

[Finding & Launching the LOS Calculator](#)

[Reviewing Patient and Service Type](#)

[Using Medical Decision Making Criteria](#)

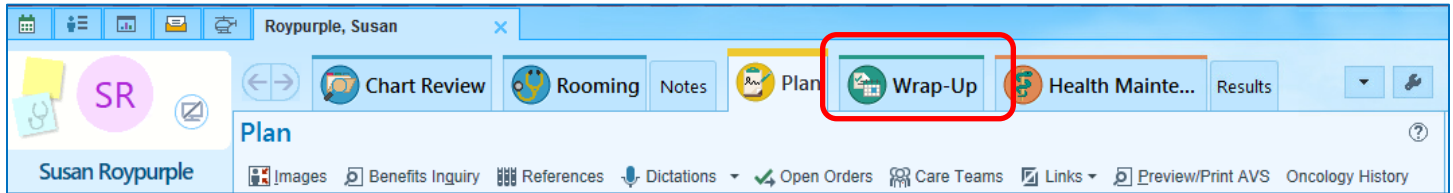
[Using Time Criteria](#)

[Comparing MDM vs. Time levels](#)

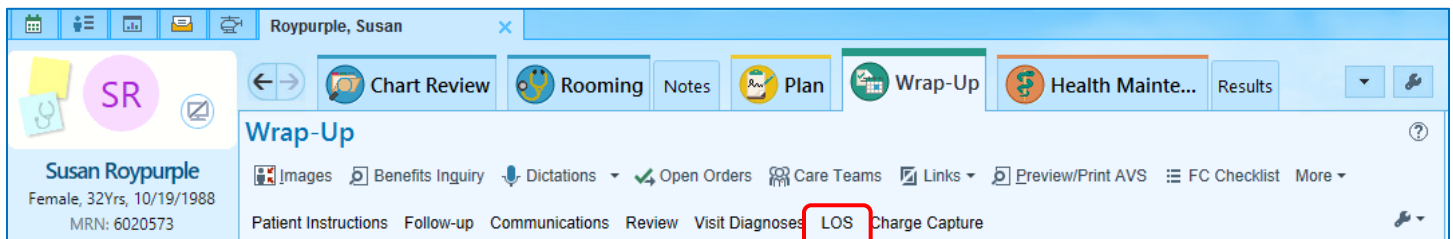
2021 E/M Resources: [E/M Tip Sheet & FAQ's](#)

Finding & Launching the LOS Calculator

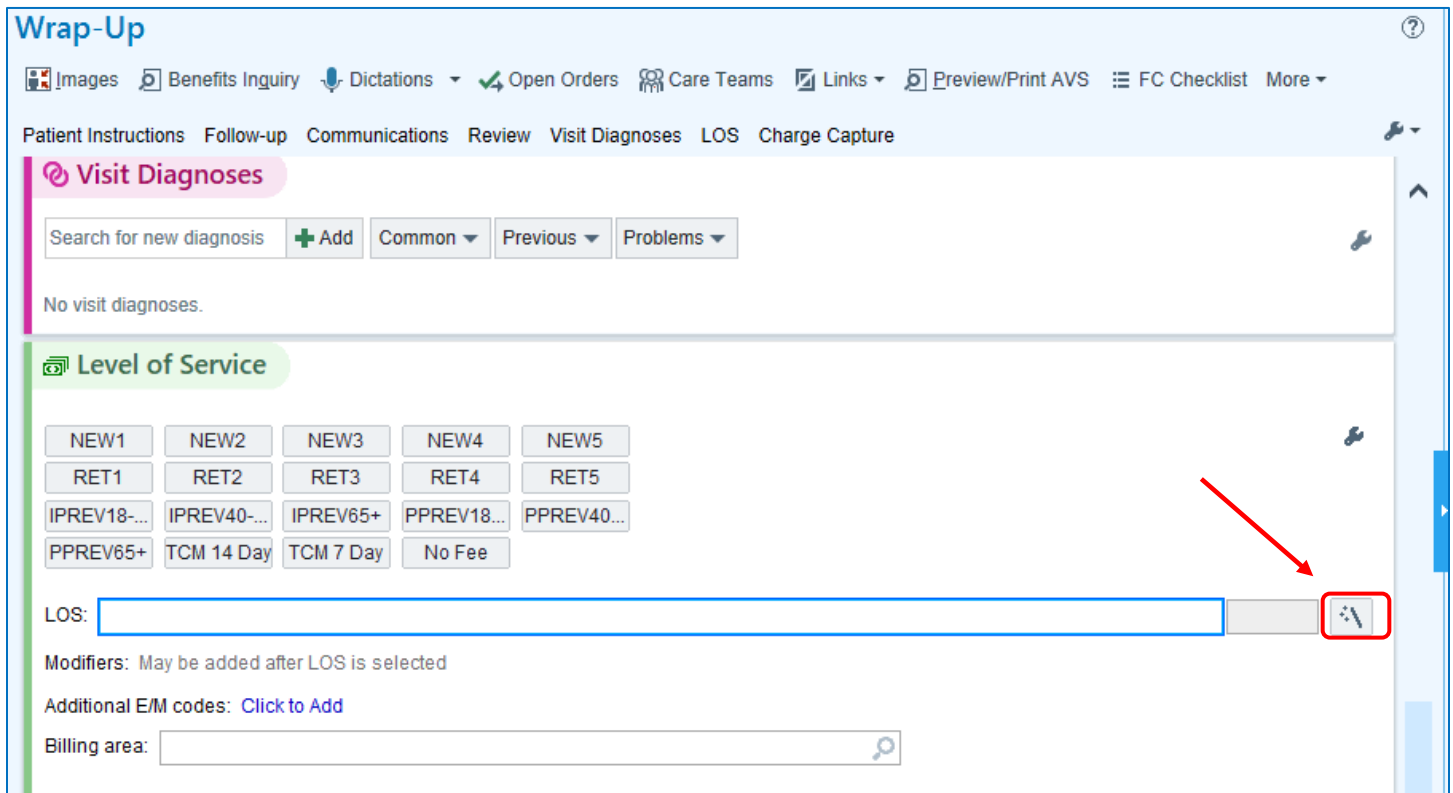
1. Once desired new or return outpatient encounter for your patient is activated, click on the Wrap Up Tab.



