

# QUICK REFERENCE 2025 E/M LEVEL REQUIREMENTS



Prepared by:  
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# MDM 2025 E/M Coding Levels: Office & Consultation

A) 2 of 3 MDM elements must be met or exceeded, or B) be met based on the provider's same-day, medically needed, total time. Hx & Ex also req.

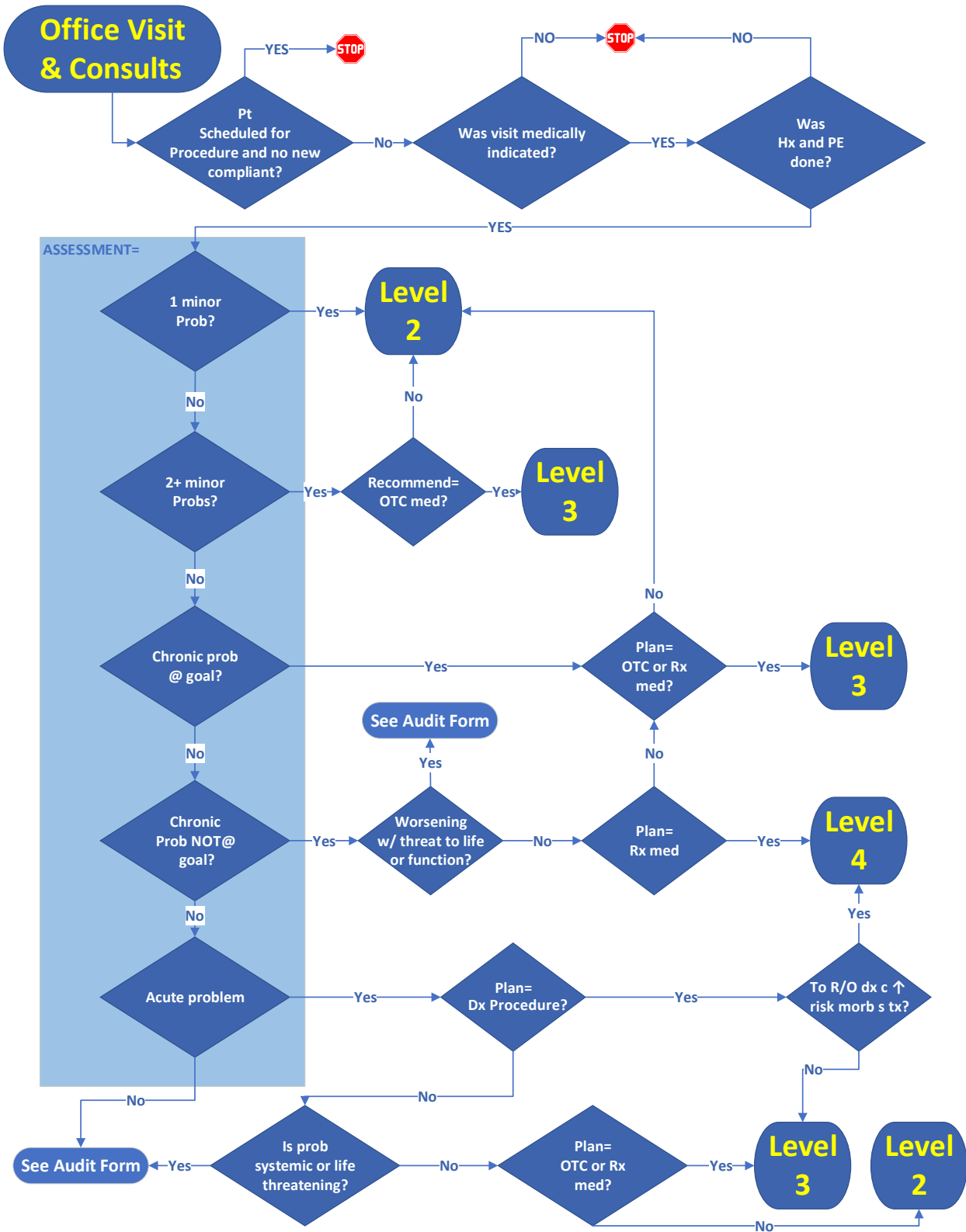
9924X: Outpt consult  
 9925X: Inpt/obs consult  
 9920X: New OV  
 9921X: Est OV

② of ③

ELEMENTS BELOW REQ.




