Step 1

Table 1: Number and complexity of problems addressed

What is the highest level of service based on the number and complexity of problems addressed?
[Problem **(P)** = Minimal, Low, Moderate, High]

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

Step 2

Table 2: Amount and/or complexity of data to be reviewed and analyzed

What is the total calculation for the level of service based on the amount and/or complexity of data to be review and analyzed?

[Data **(D)** = Minimal, Limited, Moderate, Extensive]

Tests & Documents (T&D)	**Was this documented?**	T&D Total Category Points
Review of prior external note(s) from each **unique** source	x 1 =	
Review of the result(s) of each **unique** test	x 1 =	
Ordering of each **unique** test	x 1 =	
Assessment requiring and independent historian (IHx)	**Was this documented?**	IHx Total Category Points
An individual (eg, parent, guardian, spouse, witness) who provides a history in addition to patient	No = 0 YES = 1	
Independent interpretation of tests (INTPR)	**Was this documented?**	INTPR Total Category Points
Independent interpretation of a test **performed by another physician/other qualified health care professional** (not separately reported)	No = 0 YES = 1	
Discussion of management or test interpretation (DISC)	**Was this documented?**	DISC Total Category Points
Discussion of management or test interpretation with **external** physcian/other qualified health care professional or appropriate source(s) (not separately reported)	No = 0 YES = 1	

Chart for Data Level

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

Step 3

Table 3: Risk of complications and/or morbidity or mortality of patient management

What is the highest level of service based on the risk of complications and/or morbidity or mortality of patient management?
[Risk **(R)** = Minimal, Low, Moderate, High]

Minimal	□ **Minimal** risk of morbidity from additional diagnostic testing or treatment	*Examples:* · *Rest* · *Gargle* · *Elastic bandages* · *Superficial dressings*
Low	□ **Low** risk of morbidity from additional diagnostic testing or treatment	*Examples:* · *Over-the-counter drugs* · *Minor surgery w/o identified risk factors* · *PT/OT therapy* · *IV fluids w/o additives* · *X-rays* · *Simple lab tests* · *CT/MRI w/o contrast*
Moderate	□ **Moderate** risk of morbidity from additional diagnostic testing or treatment	*Examples:* · *Prescription drug management* · *Minor surgery w/ identified risk factors* · *Elective major surgery w/o identified risk factors* · *CT/MRI w/ contrast* · *Dx 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* · *Elective major surgery w/ identified risk factors* · *Emergency major surgery* · *Decision regarding hospitalization* · *Decision not to resuscitate or to de-escalate care because of poor prognosis*

Step 4

Final CPT Code Selection

Determine the highest Level of Service based on either MDM or Time

Level of Service (MDM)

Medical Decision Making Elements		New or Established Office Visit				
(P)	**Table 1** - Number and complexity of problems addressed	N/A	Minimal	Low	Moderate	High
(D)	**Table 2** - Amount and/or complexity of data to be reviewed and analyzed	N/A	Minimal or none	Limited	Moderate	Extensive
(R)	**Table 3** - Risk of complications and/or morbidity or mortality of patient management	N/A	Minimal	Low	Moderate	High
Level of Service (AMA CPT Code)		**99211**	**99202** **99212**	**99203** **99213**	**99204** **99214**	**99205** **99215**

Level of Service is based on 2 of the 3 MDM Elements

Choose the column for the level of service in which 2 MDM elements have been met or exceeded

Level of Service (Time)

Level of Service (AMA CPT Code and Time Range)					
		99202 15-29 minutes	**99203** 30-44 minutes	**99204** 45-59 minutes	**99205** 60-74 minutes
	99211 (N/A)	**99212** 10-19 minutes	**99213** 20-29 minutes	**99214** 30-39 minutes	**99215** 40-49 minutes

Step 5 (optional)

Prolonged Services

Total Amount of Time for Service (AMA CPT Code(s) and/or HCPCS code)

CPT 99417 - New Patient Codes		G2212 - New Patient Codes	
Code(s)	**Total Time Required for Reporting**	**Code(s)**	**Total Time Required for Reporting**
Not separately reportable	Less than 75 minutes	Not separately reportable	Less than 89 minutes
99205 x 1 and **99417** x 1	75-89 minutes	**99205** x 1 and **G2212** x 1	89-103 minutes
99205 x 1 and **99417** x 2	90-104 minutes	**99205** x 1 and **G2212** x 2	104-118 minutes
99205 x 1 and **99417** x 3 or more for each additional 15 minutes	105 minutes or more	**99205** x 1 and **G2212** x 3 or more for each additional 15 minutes	119 minutes or more
CPT 99417 - Established Patient Codes		**G2212 - Established Patient Codes**	
Code(s)	**Total Time Required for Reporting**	**Code(s)**	**Total Time Required for Reporting**
Not separately reportable	Less than 55 minutes	Not separately reportable	Less than 69 minutes
99215 x 1 and **99417** x 1	55-69 minutes	**99215** x 1 and **G2212** x 1	69-83 minutes
99215 x 1 and **99417** x 2	70-84 minutes	**99215** x 1 and **G2212** x 2	84-98 minutes
99215 x 1 and **99417** x 3 or more for each additional 15 minutes	85 minutes or more	**99215** x 1 and **G2212** x 3 or more for each additional 15 minutes	99 minutes or more

CPDR = **C**(hief complaint) **P**(roblem) **D**(ata) **R**(isk)

Charge Review Session Comment notes must support CPDR coding logic when a CPT code is changed based on chart note documentation

Documentation review using *2021 E/M Audit Worksheet to determine the highest level of service*:

· Identify the highest level of service based on Total Time documentation, **and**

***Note** : When time is being used to select the appropriate level of services for which time-based reporting of shared or split visits is allowed, the time personally spent by the physician and other QHCP assessing and managing the patient on the date of the encounter is summed to define to total time.*

· Identify the highest level of service based on Medical Decision Making

Note: Send a provider query if the provider-selected CPT/HCPCS code differs from the highest level of service supported by documentation based on the coder review.

***Example 1** – The provider selects CPT 99214. A review of the chart note identifies total time as 15 minutes and MDM as moderate. Although total time only supports 99212, MDM supports 99214. The provider-selected CPT code is accurate. A provider query **is not needed** in this example.*

***Example 2** – The provider selects CPT 99214. A review of the chart note identifies total time as 15 minutes and MDM as low. Total time supports 99212 and MDM supports 99213; neither total time or MDM supports CPT 99214. The provider-selected CPT code is inaccurate. A provider query **is needed** to request a code change due to supporting documentation of the highest level of service.*