

Elements of Medical Decision Making During Family Planning Visits

This job aid provides family planning visit examples, though not exhaustive, for each element of medical decision making (MDM). Additionally, these examples reflect changes to evaluation and management (E/M) codes that went into effect on January 1, 2021 (updated January 1, 2023) and are based on current understanding of MDM and [American Medical Association \(AMA\) guidance](#). It is important to refer to AMA guidance periodically, as updates may be published.

The tables below contain the three elements of MDM used to compute the overall level of MDM. When selecting an E/M code based on MDM, providers assess each element and then select the overall level of MDM based on the highest of 2 of 3 elements. Each overall level of MDM is associated with E/M codes for new and established patients.

ELEMENT 1: NUMBER AND COMPLEXITY OF PROBLEMS ADDRESSED

Minimal

NUMBER AND COMPLEXITY OF PROBLEMS ADDRESSED	FAMILY PLANNING VISIT FOR:
1 self-limited or minor problem	<ul style="list-style-type: none"> Follow-up, straightforward Refill of a contraceptive prescription (Rx) Pre-pregnancy Sexually transmitted diseases counseling

Low

NUMBER AND COMPLEXITY OF PROBLEMS ADDRESSED	FAMILY PLANNING VISIT FOR:
2 or more self-limited or minor problems	<ul style="list-style-type: none"> > 2 of the above problems on same date of service
1 stable chronic illness	<ul style="list-style-type: none"> Follow-up after genital wart treatment
1 acute, uncomplicated illness or injury (~1 single uncomplicated problem)	<ul style="list-style-type: none"> Comprehensive family planning New complaint of (c/o) vaginal discharge Intrauterine device (IUD), implant, other hormonal contraceptive user with a c/o unscheduled vaginal bleeding

Moderate

NUMBER AND COMPLEXITY OF PROBLEMS ADDRESSED	FAMILY PLANNING VISIT FOR:
1 or more chronic illnesses with exacerbation, progression, or side effects of treatment	<ul style="list-style-type: none"> History of recurrent vaginitis with new episode(s) History of recurrent genital herpes with new episode(s)
2 or more stable chronic illnesses	<ul style="list-style-type: none"> >2 chronic infections managed on same date of service
1 undiagnosed new problem with uncertain prognosis	<ul style="list-style-type: none"> Acute pelvic pain Solitary breast mass
1 acute illness with systemic symptoms	<ul style="list-style-type: none"> Pelvic inflammatory disease (PID) with fever or chills

High

NUMBER AND COMPLEXITY OF PROBLEMS ADDRESSED	FAMILY PLANNING VISIT FOR:
1 acute or chronic illness or injury that poses a threat to life or bodily function	<ul style="list-style-type: none"> Ectopic pregnancy Hemorrhage from ovarian cyst Suspected deep vein thrombosis in combined hormonal contraceptive user

ELEMENT 2: AMOUNT AND/OR COMPLEXITY OF DATA REVIEWED/ANALYZED

Minimal or none

AMOUNT AND/OR COMPLEXITY OF DATA REVIEWED/ANALYZED	FAMILY PLANNING VISIT FOR:
Minimal or none	<ul style="list-style-type: none"> No tests ordered or results reviewed No review of external records

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

AMOUNT AND/OR COMPLEXITY OF DATA REVIEWED/ANALYZED	FAMILY PLANNING VISIT FOR:
Category 1: Tests and documents Any combination of 2 from the following: <ul style="list-style-type: none"> Review of prior external note(s) from each unique source Review of the result(s) of each unique test Ordering of each unique test 	<ul style="list-style-type: none"> Review of note(s) from provider in a distinct group or different specialty or subspecialty¹ Review of each unique test result ordered by an external provider² Each unique test ordered today, including billed point-of-care tests. Examples: urine pregnancy tests (UPT), HIV rapid test, urinalysis, gonorrhea (GC), chlamydia (CT), complete blood count (CBC), hemoglobin (Hgb) A1c¹
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	<ul style="list-style-type: none"> Additional history required from a partner, parent, guardian, caregiver

Moderate *(Must meet the requirements of at least 1 out of 3 categories)*

AMOUNT AND/OR COMPLEXITY OF DATA REVIEWED/ANALYZED	FAMILY PLANNING VISIT FOR:
Category 1: Tests, documents, or independent historian(s) Any combination of 3 from the following: <ul style="list-style-type: none"> 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) 	<ul style="list-style-type: none"> Review of note(s) from provider in a distinct group or different specialty or subspecialty² Review of each test result ordered by an external provider³ Each unique test ordered today, including billed point-of-care tests (see examples above¹)
Category 2: Independent interpretation of tests Independent interpretation of a test performed by another physician/other qualified health care professional (not separately reported)	<ul style="list-style-type: none"> Review of pelvic sonogram or pelvic CT images from a diagnostic imaging center
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)	<ul style="list-style-type: none"> Discussion with pathologist about biopsy result Discussion with radiologist about mammogram result

ELEMENT 2: AMOUNT AND/OR COMPLEXITY OF DATA REVIEWED/ANALYZED (CONT.)

