

2021

E&M GUIDELINES

FOR OFFICE
VISIT CODES

WHAT WE'VE LEARNED SO FAR

 COMPASS

Number and Complexity of Problems Addressed



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Code	Level of MDM (Based on 2 out of 3 Elements of MDM)
99211	N/A
99202 99212	Straightforward
99203 99213	Low
99204 99214	Moderate
99205 99215	High

Number and Complexity
of Problems Addressed

AMA Definition of a Problem: A problem is a disease, condition, illness, injury, symptom, sign, finding, complaint, or other matter addressed at the encounter, with or without a diagnosis being established at the time of the encounter.

AMA Definition of a Problem addressed: A problem is addressed or managed when it is evaluated or treated at the encounter by the physician or other qualified health care professional reporting the service. This includes consideration of further testing or treatment that may not be elected by virtue of risk/benefit analysis or patient/parent/guardian/surrogate choice. Notation in the patient’s medical record that another professional is managing the problem without additional assessment or care coordination documented does not qualify as being ‘addressed’ or managed by the physician or other qualified health care professional reporting the service. Referral without evaluation (by history, exam, or diagnostic study[ies]) or consideration of treatment does not qualify as being addressed or managed by the physician or other qualified health care professional reporting the service.

Multiple Problems – 1 Addressed

CC 1: Basal cell carcinoma on the left upper lateral forehead. 0.9cm pink, pearly papule. Mohs surgery was performed today. The tumor was cleared in 1 stage with linear repair.

CC 2: Uncertain lesion on the left medial posterior shoulder. Flesh to pink papule. Referring physician is monitoring.

CC 3: Dermatofibroma right anterior pretibial. Firm tan papulonodule, positive dimple sign.

Assessment: Dermatofibroma

Plan: benign and patient reassured.

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99211	N/A	N/A	N/A	N/A
99202 99212	Straightforward	Minimal • 1 self-limited or minor problem	Minimal or none	Minimal risk of morbidity from additional diagnostic testing or treatment
99203 99213	Low	Low • 2 or more self-limited or minor problems; or • 1 stable chronic illness; or • 1 acute, uncomplicated illness or injury	Limited (Must meet the requirements of at least 1 of the 2 categories) Category 1: Tests and documents • Any combination of 2 from the following: • Review of prior external note(s) from each unique source*; • review of the result(s) of each unique test*; • ordering of each unique test* or Category 2: Assessment requiring an independent historian(s) (For the categories of independent interpretation of tests and discussion of management or test interpretation, see moderate or high)	Low risk of morbidity from additional diagnostic testing or treatment
99204 99214	Moderate	Moderate • 1 or more chronic illnesses with exacerbation, progression, or side effects of treatment; or • 2 or more stable chronic illnesses; or • 1 undiagnosed new problem with uncertain prognosis; or • 1 acute illness with systemic symptoms; or • 1 acute complicated injury	Moderate (Must meet the requirements of at least 1 out of 3 categories) Category 1: Tests, documents, or independent historian(s) • Any combination of 3 from the following: • Review of prior external note(s) from each unique source*; • Review of the result(s) of each unique test*; • Ordering of each unique test*; • Assessment requiring an independent historian(s) or Category 2: Independent interpretation of tests • Independent interpretation of a test performed by another physician/other qualified health care professional (not separately reported); or Category 3: Discussion of management or test interpretation • Discussion of management or test interpretation with external physician/other qualified health care professional/appropriate source (not separately reported)	Moderate risk of morbidity from additional diagnostic testing or treatment <i>Examples only:</i> • 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
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Number and Complexity of Problems Addressed
N/A
Minimal <ul style="list-style-type: none">• 1 self-limited or minor problem

AMA Definition of a Self-limited or minor problem: A problem that runs a definite and prescribed course, is transient in nature, and is not likely to permanently alter health status.

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Number and Complexity of Problems Addressed
N/A
Minimal <ul style="list-style-type: none"> • 1 self-limited or minor problem
Low <ul style="list-style-type: none"> • 2 or more self-limited or minor problems; or • 1 stable chronic illness; or • 1 acute, uncomplicated illness or injury

AMA Definition of a 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 benign prostatic hyperplasia.

