

# Documenting a Level 4 Office E&M Service

There is an exact system that must be followed.

BY JEFFREY LEHRMAN, DPM

As of January 1, 2021<sup>1</sup>, office and other outpatient evaluation and management (E&M) Levels (CPT<sup>2</sup> 99202-99205 and 99211-99215) are selected based upon either medical decision-making or total time. This change removed the barriers that made it difficult for those who specialize in one area of the body to reach higher Level office and other outpatient E&M CPT Levels. When any E&M is submitted, it is important that the documentation corresponding with that service support the E&M Level that was selected. This article will focus on the documentation needed to support a Level 4 office and other outpatient E&M service.

When an office or other outpatient E&M Level is selected based on total time, the only time considered is the time spent by the practitioner providing the E&M service that day. Time spent by staff, assistants, and/or residents is not counted toward the total time when determining an office or other outpatient E&M Level based on total time. Time spent by the practitioner on a day other than the day the patient was seen is not counted either. Time spent by the practitioner on activities that are not part of the E&M, such as performing a procedure, are not counted either. The AMA CPT Professional book<sup>2</sup> provides examples of activities that may be counted toward total time. This is not an all-inclusive list. Examples provided include:

- Preparing to see the patient (e.g., review of tests)

- Obtaining and/or reviewing separately obtained history
- Performing a medically appropriate examination and/or evaluation
- Counseling and educating the patient/family/caregiver
- Ordering medications, tests, or procedures
- Referring and communicating with other healthcare professionals

a Level 4 established patient office E&M based on time is:

“I spent a total of 37 minutes providing the E&M service today. This time was spent reviewing the patient’s records before their arrival this morning, reviewing their x-ray images before entering the room, performing the history and physical, discussing the plan with the patient, calling

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- Documenting clinical information in the electronic or other health record
- Independently interpreting results and communicating results to the patient/family/caregiver
- Care coordination

If an office or other outpatient E&M Level is selected based on total time, it is important to document how much time the practitioner spent providing the E&M service that day and documenting what activities were performed during that time. Practitioners do not need to assign time values to each activity. The total time assigned to Level 4 office and other outpatient E&M Levels is 45-59 minutes for new patients and 30-39 minutes for established patients<sup>2</sup>. An example of documentation that would support the submission of

their primary care provider after the visit to discuss today’s encounter, and creating this progress note. All of these activities were performed by myself today.”

When an office or other outpatient E&M Level is selected based on medical decision-making, three elements are considered:

- *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*

Each office and other outpatient E&M Level has its own thresholds of those three elements. When reviewing an encounter, if what was medically

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## Level 4 (from page 45)

necessary, performed, and documented meets the thresholds of two of a Level's 3's elements, that office/other outpatient E&M level may be selected.

The office and other outpatient Level 4 threshold of "Number and Complexity of Problems Addressed" is "moderate." Page 16 of the 2021 CPT Professional book<sup>2</sup> lists characteristics of pathology that may contribute to

book<sup>2</sup> lists the criteria for moderate "amount and/or complexity of data to be reviewed and analyzed":

### *(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

- Diagnosis or treatment significantly limited by social determinants of health

This is not an all-inclusive list but does provide an idea of what contributes to "moderate" risk when selecting an office or other outpatient E&M Level.

If a Level 4 office or other outpatient E&M is selected based in part on "Risk of Complications and/or Morbidity or Mortality of Patient Management", the recommendation is to document that there is "moderate" risk associated with that day's encounter. An example of this documentation is: "As documented above, a decision regarding elective major surgery without identified patient or procedure risk factors was discussed today. Therefore, there was moderate risk associated with this encounter" (see third bullet in above list).

### Conclusion

There is nothing subjective about choosing office and other outpatient E&M Levels. There is an exact system that must be followed and requires documentation. The information contained herein provides guidance regarding documenting a Level 4 office or other outpatient E&M. **PM**

### References

<sup>1</sup> American Medical Association CPT® Evaluation and Management (E/M) Office or Other Outpatient (99202-99215) and Prolonged Services (99354, 99355, 99356, 99417) Code and Guideline Changes <https://www.ama-assn.org/system/files/2019-06/cpt-office-prolonged-svs-code-changes.pdf>

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"moderate number and complexity of problems." These include:

- 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

If a Level 4 office or other outpatient E&M is selected based in part on Number and Complexity of Problems Addressed, the recommendation is to document which of the above options led to that selection. For example, if a patient has a painful bunion that has been present for several years, establishing chronicity, and the symptoms associated with it are progressing, the recommendation is to add the following sentences:

"This has been present for several years and is getting worse. Therefore, this is a chronic illness with progression." (see first bullet in above list).

The office and other outpatient Level 4 threshold of "Amount and/or Complexity of Data to be Reviewed and Analyzed" is "moderate." Page 16 of the 2021 CPT Professional

- 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 healthcare 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).

The office and other outpatient Level 4 threshold of "Risk of Complications and/or Morbidity or Mortality of Patient Management" is "moderate." Page 16 of the 2021 CPT Professional book<sup>2</sup> lists examples of factors that contribute to "moderate" risk. Some of these examples include:

- 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



**Dr. Lehrman** is a Certified Professional Coder, Certified Professional Medical Auditor, and operates Lehrman Consulting, LLC, which provides guidance regarding coding, compliance, and documentation. Follow him on Twitter @DrLehrman.