E/M Rules for Office Visits: What Level of Medical Decision-Making?

Under the E/M rules that went into effect on Jan. 1, 2021, the complexity of medical decision-making (MDM) is used to determine what level of E/M code you can use for an office visit. Make sure that your documentation validates the MDM level that you bill.

Four levels of medical decision-making. The overall complexity level of MDM can be straightforward or of low, moderate, or high complexity. To determine this overall level of MDM, you first look at three components (see next paragraphs) and determine which level of MDM complexity each of them would support (see "E/M Resources"). If at least two components indicate the same level of MDM, then that would determine the overall level of MDM. If the three components point to three different levels of MDM, then the middle one would determine the overall level of MDM.

Component 1: The number and/or complexity of problems addressed at the patient encounter.

Component 2: The amount and/or complexity of data to be reviewed and analyzed.

Component 3: The risk of complications and/or morbidity or mortality of patient management.

Which E/M codes can you bill for the office visit? The E/M codes that you can use depend on the complexity level of MDM:

- Straightforward: Use codes 99202 or 99212 for new and established patients, respectively.
- Low complexity: 99203 or 99213.
- Moderate complexity: 99204 or 99214.
- High complexity: 99205 or 99215.

Tackle These Three Cases

Based on the documentation for each of the exams below, determine which E/M codes to bill.

Case A: An infant with dacryostenosis. A pediatrician referred a patient to a pediatric ophthalmologist.

Impression. Intermittent, bilateral, congenital nasolacrimal duct obstruction of a 9-month-old.

Plan. Lacrimal massage, twice a day. Antibiotic drops three times a day for three days to improve mucopurulent discharge. Discussed possible need for surgery, but not yet since there are some "clear" days with no symptoms.

Case B: A toddler's swollen eyelid. A 3-year-old presented with a red, swollen left upper lid (LUL), with increasing severity over the previous two days. He had an associated upper respiratory infection.

Impression: Preseptal cellulitis LUL.

Plan: Considered ordering computed tomography or magnetic resonance imaging of the orbit, but deferred that order since able to see full ocular motility. Discussion with pediatrician about Rocephin (ceftriaxone sodium) injection. Prescribed oral antibiotics for 10 days. Instructed patient's mother to call if increased fever or swelling over the subsequent 24 hours.

Case C: A patient with shingles. A patient had shingles on the right side of her face and, ultimately, in her right eye. She had severe pain and photophobia in the right eye.

Impression: Zoster in the right eye.

Plan: Prescription drug management with acyclovir and topical steroids. Follow-up in one week or sooner. Phone conversation about findings and treatment with primary care physician.

Which E/M code would you bill for each of these exams? See page 48 for the answers.

MORE ONLINE. For a look at the exam to establish a need for cataract surgery, see this article at aao.org/eyenet.

E/M Resources

Conquering New E/M Documentation Guidelines for Ophthalmology includes charts that will show what documentation is required to support the different levels of MDM. It combines a narrated online tutorial with an accompanying workbook. Buy it at aao.org/codingproducts.

For further reading, including four earlier *EyeNet* articles about the new E/M rules, visit aao.org/em.

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