AMA Definition of an 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. A problem that is normally self-limited or minor, but is not resolving consistent with a definite and prescribed course is an acute uncomplicated illness. Examples may include cystitis, allergic rhinitis, or a simple sprain.

Stable Acne Example

CC: Acne, Moderate located on areas of face and neck.

Exam: A moderate number of pustules and few cysts extending over a wide area; erythema and some pigment changes are increasing in acneiform distribution (face, chest, and back)

Assessment: Acne Vulgaris

Status: Stable, at treatment goal.

Plan: Continue with prescribed medication.

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99205 99215	High	High • 1 or more chronic illnesses with severe exacerbation, progression, or side effects of treatment; or • 1 acute or chronic illness or injury that poses a threat to life or bodily function	Extensive <i>(Must meet the requirements of at least 2 out of 3 categories)</i> Category 1: Tests, documents, or independent historian(s) • Any combination of 3 from the following: <ul style="list-style-type: none">Review of prior external note(s) from each unique source*;Review of the result(s) of each unique test*;Ordering of each unique test*;Assessment requiring an independent historian(s) or Category 2: Independent interpretation of tests • Independent interpretation of a test performed by another physician/other qualified health care professional (not separately reported); or Category 3: Discussion of management or test interpretation • Discussion of management or test interpretation with external physician/other qualified health care professional/appropriate source (not separately reported)	High risk of morbidity from additional diagnostic testing or treatment <i>Examples only:</i> <ul style="list-style-type: none">Drug therapy requiring intensive monitoring for toxicityDecision regarding elective major surgery with identified patient or procedure risk factorsDecision regarding emergency major surgeryDecision regarding hospitalizationDecision not to resuscitate or to de-escalate care because of poor prognosis

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99205 99215	High	

AMA Definition of a Chronic illness with exacerbation, progression, or side effects of treatment: A chronic illness that is acutely worsening, **poorly controlled** or progressing with an intent to control progression and requiring additional supportive care or requiring attention to treatment for side effects, but that does not require consideration of hospital level of care.

AMA Definition of an 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.

AMA Definition of an Acute illness with systemic symptoms: An illness that causes systemic symptoms and has a **high risk of morbidity without treatment**. For systemic general symptoms such as fever, body aches or fatigue in a minor illness that may be treated to alleviate symptoms, shorten the course of illness or to prevent complications, see the definitions for ‘self-limited or minor’ or ‘acute, uncomplicated.’ Systemic symptoms may not be general but may be single system. Examples may include pyelonephritis, pneumonitis, or colitis.

AMA Definition of an Acute, complicated injury: An injury which requires treatment that includes evaluation of body systems that are not directly part of the injured organ, the injury is extensive, or the treatment options are multiple and/or associated with risk of morbidity. An example may be a head injury with brief loss of consciousness.

Flaring Rash Example

CC: Atopic dermatitis on dorsal area of both hands.

Exam: Erythematous, scaly patches.

Additional exam notes: improved, but still persistent problematic flaring on hands

Assessment: Atopic dermatitis

Plan: Rx Elidel cream, seek approval for Duxipent.

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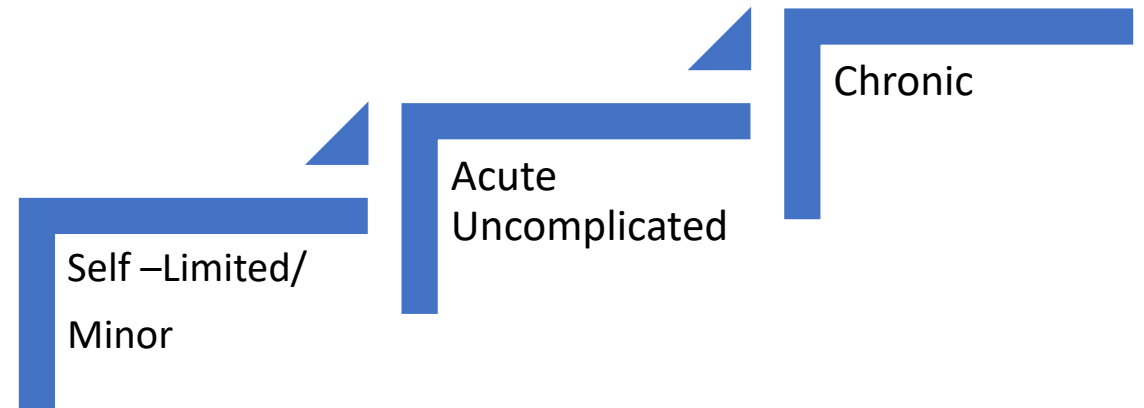
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Differentiating the Complexity of Rashes