	"Minor"	"Routine"	"Complex"	"Emergency"
	<b>2 STRAIGHT FORWARD</b>	<b>3 LOW</b>	<b>4 MODERATE</b>	<b>5 HIGH</b>
	 15 min: New OV 10 min: Est OV 20 min: Outpt consult 35 min: Inpt/obs consult	 30 min: New OV 20 min: Est OV 30 min: Outpt consult 45 min: Inpt/obs consult	 45 min: New OV 30 min: Est OV 40 min: Outpt consult 60 min: Inpt/obs consult	 60 min: New OV 40 min: Est OV 55 min: Outpt consult 80 min: Inpt/obs consult
<b>①</b> ELEMENT → NUMBER & COMPLEXITY OF PROBLEMS ADDRESSED AT THE ENCOUNTER	<ul style="list-style-type: none"> <li>• 1 self-limited or minimal</li> </ul>	<ul style="list-style-type: none"> <li>• 2+ minor or</li> <li>• 1 chronic stable or</li> <li>• 1 acute stable</li> <li>• 1 acute uncomplicated</li> </ul>	<ul style="list-style-type: none"> <li>• 2+ chronic stable</li> <li>• 1 chronic worsened/Not @ goal</li> <li>• 1 acute systemic sx</li> <li>• 1 acute complicated injury/illness</li> <li>• 1 undx c UNK Prog c ↑ risk of morbidity s tx</li> </ul>	<ul style="list-style-type: none"> <li>• 1 chronic with severe exacerbation</li> <li>• 1 acute or chronic illness or injury that poses a threat to life or bodily function</li> </ul>
<b>②</b> ELEMENT → AMOUNT/COMPLETENESS OF DATA TO BE REVIEWED AND ANALYZED	None	2 Counts (any) <ul style="list-style-type: none"> <li>• Each unique test ordered (=1)*</li> <li>• Ea. non-ordered result reviewed (=1)**</li> <li>• Each outside note reviewed (=1)</li> </ul> Or <ul style="list-style-type: none"> <li>• Assessment req. directly from historian(s)</li> </ul>	3 Counts (any) <ul style="list-style-type: none"> <li>• Each unique test ordered (=1)*</li> <li>• Ea. non-ordered result reviewed (=1)**</li> <li>• Each outside note reviewed (=1)</li> <li>• Assessment req. dir. from historian(s) (=1)</li> </ul> Or <ul style="list-style-type: none"> <li>✓ Independent interpretation of an image, tracing, specimen (not separately reported)</li> </ul> Or <ul style="list-style-type: none"> <li>✓ Discussing patient results directly w external performing / consulting Dr (not separately reported)</li> </ul>	3 Counts (any) <ul style="list-style-type: none"> <li>• Each unique test ordered (=1)*</li> <li>• Ea. non-ordered result reviewed (=1)**</li> <li>• Each outside note reviewed (=1)</li> <li>• Assess. req. dir. from historian(s) (=1)</li> </ul> AND <ul style="list-style-type: none"> <li>✓ Independent interpretation of an image, tracing, specimen (not separately reported) <b>OR</b></li> <li>✓ Discussing patient results directly w external performing / consulting Dr (not separately reported)</li> </ul>
<b>③</b> ELEMENT → RISK OF COMPLICATIONS, MORBIDITY, OR MORTALITY OF PT MANAGEMENT	<b>MINIMAL</b> concern regarding the likelihood of side effect from the recommended treatment to cause long-term function impairment, diminished quality of life, permanent organ damage, or death.	<b>LOW</b> concern regarding the likelihood of a side effect from the recommended treatment to cause long-term function impairment, diminished quality of life, permanent organ damage, or death. Ex. minor surgery without risk factors, OTC drugs.	<b>MODERATE</b> concern regarding the likelihood of a side effect from the recommended treatment to cause long-term function impairment, diminished quality of life, permanent organ damage, or death. Ex. Rx drug, minor sx with risk factors, major elective sx without risk factors, Dx/Tx significantly limited by social determinants of health.	<b>HIGH</b> concern regarding the likelihood of a side effect from the recommended treatment to cause long-term function impairment, diminished quality of life, permanent organ damage, or death. Ex: medication toxicity management, major surgery with risk factors, emergency surgery with risk factors, DNR, etc.

