

## Definitions for elements of MDM:

**Stable, chronic illness:** A problem with an expected duration of at least a year or until the death of the patient. For the purpose of defining chronicity, 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 medical decision making is defined by the specific treatment goals 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 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 BPH.

**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.

**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 treatment. An example may be a lump in the breast.

**Test:** Tests are imaging, laboratory, psychometric, or physiologic data. A clinical laboratory panel (eg, basic metabolic panel) is a single test. The differentiation between single or multiple unique tests is defined in accordance with CPT.

**Independent historian(s):** An individual (eg, parent, guardian, surrogate, spouse, 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, dementia, or psychosis) or because a confirmatory history is judged 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 customary. This does not apply when the physician or other qualified health care professional 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.

**Risk:** 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 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 physician or other qualified health care professional in the same specialty. For the purposes of medical decision making, level of risk is based upon consequences of the problem(s) addressed at the encounter when appropriately treated. Risk also includes medical decision making related to the need to initiate or forego further testing, treatment and/or hospitalization.

**Social determinants of health:** Economic and social conditions that influence the health of people and communities. Examples may include food or housing insecurity.

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## Evaluation and Management Pocket Reference Guide

Visit us at [www.EnosMedicalCoding.com](http://www.EnosMedicalCoding.com) for CPC, E/M, or ICD-10 course information. We offer live training seminars, webinars, chart audits, or eLearning! Email: [Mike@EnosMedicalCoding.com](mailto:Mike@EnosMedicalCoding.com)

### Code Selection

Select the appropriate level of E/M service based on either:

1. The level of **Medical Decision Making Complexity** OR
2. The **total time** for the E/M services performed on the date of the encounter.

"Time" includes all time personally spent on the DOS by the provider such as: preparing to see a patient, obtaining or reviewing separately-obtained history, performing an exam/evaluation, counseling and educating, ordering medications, tests, or procedures, communicating with other health professionals, documenting clinical information in the EHR, independently interpreting results (not separately reported), communicating results, and care coordination (not separately reported).

New Pt Office Visit		
E/M Code	MDM	Time
99202	S.F.	15 - 29
99203	Low	30 - 44
99204	Moderate	45 - 59
99205	High	60 - 74*

Prolonged Services* (New)	
Total Time	CPT Code(s)
less than 75 minutes	Not reported separately
75 - 89 minutes	99205 and 99XXX
90 - 104 minutes	99205 and 99XXX x2
105 or more	99205 and 99XXX x3 or more for each add'l 15 minutes

Established Pt Office Visit		
E/M Code	MDM	Time
99212	S.F.	10 - 19
99213	Low	20 - 29
99214	Moderate	30 - 39
99215	High	40 - 54*

Prolonged Services* (Established)	
Total Time	CPT Code(s)
less than 55 minutes	Not reported separately
55 - 69 minutes	99215 and 99XXX
70 - 84 minutes	99215 and 99XXX X2
85 or more	99215 and 99XXX x3 or more for each add'l 15 minutes



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Approved Instructor

# Medical Decision Making Complexity

P r o b l e m	Min	Low	Moderate	High
	1 self-limited or minor problem	<ul style="list-style-type: none"> <li>◇ 2 or more self-limited or minor problems;</li> <li>◇ 1 <i>stable chronic illness</i>;</li> <li>◇ 1 <i>acute, uncomplicated</i> illness or injury</li> </ul>	<ul style="list-style-type: none"> <li>◇ 1 or more chronic illnesses with exacerbation, progression, or side effects of treatment;</li> <li>◇ 2 or more stable chronic illnesses;</li> <li>◇ 1 <i>undiagnosed new problem with uncertain prognosis</i>;</li> <li>◇ 1 acute illness with systemic symptoms;</li> <li>◇ 1 acute complicated injury</li> </ul>	<ul style="list-style-type: none"> <li>◇ 1 or more chronic illnesses with severe exacerbation, progression, or side effects of treatment;</li> <li>◇ 1 acute or chronic illness or injury that poses a threat to life or bodily function</li> </ul>

D a t a	Min	Limited	Moderate	Extensive (must meet 2/3)
	none	<ul style="list-style-type: none"> <li>◇ Any combination of <u>2</u> from the following:                             <ul style="list-style-type: none"> <li><input type="checkbox"/> Review of prior external note(s) from each unique source</li> <li><input type="checkbox"/> review of the result(s) of <i>each unique test</i></li> <li><input type="checkbox"/> ordering of each <i>unique test</i></li> </ul> </li> <li>◇ Assessment requiring an <i>independent historian(s)</i></li> </ul>	<ul style="list-style-type: none"> <li>◇ Any combination of <u>3</u> from the following:                             <ul style="list-style-type: none"> <li><input type="checkbox"/> Review of prior external note(s) from each unique source</li> <li><input type="checkbox"/> Review of the result(s) of each unique test</li> <li><input type="checkbox"/> Ordering of each unique test</li> <li><input type="checkbox"/> Assessment requiring an independent historian(s)</li> </ul> </li> <li>◇ <i>Independent interpretation of a test</i> performed by another physician/other qualified health care professional</li> <li>◇ Discussion of management or test interpretation with external physician/other qualified health care professional</li> </ul>	<ul style="list-style-type: none"> <li>◇ Any combination of <u>3</u> from the following:                             <ul style="list-style-type: none"> <li><input type="checkbox"/> Review of prior external note(s) from each unique source</li> <li><input type="checkbox"/> Review of the result(s) of each unique test</li> <li><input type="checkbox"/> Ordering of each unique test</li> <li><input type="checkbox"/> Assessment requiring an independent historian(s)</li> </ul> </li> <li>◇ <i>Independent interpretation of a test</i> performed by another physician/other qualified health care professional</li> <li>◇ Discussion of management or test interpretation with external physician/other qualified health care professional</li> </ul>

R I S K	Min	Low	Moderate	High
	Minimal risk of morbidity	Low risk of morbidity from additional diagnostic testing or treatment	<p>Moderate risk of morbidity from additional diagnostic testing or Treatment</p> <p><i>Examples only:</i></p> <ul style="list-style-type: none"> <li>◇ Prescription drug management</li> <li>◇ Decision regarding minor surgery with identified patient or procedure risk factors</li> <li>◇ Decision regarding elective major surgery without identified patient or procedure risk factors</li> <li>◇ Diagnosis or treatment significantly limited by <i>social determinants of health</i></li> </ul>	<p>High risk of morbidity from additional diagnostic testing or treatment</p> <p><i>Examples only:</i></p> <ul style="list-style-type: none"> <li>◇ Drug therapy requiring intensive monitoring for toxicity</li> <li>◇ Decision regarding elective major surgery with identified patient or procedure risk factors</li> <li>◇ Decision regarding emergency major surgery</li> <li>◇ Decision regarding hospitalization</li> <li>◇ Decision not to resuscitate or to de-escalate care because of poor prognosis</li> </ul>

Problems	Minimal	Low	Moderate	High
Data	Minimal	Limited	Moderate	Extensive
Risk	Minimal	Low	Moderate	High
MDM	Straightforward	Low	Moderate	High
Code	Level 2	Level 3	Level 4	Level 5

To qualify for a given level of MDM, 2 of the 3 elements above must be either met or exceeded.