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Self limited/Minor to Acute, Uncomplicated Example


Chief Complaint: Spot on the left foot that has been present for years. Raised, scaly and thickened skin that has previously been treated by topical steroids. Patient was seen in ER previously and prescribed topical steroids. Later told by podiatrist that it was fungal but no treatment provided. Patient reports she is still using TAC with no improvement.

Exam: web spaces and plantar left foot; macerated, erythematous, scaling plaques.

Assessment: Tinea Pedis

Status: minor/self-limited, but not resolving as expected

Plan: OTC Lamisil or Lotramin AF BID for 4-6 weeks.



Considered Acute
Uncomplicated

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Rash Example

CC: Rash present for several weeks. She denies any change in products or medication. She feels fine other than itching.

Problem 1:

Assessment: Pruritis NOS

Status: Undiagnosed new problem with uncertain prognosis

Medication notes: Suggested OTC Sarna anti-itch lotion PRN. Zyrtec twice a day and if needed Benadryl at bed time. Plan for lab testing if not improved at follow up in 2 weeks.

Problem 2: folliculitis on back. Will address at follow up once itching is under control.

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Needs more clinical detail to support

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AMA Definition of an Acute or chronic illness or injury that poses a threat to life or bodily function: An acute illness with systemic symptoms, or an acute complicated injury, or a chronic illness or injury with exacerbation and/or progression or side effects of treatment, that poses a threat to life or bodily function in the near term without treatment. Examples may include acute myocardial infarction, pulmonary embolus, severe respiratory distress, progressive severe rheumatoid arthritis, psychiatric illness with potential threat to self or others, peritonitis, acute renal failure, or an abrupt change in neurologic status.

Amount and/or Complexity of Data to be Reviewed and Analyzed



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99205 99215	High	High <ul style="list-style-type: none">• 1 or more chronic illnesses with severe exacerbation, progression, or side effects of treatment; or• 1 acute or chronic illness or injury that poses a threat to life or bodily function	Extensive <i>(Must meet the requirements of at least 2 out of 3 categories)</i> Category 1: Tests, documents, or independent historian(s) <ul style="list-style-type: none">• Any combination of 3 from the following:<ul style="list-style-type: none">• Review of prior external note(s) from each unique source*;• Review of the result(s) of each unique test*;• Ordering of each unique test*;• Assessment requiring an independent historian(s) or Category 2: Independent interpretation of tests <ul style="list-style-type: none">• Independent interpretation of a test performed by another physician/other qualified health care professional (not separately reported); or Category 3: Discussion of management or test interpretation <ul style="list-style-type: none">• Discussion of management or test interpretation with external physician/other qualified health care professional/appropriate source (not separately reported)

AMA Definition of a Test: Tests are imaging, laboratory, psychometric, or physiologic data. A clinical laboratory panel (eg, basic metabolic panel [80047]) is a single test. The differentiation between single or multiple unique tests is defined in accordance with the CPT code set.

AMA Definition of External: External records, communications and/or test results are from an external physician, other qualified health care professional, facility or healthcare organization.

AMA Definition of External physician or other qualified healthcare professional: An external physician or other qualified health care professional is an individual who is not in the same group practice or is a different specialty or subspecialty.

External Discussion Example

CC: Eczema located on bilateral hands, forearms and eyelids, back and nose

Exam: 3 patches – scaly, erythematous, xerotic. Severe and topical medications not working

Assessment: Severe eczema

Status: chronic, unchanged, but not at treatment goal.