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# MDM 2025 E/M Coding Levels: Hospital Inpatient and Observation Care




A) 2 of 3 MDM elements must be met or exceeded, or B) be met based on the provider's same-day, medically needed, total time. Hx & Ex also req.

	“Routine” <b>1 LOW</b>	“Complex” <b>2 MODERATE</b>	“Emergency” <b>3 HIGH</b>
<b>9922x: initial inPt/obs</b> <b>9923x: sub inPt/obs</b>	 40 min: initial inPt/obs 25 min: sub inPt/obs	 55 min: initial inPt/obs 35 min: sub inPt/obs	 75 min: initial inPt/obs 50 min: sub inPt/obs
<b>② of ③</b> <b>ELEMENTS BELOW REQ.</b>			
<b>① ELEMENT →</b> <b>NUMBER &amp; COMPLEXITY OF PROBLEMS ADDRESSED AT THE ENCOUNTER</b>	<ul style="list-style-type: none"> <li>• 2+ minor or</li> <li>• 1 chronic stable or</li> <li>• 1 acute stable</li> <li>• 1 acute uncomplicated</li> </ul>	<ul style="list-style-type: none"> <li>• 2+ chronic stable</li> <li>• 1 chronic worsened/Not @ goal</li> <li>• 1 acute systemic sx</li> <li>• 1 acute complicated injury/illness</li> <li>• 1 undx c UNK Prog c ↑risk of morbidity s tx</li> </ul>	<ul style="list-style-type: none"> <li>• 1 chronic with severe exacerbation</li> <li>• 1 acute or chronic illness or injury that poses a threat to life or bodily function</li> </ul>
<b>② ELEMENT →</b> <b>AMOUNT/COMPLETENESS OF DATA TO BE REVIEWED AND ANALYZED</b>	2 Counts (any) <ul style="list-style-type: none"> <li>• Each unique test ordered (=1)*</li> <li>• Ea. non-ordered result reviewed (=1)**</li> <li>• Each outside note reviewed (=1)</li> </ul> Or <ul style="list-style-type: none"> <li>• Assessment req. directly from historian(s)</li> </ul>	3 Counts (any) <ul style="list-style-type: none"> <li>• Each unique test ordered (=1)*</li> <li>• Ea. non-ordered result reviewed (=1)**</li> <li>• Each outside note reviewed (=1)</li> <li>• Assessment req. dir. from historian(s) (=1)</li> </ul> Or <ul style="list-style-type: none"> <li>✓ Independent interpretation of an image, tracing, specimen (not separately reported)</li> </ul> Or <ul style="list-style-type: none"> <li>✓ Discussing patient results directly w external performing / consulting Dr (not separately reported)</li> </ul>	3 Counts (any) <ul style="list-style-type: none"> <li>• Each unique test ordered (=1)*</li> <li>• Ea. non-ordered result reviewed (=1)**</li> <li>• Each outside note reviewed (=1)</li> <li>• Assess. req. dir. from historian(s) (=1)</li> </ul> <b>AND</b> <ul style="list-style-type: none"> <li>✓ Independent interpretation of an image, tracing, specimen (not separately reported) <b>OR</b></li> <li>✓ Discussing patient results directly w external performing / consulting Dr (not separately reported)</li> </ul>
<b>③ ELEMENT →</b> <b>RISK OF COMPLICATIONS, MORBIDITY, OR MORTALITY OF PT MANAGEMENT</b>	<b>LOW</b> concern regarding the likelihood of a side effect from the recommended treatment to cause long-term function impairment, diminished quality of life, permanent organ damage, or death. Ex. minor surgery without risk factors, OTC drugs.	<b>MODERATE</b> concern regarding the likelihood of a side effect from the recommended treatment to cause long-term function impairment, diminished quality of life, permanent organ damage, or death. Ex. Rx drug, minor sx with risk factors, major elective sx without risk factors, Dx/Tx significantly limited by social determinants of health.	<b>HIGH</b> concern regarding the likelihood of a side effect from the recommended treatment to cause long-term function impairment, diminished quality of life, permanent organ damage, or death. Ex. medication toxicity management, major surgery with risk factors, emergency surgery with risk factors, DNR, etc.

