

## E&M Medical Decision Making: Amount and/or Complexity of Data to Be Reviewed and Analyzed

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All providers should, by now, be aware of the 2021 changes made to how the level of Evaluation and Management (E&M) service is determined. Certainly, the amount of time a provider spends is one way to determine the E&M service level. However, the level of medical decision making (MDM) is more often used when coding eye care services. MDM is determined using a combination of factors involving Problems Evaluated, Data Complexity and Risk. This article will delve into how to determine the amount and/or complexity of data reviewed and analyzed as this element of MDM is often misunderstood, applied incorrectly, or overlooked entirely.

First, “*Analyzed*” is defined as the act of using data for MDM. While the actual data element may not require “analysis” per se (like an IOP reading), the data elements are a part of the process used when evaluating the patient, considering diagnoses, and deciding on treatment.

The majority of the “tests” we as eye doctors perform are separately interpreted and billed thus cannot be counted toward data because, to do so, would be the equivalent of being double paid for the interpretation and report portion of a specific test. Any test with a CPT® code would not count toward data (e.g. OCT, fundus photos, etc.). As well, any test that is commonly considered a part of the examination process (e.g. pupil response, contrast sensitivity, IOP testing) is NOT considered as a test for the purposes of the data complexity category.

Data complexity can fall into one of four levels. Each level involves more and different types of data to be considered. None or minimal data is the most common level for eye care providers.

Limited data would include (any two of these three)

- a) Any unique tests (e.g. laboratory panels, psychometric or physiologic data) ordered during an encounter
- b) Any unique test results reviewed during an encounter
- c) Any medical records and notes from unique, outside providers that are reviewed during the patient encounter.

OR

Any required history from an independent historian (e. g., parent, guardian, surrogate, spouse, witness) when a patient is unable to provide complete/reliable history.

Any test ordered is, by definition, considered analyzed. Elements under the data complexity category can be combined and does not require an item from each category to be included. For example: ordering a unique test and reviewing a medical record from an outside provider and an independent historian use would be considered three elements under data complexity.

Moderate Data Complexity involves meeting at least one of the following categories:

1. Any three of the four elements from the limited data complexity category, in any combination - tests ordered, tests reviewed, medical records reviewed or an independent historian  
OR
2. Independent interpretation of a test performed by an outside provider (documented in medical record)  
OR
3. Discussion of patient test results or management with an outside provider or appropriate source. This discussion does not have to be synchronous but must be completed in a short amount of time. The discussion should be direct and active and not through intermediaries or via chart note exchange. The outside provider discussion cannot be billed separately in order to be counted toward Data Complexity. An outside “appropriate source” would be a non-medical professional such as a teacher, case manager or parole officer, among others.

Extensive Data Complexity has the same categories of data but the provider must meet two of the three categories in order to meet this level of data. (See the attached Summary Chart for Data)

Happy coding...

## Amount and/or Complexity of Data to Be Reviewed and Analyzed

\*Each unique test, order, or document contributes to the combination of 2 or combination of 3 in Category 1 below.

### Minimal or none

#### Limited

*(Must meet the requirements of at least 1 out of 2 categories)*

##### Category 1: Tests and documents

###### ■ Any combination of 2 from the following:

- Review of prior external note(s) from each unique source\*;
- Review of the result(s) of each unique test\*;
- Ordering of each unique test\*

or

##### Category 2: Assessment requiring an independent historian(s)

*(For the categories of independent interpretation of tests and discussion of management or test interpretation, see moderate or high)*

#### Moderate

*(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\*;
- 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 health care 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)

#### Extensive

*(Must meet the requirements of at least 2 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\*;
- 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 health care 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)