Plan: IM Kenalog 60 injection, topical hydrocortisone 2.5% and clobetasol

Notes: Dermatologist calls patient's GI physician regarding whether patient can be on biologic given interaction with another medication. The GI physician did not want the patient on a biologic because of another medication and because patient is starting dialysis.

Code	Level of MDM (Based on 2 out of 3 Elements of MDM)	Elements of Medical Decision Making		
		Number and Complexity of Problems Addressed	Amount and/or Complexity of Data to be Reviewed and Analyzed <i>*Each unique test, order, or document contributes to the combination of 2 or combination of 3 in Category 1 below.</i>	Risk of Complications and/or Morbidity or Mortality of Patient Management
99211	N/A	N/A	N/A	N/A
99202 99212	Straightforward	Minimal • 1 self-limited or minor problem	Minimal or none	Minimal risk of morbidity from additional diagnostic testing or treatment
99203 99213	Low	Low • 2 or more self-limited or minor problems; or • 1 stable chronic illness; or • 1 acute, uncomplicated illness or injury	Limited (Must meet the requirements of at least 1 of the 2 categories) Category 1: Tests and documents • Any combination of 2 from the following: • Review of prior external note(s) from each unique source*; • review of the result(s) of each unique test*; • ordering of each unique test* or Category 2: Assessment requiring an independent historian(s) (For the categories of independent interpretation of tests and discussion of management or test interpretation, see moderate or high)	Low risk of morbidity from additional diagnostic testing or treatment
99204 99214	Moderate	Moderate • 1 or more chronic illnesses with exacerbation, progression, or side effects of treatment; or • 2 or more stable chronic illnesses; or • 1 undiagnosed new problem with uncertain prognosis; or • 1 acute illness with systemic symptoms; or • 1 acute complicated injury	Moderate (Must meet the requirements of at least 1 out of 3 categories) Category 1: Tests, documents, or independent historian(s) • Any combination of 3 from the following: • Review of prior external note(s) from each unique source*; • Review of the result(s) of each unique test*; • Ordering of each unique test*; • Assessment requiring an independent historian(s) or Category 2: Independent interpretation of tests • Independent interpretation of a test performed by another physician/other qualified health care professional (not separately reported); or Category 3: Discussion of management or test interpretation • Discussion of management or test interpretation with external physician/other qualified health care professional/appropriate source (not separately reported)	Moderate risk of morbidity from additional diagnostic testing or treatment <i>Examples only:</i> • 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
99205 99215	High	High • 1 or more chronic illnesses with severe exacerbation, progression, or side effects of treatment; or • 1 acute or chronic illness or injury that poses a threat to life or bodily function	Extensive (Must meet the requirements of at least 2 out of 3 categories) Category 1: Tests, documents, or independent historian(s) • Any combination of 3 from the following: • Review of prior external note(s) from each unique source*; • Review of the result(s) of each unique test*; • Ordering of each unique test*; • Assessment requiring an independent historian(s) or Category 2: Independent interpretation of tests • Independent interpretation of a test performed by another physician/other qualified health care professional (not separately reported); or Category 3: Discussion of management or test interpretation • Discussion of management or test interpretation with external physician/other qualified health care professional/appropriate source (not separately reported)	High risk of morbidity from additional diagnostic testing or treatment <i>Examples only:</i> • 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 • Decision not to resuscitate or to de-escalate care because of poor prognosis

Independent Historian

Does simply having a spouse that adds history for a lesion on the patient's back count as an independent historian?



AMA Definition of 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.

Order and Review of Tests

Can a provider receive MDM credit for both ordering and reviewing the same test if the review of results happens on a different date?



CPT Assistant February 2021

Q: If a physician or other QHP ordered a test and reviewed the results with the patient at a subsequent visit, may this review count toward MDM for the subsequent visit?

A: No, ordering a test at one visit and reviewing the test at a subsequent visit are considered a single MDM component for the initial visit. However, if upon review, the test results prompt the physician or other QHP to order additional tests, then ordering additional tests may contribute to the MDM for the subsequent visit.

Risk of Complications and/or Morbidity or Mortality of Patient Management



AMA Definition of 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**. Trained clinicians apply common language usage meanings to terms such as 'high', 'medium', 'low', or 'minimal' risk and do not require quantification for these definitions, (though quantification may be provided when evidence-based medicine has established probabilities). 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.

