THE UNIVERSITY OF CHICAGO | UChicago Medicine | Office of Corporate Compliance

UCM 2023 PROVIDER E/M TIP SHEET

eff 1-1-23

Instructions: Level by MDM *or* Time and use guide at bottom of table to choose CPT code. Do not report any of the below E/M services within the global period, unless an exception to reporting is met. ***See Page 2 for proper CPT usage, plus MDM and Time rules.***

	STRAIGHTFORWARD	LOW	MODERATE	HIGH/EXTENSIVE
Number & Complexity of PROBLEMS ADDRESSED	▪1 self-limited or minor problem *(runs a definite or prescribed course, is transient in nature, and not likely to permanently alter health status)*	▪2 or more self limited or minor problems; *or* ▪1 stable, chronic illness *(chronic illness which is at treatment goal for the specific patient) ; or* ▪1 acute, uncomplicated illness or injury *(full recovery w/out functional impairment is expected) ; or* ▪1 stable, acute illness *(treatment newly or recently initiated, resolution may not be complete, but condition stable) ; or* ▪1 acute, uncomplicated illness or injury requiring hospital inpatient or observation level of care *(little to no risk of mortality with treatment, but treatment required is delivered in inpt or obs setting)*	▪1 or more chronic illnesses with exacerbation, progression, or side effects of treatment *(requires supportive care or attention to treatment for side effects) ; or* ▪2 or more stable, chronic illnesses; *or* ▪1 undiagnosed new problem with uncertain prognosis *(likely to result in high risk of morbidity w/out treatment) ; or* ▪1 acute illness with systemic symptoms *(illness that causes systemic symptoms and has high risk of morbidity without treatment) ; or* ▪1 acute, complicated injury *(evaluation of body systems not part of injured organ, extensive injury, or tx options are multiple and/or associated with risk of morbidity)*	▪1 or more chronic illnesses with severe exacerbation,progression,or side effects of treatment *(significant risk of morbidity; may require escalation in level of care) ; or* ▪1 acute or chronic illness or injury that poses a threat to life or bodily function *(in the near term without treatment e.g. AMI, pulmonary embolus, acute renal failure, severe respiratory distress, abrupt change in neurologic status, peritonitis, psychiatric illness with threat to self or others)*
Amount and/or Complexity of DATA	▪Minimal or no data reviewed	***MEET AT LEAST 1 of 2 CATEGORIES:*** **Category 1 - Tests & Documents** ***Any combo of 2 below:*** ▪Review of prior external note(s) from each unique source ▪Review of the results of each unique test ▪Ordering of each unique test (includes review of test) **Category 2 - Independent Historian** ►Assessment requiring an independent historian(s)	***MEET AT LEAST 1 of 3 CATEGORIES:*** **Category 1 - Tests & Documents** ***Any combo of 3 below:*** ▪Review of prior external note(s) from each unique source ▪Review of the results of each unique test ▪Ordering of each unique test (includes review of test) ▪Assessment requiring an independent historian **Category 2 - Independent Interpretation** ►Independent interpretation of a test performed by another physician, other QHCP (not separately reported) **Category 3 - Discussion or test