2. Click on LOS.



3. In the Level of Service section click on the wand icon to launch the LOS Calculator.



Reviewing Patient and Service Type

4. Ensure the patient type is correct – if not click on the proper status New or Established.

Level of Service

Patient Type: **New** | Established | Service Type: OFFICE/OUTPATIENT

Level	Problems Addressed	Amount and/or Complexity	Risk
2	<input type="checkbox"/> 1 Self-limited or minor problem	<input checked="" type="checkbox"/> Minimal or None	<input type="checkbox"/> Minimal
3	<input type="checkbox"/> 2 or more self-limited or minor problems <input type="checkbox"/> 1 stable chronic illness <input type="checkbox"/> 1 acute, uncomplicated illness or injury	<input type="radio"/> Limited Any combination of 2: Review of prior external notes from unique source <input type="button" value="1"/> <input type="button" value="2"/> <input type="button" value="3+"/> Review of the results from each unique test <input type="button" value="1"/> <input type="button" value="2"/> <input type="button" value="3+"/> Ordered of each unique test <input type="button" value="1"/> <input type="button" value="2"/> <input type="button" value="3+"/> or <input type="checkbox"/> Assessment requiring an independent historian that is not the patient	<input checked="" type="checkbox"/> Low <ul style="list-style-type: none"> OTC drugs Minor surgery with no identified risk factors
4	<input type="checkbox"/> 1 or more chronic illness with exacerbation, progression, or side effects of treatment <input type="checkbox"/> 2 or more stable chronic illnesses <input type="checkbox"/> 1 undiagnosed new problem with uncertain prognosis <input type="checkbox"/> 1 acute illness with systemic symptoms <input type="checkbox"/> 1 acute complicated injury	<input type="radio"/> Moderate (one from below) - Tests, documents, or independent historians (modify in level 3) <input type="checkbox"/> Independent interpretation of tests completed by another healthcare professional <input type="checkbox"/> Discussion of management or test interpretation with another healthcare professional	<input type="checkbox"/> Moderate <ul style="list-style-type: none"> Prescription drug management Minor surgery with identified risk factors Elective major surgery with no identified risk factors Diagnosis or treatment significantly limited by social determinants of health
5	<input type="checkbox"/> 1 or more chronic illness with severe exacerbation, progression, or side effects of treatment <input type="checkbox"/> 1 acute or chronic illness or injury that poses a threat to life or bodily function	<input type="radio"/> Extensive (two from below) - Tests, documents, or independent historians (modify in level 3) <input type="checkbox"/> Independent interpretation of tests completed by another healthcare professional <input type="checkbox"/> Discussion of management or test interpretation with another healthcare professional	<input type="checkbox"/> High <ul style="list-style-type: none"> Elective major surgery with identified risk factors Emergency major surgery Drug therapy requiring intensive monitoring for toxicity Decision not to resuscitate or to de-escalate care because of poor prognosis Decision regarding hospitalization

No suggested level of service

Restore Accept Cancel

Proceed to next page

- Review the Service Type. "Office/Outpatient" is for leveling New (99202-99205) and Established (99211-99215) patients. Outpatient Consultation leveling: See **Figure B** below to change to "Consults" using the magnifying glass. Otherwise proceed to the MDM or Time sections to begin leveling your Outpatient E/M Visit (99202-99215).