Morbidity: A state of illness or functional impairment that is expected to be of substantial duration during which function is limited, quality of life is impaired, or there is organ damage that may not be transient despite treatment.

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

Risks of Complications and/or Morbidity or Mortality of Patient Management

Risk of Complications and/or Morbidity or Mortality of Patient Management

N/A

Minimal risk of morbidity from additional diagnostic testing or treatment

Low risk of morbidity from additional diagnostic testing or treatment

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:

- 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
- Decision not to resuscitate or to de-escalate care because of poor prognosis

- Minimal
- Low
 - OTC Medication e.g. Sunscreen
 - Monitoring of past skin cancer sites/Skin cancer surveillance
- Moderate
 - Light therapy?
 - Prescription drug management
 - Accutane as drug requiring intense monitoring?

What qualifies as prescription drug management?

Prescription drug management (for purposes of the table of risk) includes

- Writing a prescription
- Reviewing and not changing/continuing current prescription medications and dosage
- Discontinuing a prescription medication
- Decision not to prescribe drug(s) that may cause potential side effects or interactions with current medications.

Drug Therapy Requiring Intensive Monitoring

AMA Definition of Drug therapy requiring intensive monitoring for toxicity: A drug that requires intensive monitoring is a therapeutic agent that has the potential to cause serious morbidity or death. The monitoring is performed for assessment of these adverse effects and not primarily for assessment of therapeutic efficacy. The monitoring should be that which is generally accepted practice for the agent but may be patient specific in some cases. Intensive monitoring may be long-term or short term. Long-term intensive monitoring is not less than quarterly. The monitoring may be by a lab test, a physiologic test or imaging. Monitoring by history or examination does not qualify. The monitoring affects the level of medical decision making in an encounter in which it is considered in the management of the patient. Examples may include monitoring for a cytopenia in the use of an antineoplastic agent between dose cycles or the short-term intensive monitoring of electrolytes and renal function in a patient who is undergoing diuresis. Examples of monitoring that does not qualify include monitoring glucose levels during insulin therapy as the primary reason is the therapeutic effect (even if hypoglycemia is a concern); or annual electrolytes and renal function for a patient on a diuretic as the frequency does not meet the threshold.

Risks of Complications and/or Morbidity or Mortality of Patient Management

- Interaction among problems of lower severity that can elevate risk
 - Actinic damage (minimal) + benign nevi (minimal) → low risk
 - Surveillance of past dysplastic nevi (minimal) + benign nevi (minimal) → low risk
 - Surveillance of past melanoma (low) + benign nevi (minimal) → moderate risk
 - SKs (minimal) + lentigines (minimal) + angioma (minimal) → minimal risk

AMA Instructions: The final diagnosis for a condition does not in itself determine the complexity or risk, as extensive evaluation may be required to reach the conclusion that the signs or symptoms do not represent a highly morbid condition. Multiple problems of a lower severity may, in the aggregate, create higher risk due to interaction.

Risks of Complications and/or Morbidity or Mortality of Patient Management

- Problem 1: **Milia** located on the right cheek. Plan: Counseled patient that milia are benign superficial cysts filled with keratin and no treatment is necessary. Milia can resolve with retinoids or extraction.
- Problem 2: **Seborrheic Keratoses** distributed on arms, legs, and trunk. Plan: Counseled patient that SKs are benign and no treatment is necessary.

