

# E&M Leveling Quick Reference

MDM-based and time-based coding decision trees — 2021 AMA guidelines

■ Effective January 1, 2021: Office/outpatient E&M; level is selected by EITHER Medical Decision Making (MDM) OR Total Time on the date of encounter. Use whichever supports the higher level.

## 1. Office/Outpatient E&M; Codes — At a Glance

Code	Patient Type	MDM Level	Time Threshold
99202	New Patient	Straightforward	15–29 min
99203	New Patient	Low complexity	30–44 min
99204	New Patient	Moderate complexity	45–59 min
99205	New Patient	High complexity	60–74 min
99211	Established Patient	Not requiring physician presence	N/A
99212	Established Patient	Straightforward	10–19 min
99213	Established Patient	Low complexity	20–29 min
99214	Established Patient	Moderate complexity	30–39 min
99215	Established Patient	High complexity	40–54 min
99417	Add-on (99205/99215 only)	Prolonged service	Each additional 15 min

## 2. Medical Decision Making (MDM) Table — 2021 AMA

■ MDM level requires meeting or exceeding 2 of 3 elements. Match the LOWEST level met across all 3 elements.

MDM Level	Number & Complexity of Problems	Amount/Complexity of Data	Risk of Complications
<b>Straightforward (99202/99212)</b>	Minimal — 1 self-limited or minor problem	Minimal or none	Minimal — OTC drugs, minor procedures

<b>Low (99203/99213)</b>	2+ self-limited problems; OR 1 stable chronic illness; OR 1 acute uncomplicated illness	Limited — review of prior records OR ordering tests	Low — OTC/Rx drugs with monitoring, minor procedures with identified risk
<b>Moderate (99204/99214)</b>	1+ chronic illness with exacerbation; OR 2+ stable chronic illnesses; OR new problem requiring workup	Moderate — review of external records, independent interpretation of tests	Moderate — Rx drug management, minor surgery with identified risk, imaging required
<b>High (99205/99215)</b>	1+ chronic illness with severe exacerbation; OR acute illness posing threat to life	Extensive — independent interpretation of tests, discussion with other providers	High — drug therapy requiring intensive monitoring, major surgery, hospitalization

### 3. Time-Based Billing — Key Rules

■ Time includes: face-to-face AND non-face-to-face work on the date of encounter (reviewing records, ordering tests, documenting, counseling). Does NOT include time on another date.

Topic	Rule
What counts as time	Preparing to see patient, taking history, performing exam, counseling, ordering/reviewing results, documenting, care coordination
What does NOT count	Travel time, time spent by staff (nurses, MAs), time on days other than the encounter date
Documentation required	Total time spent AND a statement that time was the basis for code selection
Prolonged services	99417 — only with 99205 or 99215. Each additional 15 min beyond the maximum threshold.
99205 threshold	60 min. Report 99417 at 75 min, 90 min, 105 min etc.
99215 threshold	40 min. Report 99417 at 55 min, 70 min, 85 min etc.

### 4. Hospital & Other E&M; Codes — Quick Reference

Service Type	Code Range	Key Rule
Initial hospital inpatient	99221–99223	All 3 components or MDM/Time per 2023 AMA update
Subsequent hospital	99231–99233	At least 2 of 3 components or MDM/Time
Hospital discharge	99238–99239	99238 = 30 min or less; 99239 = more than 30 min
Initial observation	99221–99223	Merged with inpatient codes per 2023 AMA update
ED visit (new/established)	99281–99285	All 3 key components required
Nursing facility initial	99304–99306	All 3 key components
Nursing facility subsequent	99307–99310	At least 1 of 3 key components

Service Type	Code Range	Key Rule
Critical care — first 30–74 min	99291	Reported once per date
Critical care — each add'l 30 min	99292	Add-on to 99291
Preventive medicine new patient	99381–99387	Based on age group
Preventive medicine established	99391–99397	Based on age group
Telehealth/phone/online	99421–99423	Patient-initiated digital E&M

## 5. Key E&M; Modifiers

Modifier	When to Use on E&M Codes
Modifier 25	E&M same day as minor procedure (0/10-day global). E&M must be significant and separately identifiable.
Modifier 57	E&M led to decision for major surgery (90-day global). Report on the E&M code.
Modifier 24	E&M during postoperative period — unrelated to the original surgery.
Modifier 32	Mandated services — required by third-party payer or government.

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