Extensive (Must meet the requirements of at least 2 out of 3 categories)

AMOUNT AND/OR COMPLEXITY OF DATA REVIEWED/ANALYZED	FAMILY PLANNING VISIT FOR:
<p>Category 1: Tests, documents, or independent historian(s) Any combination of 3 from the following:</p> <ul style="list-style-type: none">• 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)	<ul style="list-style-type: none">• Review of note(s) from provider in a distinct group or different specialty or subspecialty²• Review of each test result ordered by an external provider³• Each unique test ordered today, including billed point-of-care tests (see examples above¹)• Additional history required from a partner, parent, guardian, caregiver
<p>Category 2: Independent interpretation of tests Independent interpretation of a test performed by another physician/ other qualified health care professional (not separately reported)</p>	<ul style="list-style-type: none">• Review of pelvic sonogram or pelvic CT images from a diagnostic imaging center
<p>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)</p>	<ul style="list-style-type: none">• Discussion with pathologist about biopsy result• Discussion with radiologist about mammogram result

ELEMENT 3: RISK OF COMPLICATIONS

Minimal risk

RISK OF COMPLICATIONS	FAMILY PLANNING VISIT FOR:
Minimal risk of morbidity from additional diagnostic testing or treatment	<ul style="list-style-type: none">No diagnostic studies or treatment

Limited risk

RISK OF COMPLICATIONS	FAMILY PLANNING VISIT FOR:
Low risk of morbidity from additional diagnostic testing or treatment	<ul style="list-style-type: none">Point-of-care tests doneVenous blood drawn for a serologic testCondoms, spermicides dispensedTreatment with an over-the-counter (OTC) NSAID (e.g., ibuprofen, naproxen sodium)⁴

Moderate risk

RISK OF COMPLICATIONS	FAMILY PLANNING VISIT FOR:
<p>Moderate risk of morbidity from additional diagnostic testing or treatment</p> <p><i>Examples only:</i></p> <ul style="list-style-type: none">Rx drug managementDecision regarding minor surgery with identified patient or procedure risk factorsDecision regarding elective major surgery without identified patient or procedure risk factorsDiagnosis or treatment significantly limited by social determinants of health	<ul style="list-style-type: none">Rx of any contraceptive or antibioticDiscussion and consent for IUD or implant placement, endometrial biopsy, or colposcopyDiscussion and consent for laparoscopic tubal occlusion or extraction of translocated IUDIndividual experiencing homelessness that may experience challenges with maintaining treatment recommendation(s) [social determinant must be addressed at visit and increases risk of complication]

High risk

RISK OF COMPLICATIONS	FAMILY PLANNING VISIT FOR:
<p>High risk of morbidity from additional diagnostic testing or treatment</p> <p><i>Examples only:</i></p> <ul style="list-style-type: none">Decision regarding emergency major surgeryDecision regarding hospitalization	<ul style="list-style-type: none">Discussion and consent for laparoscopy for ruptured ectopic pregnancyDiscussion regarding hospitalization for treatment of a patient with a tubo-ovarian abscess

REFERENCE:

American Medical Association. (n.d.). CPT evaluation and management (E/M) office or other outpatient (99202-99215) and prolonged services (99354, 99355, 99356, 99XXX) code and guideline changes. Retrieved January 1, 2023 from <https://www.ama-assn.org/system/files/2019-06/cpt-office-prolonged-svs-code-changes.pdf>

¹ The ordering and actual performance and/or interpretation of diagnostic tests/studies during a patient encounter are not included in determining the levels of E/M services when the professional interpretation of those tests/studies is reported separately by the physician or other qualified health care professional reporting the E/M service. Tests that do not require separate interpretation (e.g., tests that are results only) and are analyzed as part of MDM do not count as an independent interpretation but may be counted as ordered or reviewed for selecting an MDM level.

² Review of all materials from any unique source counts as one element toward MDM.

³ A unique test is defined by the CPT code set. When multiple results of the same unique test (e.g., serial blood glucose values) are compared during an E/M service, count it as one unique test. Tests that have overlapping elements are not unique, even if they are identified with distinct CPT codes. For example, a CBC with differential would incorporate the set of hemoglobin, CBC without differential, and platelet count.

⁴ OTC drugs are not necessarily considered low risk for purposes of MDM. For example, recommending an OTC medication to a patient with several comorbidities may still result in a detailed discussion of risk. Each instance should be evaluated individually and not automatically characterized as low risk.