Code	Level of MDM (Based on 2 out of 3 Elements of MDM)	Elements of Medical Decision Making		
		Number and Complexity of Problems Addressed	Amount and/or Complexity of Data to be Reviewed and Analyzed	Risk of Complications and/or Morbidity or Mortality of Patient Management
99211	N/A	N/A	<i>*Each unique test, order, or document contributes to the combination of 2 or combination of 3 in Category 1 below.</i>	N/A
99202 99212	Straightforward	Minimal • 1 self-limited or minor problem	Minimal or none	Minimal risk of morbidity from additional diagnostic testing or treatment
99203 99213	Low	Low • 2 or more self-limited or minor problems; or • 1 stable chronic illness; or • 1 acute, uncomplicated illness or injury	Limited (Must meet the requirements of at least 1 of the 2 categories) Category 1: Tests and documents • Any combination of 2 from the following: • Review of prior external note(s) from each unique source*; • review of the result(s) of each unique test*; • ordering of each unique test* or Category 2: Assessment requiring an independent historian(s) (For the categories of independent interpretation of tests and discussion of management or test interpretation, see moderate or high)	Low risk of morbidity from additional diagnostic testing or treatment
99204 99214	Moderate	Moderate • 1 or more chronic illnesses with exacerbation, progression, or side effects of treatment; or • 2 or more stable chronic illnesses; or • 1 undiagnosed new problem with uncertain prognosis; or • 1 acute illness with systemic symptoms; or • 1 acute complicated injury	Moderate (Must meet the requirements of at least 1 out of 3 categories) Category 1: Tests, documents, or independent historian(s) • Any combination of 3 from the following: • Review of prior external note(s) from each unique source*; • Review of the result(s) of each unique test*; • Ordering of each unique test*; • Assessment requiring an independent historian(s) or Category 2: Independent interpretation of tests • Independent interpretation of a test performed by another physician/other qualified health care professional (not separately reported); or Category 3: Discussion of management or test interpretation • Discussion of management or test interpretation with external physician/other qualified health care professional/appropriate source (not separately reported)	Moderate risk of morbidity from additional diagnostic testing or treatment <i>Examples only:</i> • 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
99205 99215	High	High • 1 or more chronic illnesses with severe exacerbation, progression, or side effects of treatment; or • 1 acute or chronic illness or injury that poses a threat to life or bodily function	Extensive (Must meet the requirements of at least 2 out of 3 categories) Category 1: Tests, documents, or independent historian(s) • Any combination of 3 from the following: • Review of prior external note(s) from each unique source*; • Review of the result(s) of each unique test*; • Ordering of each unique test*; • Assessment requiring an independent historian(s) or Category 2: Independent interpretation of tests • Independent interpretation of a test performed by another physician/other qualified health care professional (not separately reported); or Category 3: Discussion of management or test interpretation • Discussion of management or test interpretation with external physician/other qualified health care professional/appropriate source (not separately reported)	High risk of morbidity from additional diagnostic testing or treatment <i>Examples only:</i> • 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 • Decision not to resuscitate or to de-escalate care because of poor prognosis

Risks of Complications and/or Morbidity or Mortality of Patient Management

- Problem 1: **Dermatofibroma** located on the right distal lateral posterior thigh. Plan: Counseled the patient that dermatofibromas are benign. They should be surgically removed if symptomatic or they grow.
- Problem 2: **Benign Appearing Nevi** distributed on trunk. Plan: Counseled patient regarding monthly self-skin checks to monitor for any changes. Reassured patient no treatment is necessary.
- Problem 3: **Lentigines** located on arms, face, and trunk. Plan: Counseled patient that lentigines can resolve with broad spectrum sunscreen, sun avoidance, bleaching creams, retinoids, chemical peels, and laser. **Recommend sunscreen.**