Level of Service

Patient Type: **New** Established Service Type: OFFICE/OUTPATIENT

Medical Decision Making Time List + Additional E/M

Level	Problems Addressed	Amount and/or Complexity	Risk
2	<input type="checkbox"/> 1 Self-limited or minor problem	<input checked="" type="checkbox"/> Minimal or None	<input type="checkbox"/> Minimal
3	<input type="checkbox"/> 2 or more self-limited or minor problems <input type="checkbox"/> 1 stable chronic illness <input type="checkbox"/> 1 acute, uncomplicated illness or injury	<input type="checkbox"/> Limited Any combination of 2: Review of prior external notes from unique source Review of the results from each unique test Ordered of each unique test or <input type="checkbox"/> Assessment requiring an independent historian that is not the patient	<input checked="" type="checkbox"/> Low <ul style="list-style-type: none"> OTC drugs Minor surgery with no identified risk factors
4	<input type="checkbox"/> 1 or more chronic illness with exacerbation, progression, or side effects of treatment <input type="checkbox"/> 2 or more stable chronic illnesses <input type="checkbox"/> 1 undiagnosed new problem with uncertain prognosis <input type="checkbox"/> 1 acute illness with systemic symptoms <input type="checkbox"/> 1 acute complicated injury	<input type="checkbox"/> Moderate (one from below) - Tests, documents, or independent historians (modify in level 3) <input type="checkbox"/> Independent interpretation of tests completed by another healthcare professional <input type="checkbox"/> Discussion of management or test interpretation with another healthcare professional	<input type="checkbox"/> Moderate <ul style="list-style-type: none"> Prescription drug management Minor surgery with identified risk factors Elective major surgery with no identified risk factors Diagnosis or treatment significantly limited by social determinants of health
5	<input type="checkbox"/> 1 or more chronic illness with severe exacerbation, progression, or side effects of treatment <input type="checkbox"/> 1 acute or chronic illness or injury that poses a threat to life or bodily function	<input type="checkbox"/> Extensive (two from below) - Tests, documents, or independent historians (modify in level 3) <input type="checkbox"/> Independent interpretation of tests completed by another healthcare professional <input type="checkbox"/> Discussion of management or test interpretation with another healthcare professional	<input type="checkbox"/> High <ul style="list-style-type: none"> Elective major surgery with identified risk factors Emergency major surgery Drug therapy requiring intensive monitoring for toxicity Decision not to resuscitate or to de-escalate care because of poor prognosis Decision regarding hospitalization

No suggested level of service

Restore Accept Cancel

Figure B:

