

## 2021 Documentation Guidelines

<b>What is the code range for these guidelines?</b>	99202 – 99215
<b>What are they?</b>	Detailed guidelines on how to report the various levels of E/M outpatient services for both new and established patients
<b>How are they different from other subsections of E/M guidelines?</b>	<ul style="list-style-type: none"> <li>✓ E/M level selection is based solely on Medical Decision Making (MDM) or based on time. Time includes non-face-to-face time and all related activities on the same date of service</li> <li>✓ History and physical exam are not used to determine the level of service, but must be medically appropriate</li> </ul>
<b>Why were the outpatient guidelines revised?</b>	To reduce administrative burden on physicians
<b>When do the guidelines take effect?</b>	January 1, 2021 [additional technical revisions published 3/9/21 are retroactive to 1/1/21]
<b>Why use them?</b>	<ul style="list-style-type: none"> <li>✓ Report accurate level of services provided</li> <li>✓ Ensure proper reimbursement for services obtained</li> </ul>

## Office or Other Outpatient Services Times

### Time Component Based Reporting

New Patient	Time Range
99202	15-29 minutes
99203	30-44 minutes
99204	45-59 minutes
99205	60-74 minutes

Established Patient	Time Range
99211*	X
99212	10-19 minutes
99213	20-29 minutes
99214	30-39 minutes
99215	40-54 minutes

# MDM Component Based Reporting

## Based on three elements

- 1) Number and complexity of problems addressed
- 2) Amount and/or complexity of data reviewed and analyzed
- 3) Risk of complications and/or morbidity or mortality

<p><b>1. Number and complexity of problems addressed at the encounter</b></p>	<p>The higher the number of problems and greater the complexity addressed during the encounter leads to a higher level of decision-making, which ranges from straightforward, to low, to moderate, to high.</p> <p>Several specific problem level options are listed in CPT, and range from self-limited or minor problem, to acute or chronic illness or injury that poses a threat to life or bodily function.</p>
<p><b>2. Amount and/or complexity of data to be reviewed and analyzed</b></p>	<p>A greater amount of data gathered to evaluate a patient leads to a higher level of MDM, which ranges from minimal or none, limited, moderate, to extensive. This data collected is divided into three categories. Depending on the level selected, the categories may contain additional requirements. For example, while the assessment requiring independent historian(s) is only for codes with moderate to high MDM, codes 99204/99214 and 99205/99215, the assessment requiring independent historian(s) is not required for straightforward and low MDM codes 99202/99212 and 99203/99213.</p>
<p><b>3. Risk of complications and/or morbidity or mortality</b></p>	<p>The risk of morbidity or mortality of a patient and the relative danger of patient management ranges from minimal, to low, to moderate, to high. Some treatments may be relatively risk-free, while others are highly risky, such as a decision about emergency major surgery.</p>

\* Note, the 1997 documentation requirements for E/M services **do not include** the office or other outpatient E/M services (codes 99202-99215). The 1997 guidelines pertain to *all other* E/M codes.

## 1997 Guidelines vs 2021 Guidelines

<b>Components for CPT code selection</b>	<b>Current Guidelines retained for</b> Inpatient, observation, ED, consultations, nursing facility Domiciliary, Rest or Custodial care, Home	<b>Revised 2021 Guidelines for</b> Office or Other Outpatient Services (99202-99205, 99211-99215)
<b>History and Examination</b>	Key components (history, exam, MDM)	“Medically appropriate” not used in code selection
<b>Medical Decision Making (MDM)</b>	Key components (history, exam, MDM) <ul style="list-style-type: none"> <li>• number of diagnosis or management options</li> <li>• amount and/or complexity of data to be reviewed</li> <li>• risk of complications and/or morbidity or mortality</li> </ul>	Use MDM or total time on the date of the encounter <ul style="list-style-type: none"> <li>• number and complexity of problems addressed at the encounter</li> <li>• amount and/or complexity of data to be reviewed and analyzed</li> <li>• risk of complications and/or morbidity or mortality of patient management</li> </ul>
<b>Time</b>	May use face-to face, bedside, and time on the patient’s floor/unit when counseling and or coordination of care dominates (> 50%) (Time cannot be used in the ED)	Use MDM or total time on the date of the encounter

*Courtesy of Margaret M. Maley, BSN, MS*