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# MDM 2025 E/M Coding Levels: Hospital Admit with Same Day Discharge (9923x)

A) 2 of 3 MDM elements must be met or exceeded, or B) be met based on the provider's same-day, medically needed, total time. Hx & Ex also req.

	<p style="text-align: center;">“Minor”</p> <div style="text-align: center;">  45 min                 </div>	<p style="text-align: center;">“Complex”</p> <div style="text-align: center;">  70 min                 </div>	<p style="text-align: center;">“Emergency”</p> <div style="text-align: center;">  85 min                 </div>
<p>② of ③ ELEMENTS BELOW REQ.</p>	<p><b>4 STRAIGHT FORWARD</b></p>	<p><b>5 MODERATE</b></p>	<p><b>6 HIGH</b></p>
<p>ELEMENT → ① NUMBER &amp; COMPLEXITY OF PROBLEMS ADDRESSED AT THE ENCOUNTER</p>	<ul style="list-style-type: none"> <li>• 1 self-limited or minimal</li> </ul>	<ul style="list-style-type: none"> <li>• 2+ chronic stable</li> <li>• 1 chronic worsened/Not @ goal</li> <li>• 1 acute systemic sx</li> <li>• 1 acute complicated injury/illness</li> <li>• 1 undx c UNK Prog c ↑risk of morbidity s tx</li> </ul>	<ul style="list-style-type: none"> <li>• 1 chronic with severe exacerbation</li> <li>• 1 acute or chronic illness or injury that poses a threat to life or bodily function</li> </ul>
<p>ELEMENT → ② AMOUNT/COMPLETENESS OF DATA TO BE REVIEWED AND ANALYZED</p>	None	<p>3 Counts (any)</p> <ul style="list-style-type: none"> <li>• Each unique test ordered (=1)*</li> <li>• Ea. non-ordered result reviewed (=1)**</li> <li>• Each outside note reviewed (=1)</li> <li>• Assessment req. dir. from historian(s) (=1)</li> </ul> <p>Or</p> <ul style="list-style-type: none"> <li>✓ Independent interpretation of an image, tracing, specimen (not separately reported)</li> </ul> <p>Or</p> <ul style="list-style-type: none"> <li>✓ Discussing patient results directly w external performing / consulting Dr (not separately reported)</li> </ul>	<p>3 Counts (any)</p> <ul style="list-style-type: none"> <li>• Each unique test ordered (=1)*</li> <li>• Ea. non-ordered result reviewed (=1)**</li> <li>• Each outside note reviewed (=1)</li> <li>• Assess. req. dir. from historian(s) (=1)</li> </ul> <p><b>AND</b></p> <ul style="list-style-type: none"> <li>✓ Independent interpretation of an image, tracing, specimen (not separately reported) <b>OR</b></li> <li>✓ Discussing patient results directly w external performing / consulting Dr (not separately reported)</li> </ul>
<p>ELEMENT → ③ RISK OF COMPLICATIONS, MORBIDITY, OR MORTALITY OF PT MANAGEMENT</p>	<p><b>MINIMAL</b> concern regarding recommended treatment to cause long-term function impairment, the likelihood of side effect from the diminished quality of life, permanent organ damage, or death.</p>	<p><b>MODERATE</b> concern regarding the likelihood of a side effect from the recommended treatment to cause long-term function impairment, diminished quality of life, permanent organ damage, or death. Ex. Rx drug, minor sx with risk factors, major elective sx without risk factors, Dx/Tx significantly limited by social determinants of health.</p>	<p><b>HIGH</b> concern regarding the likelihood of a side effect from the recommended treatment to cause long-term function impairment, diminished quality of life, permanent organ damage, or death. Ex: medication toxicity management, major surgery with risk factors, emergency surgery with risk factors, DNR, etc.</p>

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# MDM 2025 E/M Coding Levels: Emergency Department (9928x)

To qualify for a level of MDM, 2 of 3 elements must be met or exceeded. Hx and Ex also req.