Patient Type: **New** **Established** Service Type: OFFICE/OUTPATIENT

Service Type Name	Service Type ID
CONSULTS	2
OFFICE/OUTPATIENT	

Low

Proceed to next page

Using Medical Decision Making Criteria

6. Under the first column Problems Addressed select all items that apply. To update, you may uncheck or re-check items.

Level of Service

Patient Type: **New** Established Service Type: OFFICE/OUTPATIENT

Medical Decision Making | Time | Light | Additional E/M

Level	Problems Addressed	Amount and/or Complexity	Risk
2	<input type="checkbox"/> 1 Self-limited or minor problem	<input checked="" type="radio"/> Minimal or None	<input type="checkbox"/> Minimal
3	<input type="checkbox"/> 2 or more self-limited or minor problems <input type="checkbox"/> 1 stable chronic illness <input type="checkbox"/> 1 acute, uncomplicated illness or injury	<input type="radio"/> Limited Any combination of 2: Review of prior external notes from unique source 1 2 3+ Review of the results from each unique test 1 2 3+ Ordered of each unique test 1 2 3+ or <input type="checkbox"/> Assessment requiring an independent historian that is not the patient	<input checked="" type="checkbox"/> Low <ul style="list-style-type: none"> • OTC drugs • Minor surgery with no identified risk factors
4	<input type="checkbox"/> 1 or more chronic illness with exacerbation, progression, or side effects of treatment <input type="checkbox"/> 2 or more stable chronic illnesses <input type="checkbox"/> 1 undiagnosed new problem with uncertain prognosis <input type="checkbox"/> 1 acute illness with systemic symptoms <input type="checkbox"/> 1 acute complicated injury	<input type="radio"/> Moderate (one from below) <ul style="list-style-type: none"> - Tests, documents, or independent historians (modify in level 3) <input type="checkbox"/> Independent interpretation of tests completed by another healthcare professional <input type="checkbox"/> Discussion of management or test interpretation with another healthcare professional 	<input type="checkbox"/> Moderate <ul style="list-style-type: none"> • Prescription drug management • Minor surgery with identified risk factors • Elective major surgery with no identified risk factors • Diagnosis or treatment significantly limited by social determinants of health
5	<input type="checkbox"/> 1 or more chronic illness with severe exacerbation, progression, or side effects of treatment <input type="checkbox"/> 1 acute or chronic illness or injury that poses a threat to life or bodily function	<input type="radio"/> Extensive (two from below) <ul style="list-style-type: none"> - Tests, documents, or independent historians (modify in level 3) <input type="checkbox"/> Independent interpretation of tests completed by another healthcare professional <input type="checkbox"/> Discussion of management or test interpretation with another healthcare professional 	<input type="checkbox"/> High <ul style="list-style-type: none"> • Elective major surgery with identified risk factors • Emergency major surgery • Drug therapy requiring intensive monitoring for toxicity • Decision not to resuscitate or to de-escalate care because of poor prognosis • Decision regarding hospitalization

No suggested level of service

Restore Accept Cancel

Proceed to next page

7. Under the second column Amount and/or Complexity of data select all items that apply using the below steps **a-g**. To update selections, you may uncheck or re-check items.
- Minimal or no Data:** the calculator defaults to Minimal or None (see green checkmark in a); IF YOU reviewed Minimal or No Data, you may proceed to the third column Risk in Step 8. Otherwise proceed through steps b - g directly below.
 - Review of prior external notes from each unique source:** select number reviewed, if applicable
 - Review of the results from each unique test:** select number reviewed, if applicable
 - Ordered of each unique test:** select number of each unique test reviewed, if applicable
 - Assessment requiring an independent historian:** select this box if it applies
 - Independent interpretation of tests completed by another healthcare professional:** under the Moderate section, select this box if it applies. You do not need to also check these items under the Extensive section.
 - Discussion of management or test interpretation with another healthcare professional:** under the Moderate section, select this box if it applies. You do not need to also check these items under the Extensive section.

Level of Service

Patient Type: **New** Established Service Type: OFFICE/OUTPATIENT

Medical Decision Making Time List + Additional E/M

Level	Problems Addressed	Amount and/or Complexity	Risk
2	<input type="checkbox"/> 1 Self-limited or minor problem	a <input checked="" type="checkbox"/> Minimal or None	<input type="checkbox"/> Minimal
3	<input type="checkbox"/> 2 or more self-limited or minor problems <input type="checkbox"/> 1 stable chronic illness <input type="checkbox"/> 1 acute, uncomplicated illness or injury	o Limited Any combination of 2: b Review of prior external notes from unique source <input type="text" value="1"/> <input type="text" value="2"/> <input type="text" value="3+"/> c Review of the results from each unique test <input type="text" value="1"/> <input type="text" value="2"/> <input type="text" value="3+"/> d Ordered of each unique test <input type="text" value="1"/> <input type="text" value="2"/> <input type="text" value="3+"/> or e <input type="checkbox"/> Assessment requiring an independent historian that is not the patient	<input checked="" type="checkbox"/> Low <ul style="list-style-type: none"> • OTC drugs • Minor surgery with no identified risk factors
4	<input type="checkbox"/> 1 or more chronic illness with exacerbation, progression, or side effects of treatment <input type="checkbox"/> 2 or more stable chronic illnesses <input type="checkbox"/> 1 undiagnosed new problem with uncertain prognosis <input type="checkbox"/> 1 acute illness with systemic symptoms <input type="checkbox"/> 1 acute complicated injury	o Moderate (one from below) - Tests, documents, or independent historians (modify in level 3) f <input type="checkbox"/> Independent interpretation of tests completed by another healthcare professional g <input type="checkbox"/> Discussion of management or test interpretation with another healthcare professional	<input type="checkbox"/> Moderate <ul style="list-style-type: none"> • Prescription drug management • Minor surgery with identified risk factors • Elective major surgery with no identified risk factors • Diagnosis or treatment significantly limited by social determinants of health
5	<input type="checkbox"/> 1 or more chronic illness with severe exacerbation, progression, or side effects of treatment <input type="checkbox"/> 1 acute or chronic illness or injury that poses a threat to life or bodily function	o Extensive (two from below) - Tests, documents, or independent historians (modify in level 3) <input type="checkbox"/> Independent interpretation of tests completed by another healthcare professional <input type="checkbox"/> Discussion of management or test interpretation with another healthcare professional	<input type="checkbox"/> High <ul style="list-style-type: none"> • Elective major surgery with identified risk factors • Emergency major surgery • Drug therapy requiring intensive monitoring for toxicity • Decision not to resuscitate or to de-escalate care because of poor prognosis • Decision regarding hospitalization

