

2023 Evaluation and Management Consultation Visits Medical Decision Making (MDM)

Using **Medical Decision Making (MDM)** as the determining factor:

Code (level) selection requires two of the following three elements be met:

- Number and complexity of **problem(s) addressed** during the encounter
 - Count only diagnoses receiving active treatment during the encounter
 - See Medical Decision Making Table for examples for each level*
- Amount / Complexity of **data to be reviewed** and analyzed
 - Changes reflect specific combinations of work to score MDM*
- **Risk** of complications, morbidity / mortality of patient management decisions made at the visit
 - See Medical Decision Making Table for examples for each level*

Levels of MDM for Outpatient Consultations*

MDM	Code	Problems Addressed	Data to Review	Risk
Straightforward	99242	Straightforward	Minimal / None	Minimal
Low	99243	Low	Limited	Low
Moderate	99244	Moderate	Moderate	Moderate
High	99245	High	Extensive	High

Levels of MDM for Inpatient Consultations*

MDM	Code	Problems Addressed	Data to Review	Risk
Straightforward	99252	Straightforward	Minimal / None	Minimal
Low	99253	Low	Limited	Low
Moderate	99254	Moderate	Moderate	Moderate
High	99255	High	Extensive	High

*Refer to the Medical Decision Making Table (handout) for detailed requirements for each level of MDM.

2023 Evaluation and Management Consultation Visits – Time

Using **Time** as the determining factor:

- Includes total time spent by the physician or other qualified healthcare professional (face-to-face and non-face-to-face on the same date of service)

Activities Included in Total Time:

- Preparing to see the patient (e.g., review of tests)
- Obtaining and / or reviewing separately attained history
- Performing a medically appropriate examination and / or evaluation
- Counseling and educating the patient / family / caregiver
- Ordering medications, tests, or procedures
- Referring and communicating with other health care professionals (when not separately reported)
- Documenting clinical information in the electronic or other health record
- Independently interpreting results (not separately reported) and communicating results to the patient / family / caregiver
- Care coordination (not separately reported)

Activities NOT Included in Total Time:

- Time spent on separately reported services such as minor procedures, diagnostic studies, or any service reported on the same date of service
- Activities performed by clinical staff such as vital signs, recording history, etc.

Time ranges for Outpatient and Inpatient Consultation Visits

Outpatient Consultations		Inpatient Consultations	
Code	Time Threshold	Code	Time Threshold
99242	20 min meet or exceed	99252	35 min meet or exceed
99243	30 min meet or exceed	99253	45 min meet or exceed
99244	40 min meet or exceed	99254	60 min meet or exceed
99245	55 min meet or exceed	99255	80 min meet or exceed

Prolonged Services Codes

- May only be used when time is the determining factor
- May only be used with Level 5 codes – 99245 and 99255
- Fifteen-minute increments

Time ranges for Prolonged Service Codes*

Total Duration of Outpatient Consult	Code(s) Reported
<70 minutes	Report appropriate E/M code 99245
70 – 84 minutes	99245 x 1 and 99417 x 1
85 – 99 minutes	99245 x 1 and 99417 x 2
100 + minutes	99245 x 1 and 99417 x 3 + 1 for ea add'l 15 min
Total Duration of Inpatient Consult	Code(s) Reported
<95 minutes	Report appropriate E/M code 99255
95 – 109 minutes	99255 x 1 and 99418 x 1
110 – 124 minutes	99255 x 1 and 99418 x 2
125 + minutes	99255 x 1 and 99418 x 3 + 1 for ea add'l 15 min

*CMS guidelines differ from AMA guidelines. Use CMS guidelines when reporting to Medicare / Medicaid.