

POCKET GUIDE FOR OUTPATIENT SERVICES

EFFECTIVE JAN 1ST 2023

For providers who may bill professional E/M (MD, NP, PA, etc.)

➔ E/M level selection may be based on MDM or Time. Time is not allowed in Primary Care Exception. See “Side 2” for MDM leveling detail.

NEW

ESTABLISHED

CONSULTATION

**Time not allowed for Primary Care Exception leveling; use MDM*

New	HCPCS	MDM	TIME* n/a for PCE
New	99202	Sfwd	15-29 min
	99203	Low	30-44 min
	99204	Moderate	40-59 min
	99205	High	60-74 min

Return	HCPCS	MDM	TIME* n/a for PCE
Return	99212	Sfwd	10-19 min
	99213	Low	20-29 min
	99214	Moderate	30-39 min
	99215	High	40-54 min

Consultation	HCPCS	MDM	TIME
Consultation	99242	Sfwd	20 min
	99243	Low	30 min
	99244	Moderate	40 min
	99245	High	55 min

CMS Back-end Crosswalk: 99202-99215

New patient - patient has not received professional services from anyone of the same specialty belonging to the same group practice within the last 3 years

Return patient - patient has received professional services from anyone of the same specialty belonging to the same group practice within the last 3 years

Consultation - rendered at the request of another physician or qualified health care professional (APP) to recommend care for a specific condition or problem, with written report back to requestor.

questions? compliance@bsd.uchicago.edu

MDM CRITERIA

Step 1: Calculate Number and Complexity of Problems Addressed at the Encounter (choose highest)

Element	• 1 self-limited or minor problem <i>(runs a definite or prescribed course, is transient in nature, and is not likely to permanently alter health status)</i>	• 2 or more self-limited or minor problems; or • 1 stable chronic illness <i>(chronic illness which is at treatment goal for the specific patient)</i> ; OR • 1 acute, uncomplicated illness or injury <i>(full recovery w/out functional impairment is expected)</i> ; OR • Stable, acute illness <i>(treatment newly or recently initiated, resolution may not be complete, but condition stable)</i> ; OR • Acute, uncomplicated illness or injury requiring hospital inpatient or observation level care <i>(little to no risk of mortality with treatment, but treatment required is delivered in inpt or obs setting)</i>	• 1 or more chronic illnesses with exacerbation, progression, or side effects of treatment <i>(requires supportive care or attention to treatment for side effects)</i> ; OR • 2 or more stable chronic illnesses; or • 1 undiagnosed new problem with uncertain prognosis <i>(likely to result in high risk of morbidity w/out tx)</i> ; OR • 1 acute illness with systemic symptoms <i>(illness that causes systemic symptoms and has high risk of morbidity without treatment)</i> ; OR • 1 acute complicated injury <i>(level of body systems not part of injured organ, extensive injury, or multiple tx options are multiple and/or associated with risk of morbidity)</i>	• 1 or more chronic illnesses with severe exacerbation, progression, or side effects of treatment <i>(significant risk of morbidity; may require escalation in level of care)</i> ; OR • 1 acute or chronic illness or injury that poses a threat to life or bodily function <i>(in the near term without treatment e.g. AMI, pulmonary embolus, severe respiratory distress psychiatric illness with potential threat to self or others, peritonitis, acute renal failure)</i>
Complexity Level	Minimal	Low	Moderate	High

Step 3: Calculate Risk of Complications and/or Morbidity or Mortality of the Patient Management Decisions Made at Visit (choose highest)

Description	Minimal risk of morbidity from additional diagnostic testing or treatment Examples only • Rest • Gargles • Elastic bandages • Superficial dressings	Low risk of morbidity from additional diagnostic testing or treatment Examples only • OTC drugs • Minor surgery w/no identified risk factors • Physical/Occ therapy	Moderate risk of morbidity from additional diagnostic testing or treatment Examples only • 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	High risk of morbidity from additional diagnostic testing or treatment Examples only • Parenteral controlled substances (DEA controlled substance given by route other than digestive tract) • 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 or escalation of hospital level care (i.e. transfer to ICU) • Decision not to resuscitate or to deescalate care because of poor prognosis
Risk Level	Minimal	Low	Moderate	High

Step 2: Calculate Amount and/or Complexity of Data to be Reviewed & Analyzed (choose highest criteria met)

Complexity Level	Minimal	Limited	Moderate	Extensive
	Minimal MEET CATEGORY 1 BELOW	MEET CATEGORY 1 BELOW	MEET 1 OF 3 CATEGORIES BELOW	MEET 2 OF 3 CATEGORIES BELOW
Must meet category requirements specified here →	Minimal or No Data Reviewed	Category 1: Meet any combination of 2 from items 1-3 Or Meet item 4 (independent historian)	Category 1: Meet any combination of 3 from items 1-4	Category 1: Meet any combination of 3 from items 1-4
CATEGORY 1 1. Review of prior external note(s) from each unique source (each unique source counted once, regardless of # of notes reviewed) 2. Review of the result(s) of each unique test 3. Ordering of each unique test (includes review of result, do not count in #2) 4. Assessment requiring an independent historian			Category 2: Independent interpretation of test	Category 2: Independent interpretation of test
CATEGORY 2: Independent interpretation of tests performed by another physician/other qualified healthcare professional (not separately reported) <i>Do not count independent interpretation for a test billed or ordered by colleague in same specialty</i>				
CATEGORY 3: Discussion of management or test interpretation— with external physician/other qualified health care professional/ appropriate source (not separately reported) <i>Requires direct interactive exchange (not via intermediaries or notes)</i>			Category 3: Discussion mgmt., or test interpretation (external)	Category 3: Discussion mgmt., or test interpretation (external)

Step 4 FINAL LEVEL: Using determinations from Steps 1-3, if a column has 2 or 3 selections, draw a line down the column and select the code. Otherwise draw a line down the column with the center selection and select the code.

ELEMENTS	COMPLEXITY LEVEL				
1. Number and Complexity of Problems Addressed	N/A	Minimal	Low	Moderate	High
2. Amount and/or Complexity of Data to be Reviewed and Analyzed	N/A	Minimal or None	Limited	Moderate	Extensive
3. Risk of Complications and/or Morbidity or Mortality of Patient Management	N/A	Minimal Risk	Low Risk	Moderate Risk	High Risk
LEVEL OF MDM <i>→ See Table Page 1 for CPT codes</i>	N/A	STRAIGHTFORWARD	LOW	MODERATE	HIGH

Example 1: Moderate Problems, Limited Data, Moderate Risk = **MODERATE (2 of 3 met Moderate)**

Example 2: Moderate Problems, Minimal Data, Low Risk = **LOW (choose column with center selection).**