

# UNIVERSAL CODING TEMPLATE

Follow these steps to quickly code E/M visits in the office, hospital, or nursing home.

Step 1: Total time	Straightforward-level visit	Low-level visit	Moderate-level visit	High-level visit
Office (established)	99212: 10-19 min	99213: 20-29 min	99214: 30-39 min	99215: 40-54 min
Office (new)	99202: 15-29 min	99203: 30-44 min	99204: 45-59 min	99205: 60-74 min
Hospital (initial, i.e., admits)		99221: 40 min or more	99222: 55 min or more	99223: 75 min or more
Hospital (admit/discharge same day)		99234: 45 min or more	99235: 70 min or more	99236: 85 min or more
Hospital (subsequent)		99231: 25 min or more	99232: 35 min or more	99233: 50 min or more
Hospital (discharge)		99238: 30 min or less	99239: 31 min or more	
Nursing home (initial)		99304: 25 min or more	99305: 35 min or more	99306: 45 min or more
Nursing home (subsequent)	99307: 10-14 min	99308: 15 min or more	99309: 30 min or more	99310: 45 min or more

## Step 2: MDM problems plus

Straightforward problems	Low-level problems	Moderate-level problems	High-level problems
1 minor or self-limited problem (e.g., simple rash)	2 or more minor or self-limited problems	New problem with uncertain prognosis (e.g., breast lump)	
	1 stable chronic illness (e.g., hypertension, diabetes, asthma, COPD, chronic kidney disease, coronary artery disease)	2 stable chronic illnesses or 1 unstable chronic illness	Life-threatening unstable chronic illness (e.g., severe COPD, asthma)
	Acute illness – uncomplicated (e.g., sinusitis, sore throat, UTI)	Acute illness – systemic symptoms (e.g., pneumonia, colitis, pyelonephritis)	Life-threatening acute illness (e.g., heart attack, pulmonary embolism, acute kidney injury, stroke, depression w/ suicidal ideation)
	Injury – uncomplicated (e.g., simple ankle sprain)	Injury – complicated (e.g., head injury w/ brief loss of consciousness)	Life-threatening injury

### PLUS

	Recommending an over-the-counter medication or prescription drug management (deciding to prescribe, alter, or continue a prescription medication)	Prescription drug management (If moderate-level problem PLUS simple data, see Step 3.) (If moderate-level problem PLUS counting data points, see Step 4.)	Decision to: <ul style="list-style-type: none"> <li>Hospitalize an office or nursing home patient</li> <li>Escalate hospital care (e.g., transfer to ICU)</li> <li>Deescalate care/DNR due to poor prognosis</li> <li>Use IV narcotics or other drugs requiring intensive monitoring</li> <li>Recommend emergency surgery (all patients) or non-emergency surgery for patients w/ risk factors</li> </ul> OR: Interpret study (“I personally looked at the x-ray, and it shows ...”) <i>plus</i> review/order three tests (If high-level problem PLUS counting data points, see Step 4.)
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### EQUALS\*

Straightforward visit (level 2 in office, no hospital equivalent): <ul style="list-style-type: none"> <li>99212: Office (established)</li> <li>99202: Office (new)</li> <li>99307: Nursing home (subsequent)</li> </ul>	Low-level visit (level 3 in office, level 1 hospital/nursing home): <ul style="list-style-type: none"> <li>99213: Office (established)</li> <li>99203: Office (new)</li> <li>99221: Hospital (initial)</li> <li>99234: Hospital (admit/discharge same day)</li> <li>99231: Hospital (subsequent)</li> <li>99304: Nursing home (initial)</li> <li>99308: Nursing home (subsequent)</li> </ul>	Moderate-level visit (level 4 in office, level 2 hospital/nursing home): <ul style="list-style-type: none"> <li>99214: Office (established)</li> <li>99204: Office (new)</li> <li>99222: Hospital (initial)</li> <li>99235: Hospital (admit/discharge same day)</li> <li>99232: Hospital (subsequent)</li> <li>99305: Nursing home (initial)</li> <li>99309: Nursing home (subsequent)</li> </ul>	High-level visit (level 5 in office, level 3 hospital/nursing home): <ul style="list-style-type: none"> <li>99215: Office (established)</li> <li>99205: Office (new)</li> <li>99223: Hospital (initial)</li> <li>99236: Hospital (admit/discharge same day)</li> <li>99233: Hospital (subsequent)</li> <li>99306: Nursing home (initial)</li> <li>99310: Nursing home (subsequent)</li> </ul>
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\* Codes 99238 and 99239 for hospital discharge are based on time only. They can not be reported using medical decision making.



**FPM Toolbox** To find more practice resources, visit <https://www.aafp.org/fpm/toolbox>.

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**Step 3: MDM with simple data**

Moderate-level problem PLUS one of the following:

- Interpret one study (e.g., "I personally looked at the x-ray, and it shows ..."),
- Discuss patient management or a study with an external physician (one who is not in the same group practice as you or is in a different specialty or subspecialty),
- Modify workup or treatment because of social determinants of health.

EQUALS a moderate-level visit, even without medication management (see codes in Step 2).

**Step 4: MDM counting data points**

Moderate-level problem PLUS at least three points from data counting (below).

EQUALS moderate-level visit (see codes in Step 2).

High-level problem PLUS at least two of these three:

1. Interpret one study (e.g., "I personally looked at the x-ray, and it shows ..."),
2. Discuss patient management or a study with an external physician,
3. At least three points from data counting (below).

EQUALS high-level visit (see codes in Step 2).

Data counting:

- Review/order unique test/study: 1 point for each,
- Review external notes: 1 point for each unique source,
- Assessment requiring use of an independent historian (family member or other person who can provide a reliable history for a patient who is unable to): 1 point max.