No suggested level of service

Restore Accept Cancel

8. Under the third column Risk select all items that apply. To update selections, you may uncheck or re-check items.

Level of Service

Patient Type: **New** Established Service Type: OFFICE/OUTPATIENT

Medical Decision Making Time List + Additional E/M

Level	Problems Addressed	Amount and/or Complexity	Risk
2	<input type="checkbox"/> 1 Self-limited or minor problem	<input checked="" type="checkbox"/> Minimal or None	<input type="checkbox"/> Minimal
3	<input type="checkbox"/> 2 or more self-limited or minor problems <input type="checkbox"/> 1 stable chronic illness <input type="checkbox"/> 1 acute, uncomplicated illness or injury	<input type="checkbox"/> Limited Any combination of 2: Review of prior external notes from unique source 1 2 3+ Review of the results from each unique test 1 2 3+ Ordered of each unique test 1 2 3+ or <input type="checkbox"/> Assessment requiring an independent historian that is not the patient	<input checked="" type="checkbox"/> Low • OTC drugs • Minor surgery with no identified risk factors
4	<input type="checkbox"/> 1 or more chronic illness with exacerbation, progression, or side effects of treatment <input type="checkbox"/> 2 or more stable chronic illnesses <input type="checkbox"/> 1 undiagnosed new problem with uncertain prognosis <input type="checkbox"/> 1 acute illness with systemic symptoms <input type="checkbox"/> 1 acute complicated injury	<input type="checkbox"/> Moderate (one from below) - Tests, documents, or independent historians (modify in level 3) <input type="checkbox"/> Independent interpretation of tests completed by another healthcare professional <input type="checkbox"/> Discussion of management or test interpretation with another healthcare professional	<input type="checkbox"/> Moderate • Prescription drug management • Minor surgery with identified risk factors • Elective major surgery with no identified risk factors • Diagnosis or treatment significantly limited by social determinants of health
5	<input type="checkbox"/> 1 or more chronic illness with severe exacerbation, progression, or side effects of treatment <input type="checkbox"/> 1 acute or chronic illness or injury that poses a threat to life or bodily function	<input type="checkbox"/> Extensive (two from below) - Tests, documents, or independent historians (modify in level 3) <input type="checkbox"/> Independent interpretation of tests completed by another healthcare professional <input type="checkbox"/> Discussion of management or test interpretation with another healthcare professional	<input type="checkbox"/> High • Elective major surgery with identified risk factors • Emergency major surgery • Drug therapy requiring intensive monitoring for toxicity • Decision not to resuscitate or to de-escalate care because of poor prognosis • Decision regarding hospitalization

No suggested level of service

Restore Accept Cancel

9. After making all selections, review the suggested MDM level at the bottom of the screen (#1). If you would like to compare billing by time proceed to the instructions in the Time section in Step 11. Otherwise select Accept (#2) at the bottom of the screen.