Code	Level of MDM (Based on 2 out of 3 Elements of MDM)	Elements of Medical Decision Making		
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99211	N/A	N/A	<i>*Each unique test, order, or document contributes to the combination of 2 or combination of 3 in Category 1 below.</i>	N/A
99202 99212	Straightforward	Minimal <ul style="list-style-type: none">• 1 self-limited or minor problem	Minimal or none	Minimal risk of morbidity from additional diagnostic testing or treatment
99203 99213	Low	Low <ul style="list-style-type: none">• 2 or more self-limited or minor problems;or• 1 stable chronic illness;or• 1 acute, uncomplicated illness or injury	Limited <i>(Must meet the requirements of at least 1 of the 2 categories)</i> Category 1: Tests and documents <ul style="list-style-type: none">• Any combination of 2 from the following:<ul style="list-style-type: none">• Review of prior external note(s) from each unique source*;• review of the result(s) of each unique test*;• ordering of each unique test* or Category 2: Assessment requiring an independent historian(s) <i>(For the categories of independent interpretation of tests and discussion of management or test interpretation, see moderate or high)</i>	Low risk of morbidity from additional diagnostic testing or treatment
99204 99214	Moderate	Moderate <ul style="list-style-type: none">• 1 or more chronic illnesses with exacerbation, progression, or side effects of treatment;or• 2 or more stable chronic illnesses;or• 1 undiagnosed new problem with uncertain prognosis;or• 1 acute illness with systemic symptoms;or• 1 acute complicated injury	Moderate <i>(Must meet the requirements of at least 1 out of 3 categories)</i> Category 1: Tests, documents, or independent historian(s) <ul style="list-style-type: none">• Any combination of 3 from the following:<ul style="list-style-type: none">• Review of prior external note(s) from each unique source*;• Review of the result(s) of each unique test*;• Ordering of each unique test*;• Assessment requiring an independent historian(s) or Category 2: Independent interpretation of tests <ul style="list-style-type: none">• Independent interpretation of a test performed by another physician/other qualified health care professional (not separately reported); or Category 3: Discussion of management or test interpretation <ul style="list-style-type: none">• Discussion of management or test interpretation with external physician/other qualified health care professional\appropriate source (not separately reported)	Moderate risk of morbidity from additional diagnostic testing or treatment <i>Examples only:</i> <ul style="list-style-type: none">• 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
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Risks of Complications and/or Morbidity or Mortality of Patient Management

- Problem 1: Surveillance of past **Malignant Melanoma**. Scar, s/p treatment without evidence of recurrence.
- Problem 2: Surveillance of past **SCC**. No evidence of recurrence
- Problem 3: **Benign appearing nevi**. Benign Appearing Nevi distributed on trunk and extremities. Counseled patient regarding monthly self-skin checks. Reassured patient no treatment is necessary.
- Problem 4: **Seborrheic Keratoses** scattered throughout examined skin. Observe, no treatment necessary.

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Final: Monitoring Mechanisms

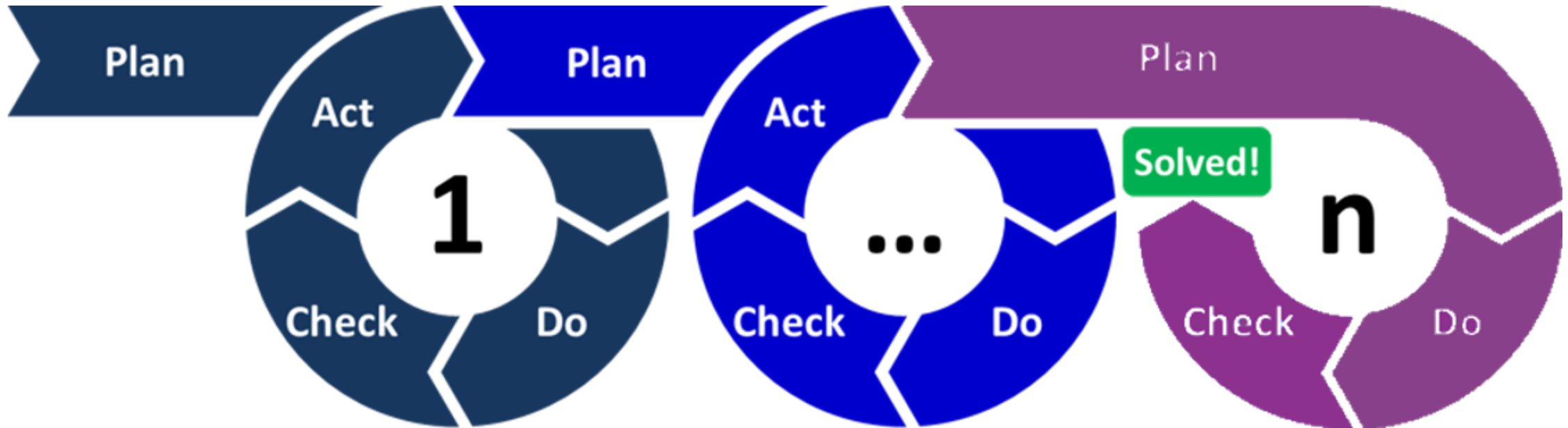


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