| Code           | Level of MDM<br>(Based on 2 out of 3 elements of MDM)          | Number and Complexity of Problems Addressed  | Amount and/or Complexity of Data to be Reviewed and Analyzed<br><i>*Each unique test, order, or document contributes to the combination of 2 or combination of 3 in Category 1 below</i>  | Risk of Complications and/or Morbidity or Mortality of Patient Management  |
|----------------|--|--|---|--|
| 99211          | N/A  | N/A  | N/A   | N/A  |
| 99202<br>99212 | <b>Straightforward</b><br>99202 15 minutes<br>99212 10 minutes | <b>Minimal</b> <ul style="list-style-type: none"> <li>1 self-limited or minor problem</li> </ul>   | <b>Minimal or none</b>  | <b>Minimal</b> risk of morbidity from additional diagnostic testing or treatment   |
| 99203<br>99213 | <b>Low</b><br>99203 30 minutes<br>99213 20 minutes             | <b>Low</b> <ul style="list-style-type: none"> <li>2 or more self-limited or minor problems; or</li> <li>1 stable, chronic illness; or</li> <li>1 acute, uncomplicated illness or injury; or</li> <li>1 stable, acute illness; or</li> <li>1 acute, uncomplicated illness or injury requiring hospital inpatient or observation level of care</li> </ul>                  | <b>Limited</b><br><i>(Must meet the requirements of at least 1 out of 2 categories)</i><br>Category 1: Test and documents <ul style="list-style-type: none"> <li>Any combination of 2 from the following: <ul style="list-style-type: none"> <li>Review of prior external note(s) from each unique source*;</li> <li>Review of the result(s) of each unique test*;</li> <li>Ordering of each unique test*;</li> </ul> </li> </ul> Category 2: Assessment requiring an independent historian(s)<br><i>(For the categories of independent interpretation of tests and discussion of management or test interpretation, see moderate or high)</i>  | <b>Low</b> risk of morbidity from additional diagnostic testing or treatment   |
| 99204<br>99214 | <b>Moderate</b><br>99204 45 minutes<br>99214 30 minutes        | <b>Moderate</b> <ul style="list-style-type: none"> <li>1 or more chronic illnesses with exacerbation, progression, or side effects of treatment; or</li> <li>2 or more stable, chronic illnesses; or</li> <li>1 undiagnosed new problem with uncertain prognosis; or</li> <li>1 acute illness with systemic symptoms; or</li> <li>1 acute, complicated injury</li> </ul> | <b>Moderate</b><br><i>(Must meet the requirements of at least 1 out of 3 categories)</i><br>Category 1: Tests, documents, or independent historian(s) <ul style="list-style-type: none"> <li>Any combination of 3 from the following: <ul style="list-style-type: none"> <li>Review of prior external note(s) from each unique source*;</li> <li>Review of the result(s) of each unique test*;</li> <li>Ordering of each unique test*;</li> <li>Assessment requiring an independent historian(s); or</li> </ul> </li> </ul> Category 2: Assessment requiring an independent interpretation of tests <ul style="list-style-type: none"> <li>Independent interpretation of a test performed by another physician/other qualified health care professional (not separately reported); or</li> </ul> Category 3: Discussion of management or test interpretation <ul style="list-style-type: none"> <li>Discussion of management or test interpretation with external physician/other qualified health care professional/appropriate source (not separately reported)</li> </ul>  | <b>Moderate</b> risk of morbidity from additional diagnostic testing or treatment<br><i>Examples only:</i> <ul style="list-style-type: none"> <li>Prescription drug management</li> <li>Decision regarding minor surgery with identified patient or procedure risk factors</li> <li>Decision regarding elective major surgery without identified patient or procedure risk factors</li> <li>Diagnosis or treatment significantly limited by social determinants of health</li> </ul>   |
| 99205<br>99215 | <b>High</b><br>99205 60 minutes<br>99215 40 minutes            | <b>High</b> <ul style="list-style-type: none"> <li>1 or more chronic illnesses with severe exacerbation, progression, or side effects of treatment; or</li> <li>1 acute or chronic illness or injury that poses a threat to life or bodily function</li> </ul>   | <b>Extensive</b><br><i>(Must meet the requirements of at least 2 out of 3 categories)</i><br>Category 1: Tests, documents, or independent historian(s) <ul style="list-style-type: none"> <li>Any combination of 3 from the following: <ul style="list-style-type: none"> <li>Review of prior external note(s) from each unique source*;</li> <li>Review of the result(s) of each unique test*;</li> <li>Ordering of each unique test*;</li> <li>Assessment requiring an independent historian(s); or</li> </ul> </li> </ul> Category 2: Assessment requiring an independent interpretation of tests <ul style="list-style-type: none"> <li>Independent interpretation of a test performed by another physician/other qualified health care professional (not separately reported); or</li> </ul> Category 3: Discussion of management or test interpretation <ul style="list-style-type: none"> <li>Discussion of management or test interpretation with external physician/other qualified health care professional/appropriate source (not separately reported)</li> </ul> | <b>High</b> risk of morbidity from additional diagnostic testing or treatment<br><i>Examples only:</i> <ul style="list-style-type: none"> <li>Drug therapy requiring intensive monitoring for toxicity</li> <li>Decision regarding elective major surgery with identified patient or procedure risk factors</li> <li>Decision regarding emergency major surgery</li> <li>Decision regarding hospitalization or escalation of hospital-level care</li> <li>Decision not to resuscitate or to de-escalate care because of poor prognosis</li> <li>Decision regarding parenteral controlled substances</li> </ul> |