interpretation of tests •Independent interpretation of a test performed by another physician/other qualified health care professional (not separately reported);</p> <p>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)</p> | <p>15 y/o patient: Ordered CBC, T4, TSH</p> <hr/> <p>2 y/o patient: Spoke with Hem-Onc physician to discuss recent labs and course of treatment</p> <hr/> <p>6 y/o patient: Reviewed radiologic results from ED and wrote own interpretation</p> | |
| 99205 / 99215 | <p>Extensive (Must meet the requirements of at least 2 out of 3 categories)</p> <p>Category 1: Tests, documents, or independent historian(s) Any combination of 3 from the following:</p> <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>Category 2: Independent interpretation of tests •Independent interpretation of a test performed by another physician/other qualified health care professional (not separately reported);</p> <p>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)</p> | <p>3 y/o patient: Dad independent historian, ordered EKG and 2-D Echo, spoke with a cardiologist about appropriate course for patient</p> <hr/> <p>9 y/o patient: Ordered 2 behavioral assessments, spoke with both mom and dad as independent historians, spoke with referring school counselor regarding initial assessment and plan</p> <hr/> <p>12 y/o patient: Mom was historian to discuss black-out episode, independent interpretation of MRI done during ED visit, ordered additional labs (3)</p> | |

Risk of Complications and/or Morbidity or Mortality

| Code | Risk Level | Examples | Definitions |
|---------------|---|--|--|
| 99211 | Minimal or none | | |
| 99202 / 99212 | Minimal risk of morbidity from additional diagnostic testing or treatment | <ul style="list-style-type: none"> • Supportive care at home: gargle, topical OTC ointment • swab for further lab testing | <p>Risk: The probability and/or consequences of an event. Definitions of risk are based upon the usual behavior and thought processes of a physician or other QHP in the same specialty. For the purposes of MDM, level of risk is based upon 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.</p> <p>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.</p> <p>Social determinants of health: Economic and social conditions that influence the health of people and communities. Examples may include food or housing insecurity.</p> <p>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. Intensive monitoring may be long- or short term. Long-term intensive monitoring is not less than quarterly. The monitoring <i>needs</i> to be a lab test, a physiologic test or imaging. <i>The monitoring affects the level of MDM in an encounter in which it is considered in the management of the patient.</i></p> |
| 99203 / 99213 | Low risk of morbidity from additional diagnostic testing or treatment | <ul style="list-style-type: none"> • Blood draw for labs • Radiologic tests such as EKGs, x-rays | |
| 99204 / 99214 | Moderate risk of morbidity from additional diagnostic testing or treatment Examples only: <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 | <ul style="list-style-type: none"> • New prescription drug for acute condition • On-going management of chronic condition through Rx management • Decision to perform minor surgery • Homelessness exacerbating patient's condition • Income issues leading to underdoing of medication | |
| 99205 / 99215 | High risk of morbidity from additional diagnostic testing or treatment Examples only: <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 | | |