Level of Service

Patient Type: **New** Established Service Type: OFFICE/OUTPATIENT

Medical Decision Making Time List + Additional E/M

Level	Problems Addressed	Amount and/or Complexity	Risk
2	<input type="checkbox"/> 1 Self-limited or minor problem	<input checked="" type="checkbox"/> Minimal or None	<input type="checkbox"/> Minimal
3	<input type="checkbox"/> 2 or more self-limited or minor problems <input type="checkbox"/> 1 stable chronic illness <input type="checkbox"/> 1 acute, uncomplicated illness or injury	<input type="checkbox"/> Limited Any combination of 2: Review of prior external notes from unique source 1 2 3+ Review of the results from each unique test 1 2 3+ Ordered of each unique test 1 2 3+ or <input type="checkbox"/> Assessment requiring an independent historian that is not the patient	<input checked="" type="checkbox"/> Low • OTC drugs • Minor surgery with no identified risk factors
4	<input checked="" type="checkbox"/> 1 or more chronic illness with exacerbation, progression, or side effects of treatment <input type="checkbox"/> 2 or more stable chronic illnesses <input type="checkbox"/> 1 undiagnosed new problem with uncertain prognosis <input type="checkbox"/> 1 acute illness with systemic symptoms <input type="checkbox"/> 1 acute complicated injury	<input checked="" type="checkbox"/> Moderate (one from below) - Tests, documents, or independent historians (modify in level 3) <input type="checkbox"/> Independent interpretation of tests completed by another healthcare professional <input checked="" type="checkbox"/> Discussion of management or test interpretation with another healthcare professional	<input type="checkbox"/> Moderate • Prescription drug management • Minor surgery with identified risk factors • Elective major surgery with no identified risk factors • Diagnosis or treatment significantly limited by social determinants of health
5	<input type="checkbox"/> 1 or more chronic illness with severe exacerbation, progression, or side effects of treatment <input type="checkbox"/> 1 acute or chronic illness or injury that poses a threat to life or bodily function	<input type="checkbox"/> Extensive (two from below) - Tests, documents, or independent historians (modify in level 3) <input type="checkbox"/> Independent interpretation of tests completed by another healthcare professional <input checked="" type="checkbox"/> Discussion of management or test interpretation with another healthcare professional	<input type="checkbox"/> High • Elective major surgery with identified risk factors • Emergency major surgery • Drug therapy requiring intensive monitoring for toxicity • Decision not to resuscitate or to de-escalate care because of poor prognosis • Decision regarding hospitalization

Medical Decision Making Level: 4 Time Level: None selected #1

Code to be added: PR OFFICE OUTPATIENT NEW 45 MINUTES [99204 CPT®]

Restore Accept Cancel #2

10. The level of service accepted in the calculator will now appear in the Level of Service section.

Wrap-Up

Images Benefits Inquiry Dictations Open Orders Care Teams Links Preview/Print AVS FC Checklist More

Patient Instructions Follow-up Communications Review Visit Diagnoses LOS Charge Capture

Level of Service

NEW1 NEW2 NEW3 **NEW4** NEW5

RET1 RET2 RET3 RET4 RET5

IPREV18-... IPREV40-... IPREV65+ PPREV18... PPREV40...

PPREV65+ TCM 14 Day TCM 7 Day No Fee

LOS: PR OFFICE OUTPATIENT NEW 45 MINUTES [99204]

Modifiers: +

Additional E/M codes: [Click to Add](#)

Billing area:

Using Time Criteria

11. Click on the Time tab. Reminder: ensure that Patient Type and Service Type are correct for the encounter.

Level of Service

Patient Type: **New** Established Service Type: OFFICE/OUTPATIENT

Medical Decision Making **Time** List + Additional E/M

Total Time: Total time (minutes) 15 Minutes 30 Minutes 45 Minutes 60 Minutes

Times you've accessed this chart:

Chart accessed for current session	Appointment time
10:56 AM -	10:00 AM
24 minutes	

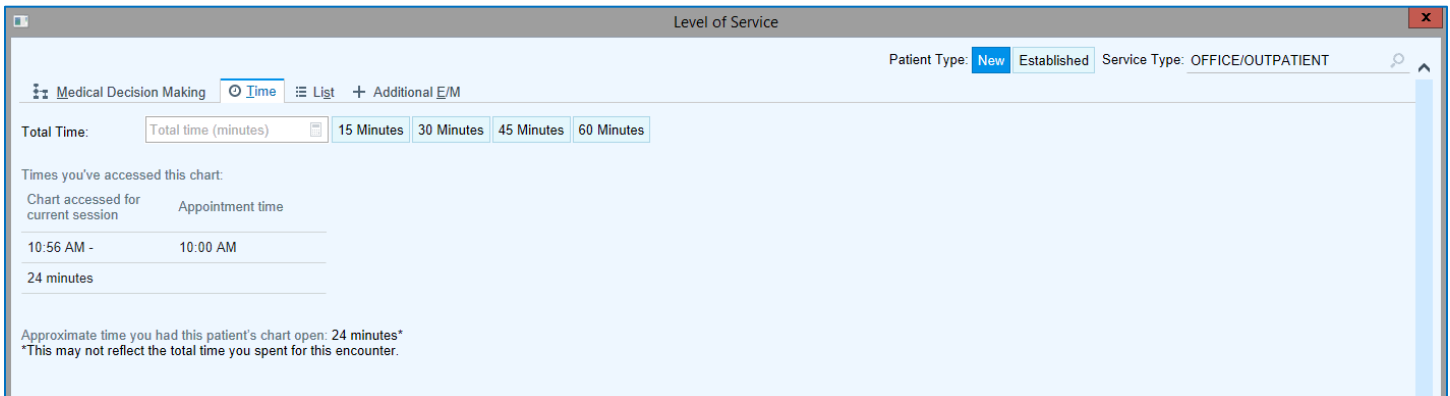
Approximate time you had this patient's chart open: 24 minutes*
*This may not reflect the total time you spent for this encounter.