**Code 99281** for an emergency department visit for the evaluation and management of a patient that did not require the presence of a physician or other qualified health care professional.

	<b>2 STRAIGHT FORWARD</b> "Minor"	<b>3 LOW</b> "Routine"	<b>4 MODERATE</b> "Complex"	<b>5 HIGH</b> "Emergency"
② of ③ ELEMENTS BELOW REQ.				
ELEMENT → ① NUMBER & COMPLEXITY OF PROBLEMS ADDRESSED AT THE ENCOUNTER	<ul style="list-style-type: none"> <li>1 self-limited or minimal</li> </ul>	<ul style="list-style-type: none"> <li>2+ minor or</li> <li>1 chronic stable or</li> <li>1 acute stable</li> <li>1 acute uncomplicated</li> </ul>	<ul style="list-style-type: none"> <li>2+ chronic stable</li> <li>1 chronic worsened/Not @ goal</li> <li>1 acute c systemic sx</li> <li>1 acute complicated injury/illness</li> <li>1 undx c UNK Prog c ↑risk of morbidity s tx</li> </ul>	<ul style="list-style-type: none"> <li>1 chronic with severe exacerbation</li> <li>1 acute or chronic illness or injury that poses a threat to life or bodily function</li> </ul>
ELEMENT → ② AMOUNT/COMPLETENESS OF DATA TO BE REVIEWED AND ANALYZED	None	2 Counts (any) <ul style="list-style-type: none"> <li>Each unique test ordered (=1)*</li> <li>Ea. non-ordered result reviewed (=1)**</li> <li>Each outside note reviewed (=1)</li> </ul> Or <ul style="list-style-type: none"> <li>Assessment req. directly from historian(s)</li> </ul>	3 Counts (any) <ul style="list-style-type: none"> <li>Each unique test ordered (=1)*</li> <li>Ea. non-ordered result reviewed (=1)**</li> <li>Each outside note reviewed (=1)</li> <li>Assessment req. dir. from historian(s) (=1)</li> </ul> Or <ul style="list-style-type: none"> <li>Independent interpretation of an image, tracing, specimen (not separately reported)</li> </ul> Or <ul style="list-style-type: none"> <li>Discussing patient results directly w external performing / consulting Dr (not separately reported)</li> </ul>	3 Counts (any) <ul style="list-style-type: none"> <li>Each unique test ordered (=1)*</li> <li>Ea. non-ordered result reviewed (=1)**</li> <li>Each outside note reviewed (=1)</li> <li>Assess. req. dir. from historian(s) (=1)</li> </ul> AND <ul style="list-style-type: none"> <li>Independent interpretation of an image, tracing, specimen (not separately reported) <b>OR</b></li> <li>Discussing patient results directly w external performing / consulting Dr (not separately reported)</li> </ul>
ELEMENT → ③ RISK OF COMPLICATIONS, MORBIDITY, OR MORTALITY OF PT MANAGEMENT	<b>MINIMAL</b> concern regarding the likelihood of side effect from the recommended treatment to cause long-term function impairment, diminished quality of life, permanent organ damage, or death.	<b>LOW</b> concern regarding the likelihood of a side effect from the recommended treatment to cause long-term function impairment, diminished quality of life, permanent organ damage, or death. Ex. minor surgery without risk factors, OTC drugs.	<b>MODERATE</b> concern regarding the likelihood of a side effect from the recommended treatment to cause long-term function impairment, diminished quality of life, permanent organ damage, or death. Ex. Rx drug, minor sx with risk factors, major elective sx without risk factors, Dx/Tx significantly limited by social determinants of health.	<b>HIGH</b> concern regarding the likelihood of a side effect from the recommended treatment to cause long-term function impairment, diminished quality of life, permanent organ damage, or death. Ex: medication toxicity management, major surgery with risk factors, emergency surgery with risk factors, DNR, etc.

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