interpretation** ►Discussion of management or test interpretation with external physician, other QHCP, or appropriate source	***MEET AT LEAST 2 of 3 CATEGORIES:*** **Category 1 - Tests & Documents** ***Any combo of 3 below:*** ▪Review of prior external note(s) from each unique source ▪Review of the results of each unique test ▪Ordering of each unique test (includes review of test) ▪Assessment requiring an independent historian **Category 2 - Independent Interpretation** ►Independent interpretation of a test performed by another physician, other QHCP (not separately reported) **Category 3 - Discussion or test interpretation** ►Discussion of management or test interpretation with external physician, other QHCP, or appropriate source
RISK OF PT MANAGEMENT	**Minimal risk of morbidity from additional diagnostic testing or treatment** ***Examples :*** ▪Rest, Gargles, ▪Elastic Bandages, ▪Superficial dressings	**Low risk of morbidity from additional diagnostic testing or treatment** ***Examples :*** ▪Over-the-counter drugs ▪Minor surgery with no identified risk factors ▪Physical/Occupational Therapy	**Moderate risk of morbidity from additional diagnostic testing or treatment** ***Examples :*** ▪Prescription drug management (any route) ▪Decision regarding minor surgery with risk factors ▪Decision regarding elective major surgery w/o risk factors ▪Diagnosis or treatment significantly limited by SDOH	**High risk of morbidity from additional diagnostic testing or treatment** ***Examples :*** ▪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 risk factors ▪Decision regarding emergency major surgery ▪Decision regarding hospitalization or escalation of hospital level care ▪Decision not to resuscitate or to deescalate care b/c of poor prognosis
	STRAIGHTFORWARD ***2 of 3 SFWD | or Time***	***LOW*** ***2 of 3 LOW (or S,L,M) | or Time***	***MODERATE*** ***2 of 3 MODERATE (or L,M,H) | or Time***	***HIGH*** ***2 of 3 HIGH | or Time***
Inpatient & Observation	**Initial 99221** Sfwd | 40 min **Subsq 99231** Sfwd | 25 min	**Initial 99221** Low | 40 min **Subsq 99231** Low | 25 min	**Initial 99222** Mod | 55 min **Subsq 99232** Mod | 35 min	**Initial 99223** High| 75 min **Subsq 99233** High| 50 min
Consultation	**IP/OBS 99252** Sfwd | 35 min **Outpt 99242** Sfwd | 20 min	**IP/OBS 99253** Low | 45 min **Outpt 99243** Low | 30 min	**IP/OBS 99254** Mod | 60 min **Outpt 99244** Mod | 40 min	**IP/OBS 99255** High | 80 min **Outpt 99245** High | 55 min
Discharge	**99238** 30 minutes or less **99239** over 30 minutes **99234** (Same Day) Sfwd | 45 min	**99238** 30 minutes or less **99239** over 30 minutes **99234** (Same Day) Low | 45 min	**99238** 30 minutes or less **99239** over 30 minutes **99235** (Same Day) Mod | 70 min	**99238** 30 minutes or less **99239** over 30 minutes **99236** (Same Day) High | 85 min
Office/Outpt	**New 99202** Sfwd | 15-29 min **Estab 99212** Sfwd| 10-19 min *Time N/A for PCE*	**New 99203** Low | 30-44 min **Estab 99213** Low| 20-29 min *Time N/A for PCE*	**New 99204** Mod | 40-59 min **Estab 99214** Mod| 30-39 min *Time N/A for PCE*	**New 99205** High| 60-74 min **Estab 99215** High| 40-54 min *Time N/A for PCE*
Emergency	**99282** Straightforward	**99283** Low	**99284** Moderate	**99285** High