Medical Decision Making Level: 4 Time Level: None selected

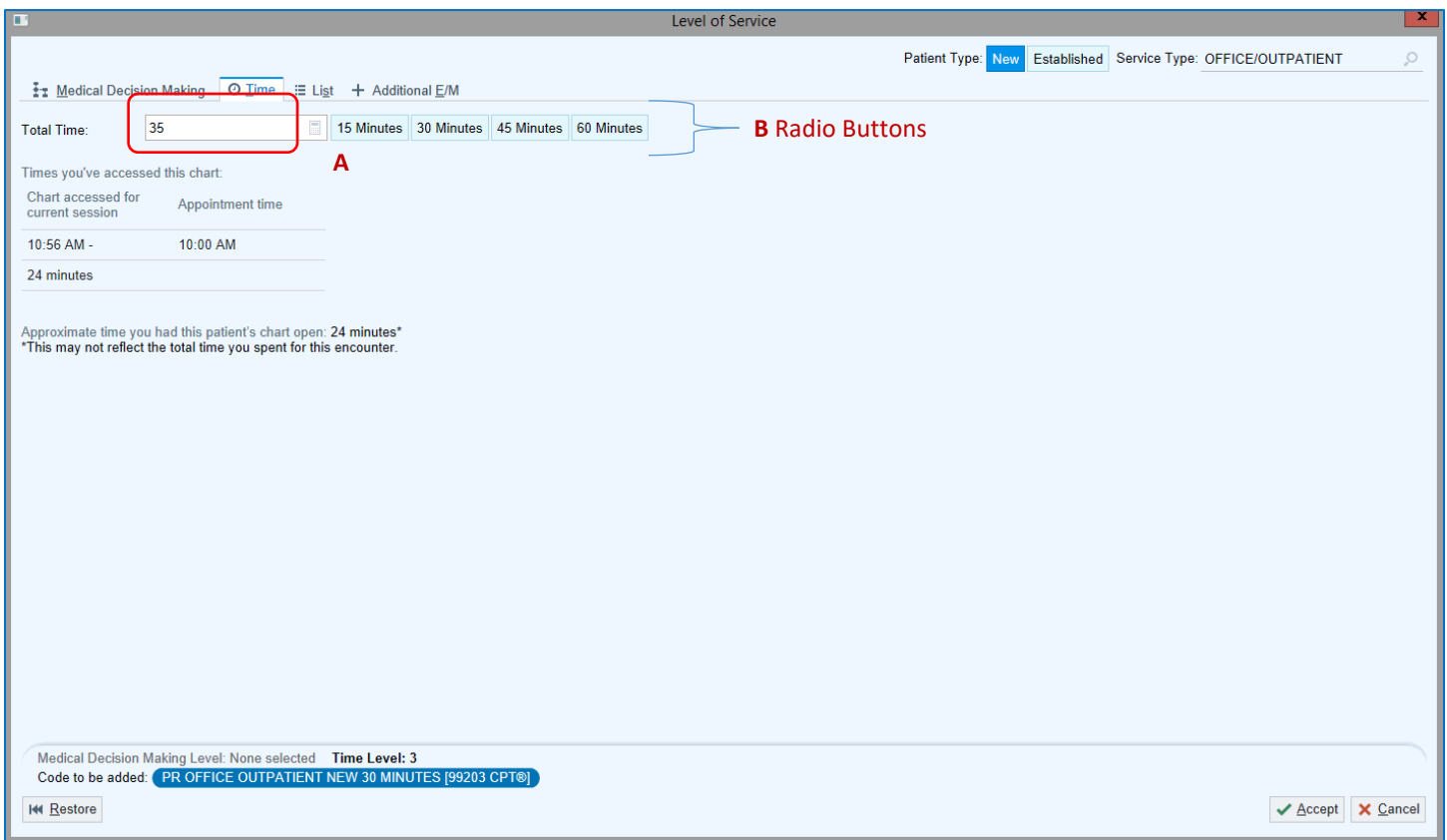
Accept Cancel

12. Review the “Times you’ve accessed this chart*”. This area will display the time you accessed the patient’s chart on the date of service. The time you accessed the chart may be an underrepresentation or overrepresentation of the F2F and Non F2F time you spent on the date of the service. Therefore only use the Time estimate as a guide.

*Note that this time may not reflect the total face-to-face and non-face-to-face time you spent on the date of service.



13. After determining the total face-to-face and non-face-to-face time spent on the date of the service, either a) enter the time manually (see A below) or b) select the radio button that represents the time if it falls in one of the increments (see B below).



14. After time is entered or selected via a radio button, hit Accept at the bottom of the screen.

Level of Service

Patient Type: **New** Established Service Type: OFFICE/OUTPATIENT

Medical Decision Making **Time** List + Additional E/M

Total Time: 15 Minutes 30 Minutes 45 Minutes 60 Minutes

Times you've accessed this chart:

Chart accessed for current session	Appointment time
10:56 AM -	10:00 AM
24 minutes	

Approximate time you had this patient's chart open: 24 minutes*
*This may not reflect the total time you spent for this encounter.

Medical Decision Making Level: None selected Time Level: 3
Code to be added: **PR OFFICE OUTPATIENT NEW 30 MINUTES [99203 CPT®]**

Accept Cancel

Comparing MDM vs. Time levels

15. When you fill out both MDM and Time criteria tabs, the calculator will display both suggested levels for you to compare. The "Code to be added" will display the higher level of the two.

**If you do not agree with one or the other level, go to the applicable Tab and clear the data in that tab. You may then accept the remaining level.*

Level of Service

Patient Type: **New** Established Service Type: OFFICE/OUTPATIENT

Medical Decision Making **Time** List + Additional E/M

Level	Problems Addressed	Amount and/or Complexity	Risk
2	<input type="checkbox"/> 1 Self-limited or minor problem	<input checked="" type="radio"/> Minimal or None	<input type="checkbox"/> Minimal
3	<input type="checkbox"/> 2 or more self-limited or minor problems <input type="checkbox"/> 1 stable chronic illness <input type="checkbox"/> 1 acute, uncomplicated illness or injury	<input type="radio"/> Limited Any combination of 2: Review of prior external notes from unique source <input type="text" value="1"/> <input type="text" value="2"/> <input type="text" value="3+"/> Review of the results from each unique test <input type="text" value="1"/> <input type="text" value="2"/> <input type="text" value="3+"/> Ordered of each unique test <input type="text" value="1"/> <input type="text" value="2"/> <input type="text" value="3+"/> or <input type="checkbox"/> Assessment requiring an independent historian that is not the patient	<input checked="" type="radio"/> Low • OTC drugs • Minor surgery with no identified risk factors
4	<input checked="" type="checkbox"/> 1 or more chronic illness with exacerbation, progression, or side effects of treatment <input type="checkbox"/> 2 or more stable chronic illnesses <input type="checkbox"/> 1 undiagnosed new problem with uncertain prognosis <input type="checkbox"/> 1 acute illness with systemic symptoms <input type="checkbox"/> 1 acute complicated injury	<input checked="" type="radio"/> Moderate (one from below) - Tests, documents, or independent historians (modify in level 3) <input type="checkbox"/> Independent interpretation of tests completed by another healthcare professional <input checked="" type="checkbox"/> Discussion of management or test interpretation with another healthcare professional	<input type="checkbox"/> Moderate • Prescription drug management • Minor surgery with identified risk factors • Elective major surgery with no identified risk factors • Diagnosis or treatment significantly limited by social determinants of health
5	<input type="checkbox"/> 1 or more chronic illness with severe exacerbation, progression, or side effects of treatment <input type="checkbox"/> 1 acute or chronic illness or injury that poses a threat to life or bodily function	<input type="radio"/> Extensive (two from below) - Tests, documents, or independent historians (modify in level 3) <input type="checkbox"/> Independent interpretation of tests completed by another healthcare professional <input checked="" type="checkbox"/> Discussion of management or test interpretation with another healthcare professional	<input type="checkbox"/> High • Elective major surgery with identified risk factors • Emergency major surgery • Drug therapy requiring intensive monitoring for toxicity • Decision not to resuscitate or to de-escalate care because of poor prognosis • Decision regarding hospitalization

comparison

Medical Decision Making Level: 4 Time Level: 3
Code to be added: **PR OFFICE OUTPATIENT NEW 45 MINUTES [99204 CPT®]**

Accept Cancel