Disclaimer: Guidance and interpretation in this document is subject to change as additional information is released or clarified by AMA, CMS, or NGS.

*Controlled Substance List Hyperlink

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CATEGORY	REPORTING CRITERIA	USAGE & TIPS	
INPT or OBS Initial (Admit)	99221 Sf/Low 40 min 99222 Mod 55 min 99223 High 75 min	**INPATIENT INITIAL** ►Use when patient has not been seen by anyone in the same specialty & group during the stay ►**Attending**: add **Modifier AI** "principle physician of record"	**OBSERVATION INITIAL** ► Use when patient has not been seen by anyone in the same specialty & group during the stay
INPT or OBS Subsequent	99231 Sf/Low 25 min 99232 Mod 35 min 99233 High 50 min	**INPATIENT SUBSEQUENT** ►Use for subsequent day services (follow-up) *Transition from Observation to Inpt on a subsequent day, use Subsequent 99231-99233 for Inpatient admission day*	**OBSERVATION SUBSEQUENT** ► Use when patient has already been seen by anyone in the same specialty & group during the stay
Inpatient & Observation Consult	99252 Sfwd 35 min 99253 Low 45 min 99254 Mod 60 min 99255 High 80 min	►Use for Inpatient & Observation consultation requests from another practitioner ►Practitioner may only bill consultation codes 99251-99255 once per admission. ►For follow-ups during same admission use Subsequent 99231-99233.	
Inpatient or Observation Discharge Services	**Different Admit & Discharge Date:** 99238 30 mins or less 99239 more than 30 mins	►To be used ***only*** by the practitioner responsible for discharge services (or death pronouncement) when the patient is discharged on a different date than admission; ► All others use Subsequent Hosp/Obs 99231-99233 *Exception: if patient was admitted less than a total of 8 hours, use only Initial code 99221-99223*	
	Same Day Admit & Discharge: 99234 Sf/Low 45 min 99235 Mod 70 min 99236 High 85 min	►Use when patient is admitted and then discharged on the same day *Exception: If patient was admitted for less than 8 hours, use only Initial code 99221-99223*	
Emergency	99281 N/A 99282 Straightforward 99283 Low 99284 Moderate 99285 High	►Used by any practitioner for visits in the Emergency Room ►99281: the concept of MDM does not apply to 99281 - the face-to-face services represented may be performed by clinical staff ***Non-emergency practitioners:*** ▪If you see a patient in the ED and subsequently admit the patient to inpatient or observation status on the same date, report an Initial Hospital 99221-99223. Otherwise, you may bill an ED service 99282-99285 (or 99241-99245 if providing a consultation).	
Outpatient Consult	99242 Sfwd 20 min 99243 Low 30 min 99244 Mod 40 min 99245 High 55 min	►Use for Office/Outpatient consult requests (or ED consult requests)	
Outpatient/Office New	99202 Sfwd 15-29 min 99203 Low 30-44 min 99204 Mod 45-59 min 99205 High 60-74 min *Time is N/A for Primary Care Exception*	►Use when patient has not received any F2F services by anyone in the same specialty and group within the past 3 years	
Outpatient/Office Established	99211 Not applicable 99212 Sfwd 10-19 min 99213 Low 20-29 min 99214 Mod 30 - 39 min 99215 High 40-54 min *Time is N/A for Primary Care Exception*	►Use when patient has previously received F2F services by anyone in the same specialty and group within the past 3 years	

For questions: compliance@bsd.uchicago.edu

Problems Addressed

- Document severity as applicable (i.e. stable, progressing, or severely exacerbated)
- Comorbidities are not factored into the E/M, unless they are addressed and their presence increases data to be analyzed or risk of patient management
- Do not count referrals without evaluation (by hx, exam, or study)
- Do not count problems managed by other clinicians unless there is addt'l assessment or care coordination

Data

- Ordering tests includes the review and is counted on the DOS
- Review of tests does not apply to tests that will be billed/interpreted by you or colleague of same specialty
- If reports or labs from other specialties or facilities are reviewed, note review/use in MDM
- Document any independent interpretation of images
- Document any discussion of management (another specialty,external provider, or appropriate source)

Risk of Patient Management

- Consider the risk(s) related to Patient Management options made at the visit (the risk of complications, morbidity, and/or mortality)
- Management options considered, but not selected after shared medical decision making with the patient or family, may be counted in Risk

Time

- Total time spent on the DOS, both F2F and non F2F may be counted including time spent in approved activities when off unit or in office
- Time that is continuous over midnight (e.g. 11:30 p.m. to 12: 15 a.m.) may all be counted on the calendar date it started.

►***You may count time spent:*** preparing to see the patient, obtaining or reviewing history, performing exam, counseling and education, ordering, referring and communicating with other health care professionals, documenting in the medical record, independent interpretation, and care coordination

►***You may not count:*** time by clinical staff (MA,RN, Tech), travel time, time spent on separately reportable services, resident time w/out TP present, and time on teaching that is general (i.e. not limited to specific pt. management)

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