

2023 Evaluation and Management Home / Residence 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 New Patient Home or Residence Visits*

MDM	Code	Problems Addressed	Data to Review	Risk
Straightforward	99341	Straightforward	Minimal/None	Minimal
Low	99342	Low	Limited	Low
Moderate	99344	Moderate	Moderate	Moderate
High	99345	High	Extensive	High

Note: 99343 is a deleted code

Levels of MDM for Established Patient Home or Residence Visits

MDM	Code	Problems Addressed	Data to Review	Risk
Straightforward	99347	Straightforward	Minimal/None	Minimal
Low	99348	Low	Limited	Low
Moderate	99349	Moderate	Moderate	Moderate
High	99350	High	Extensive	High

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

2023 Evaluation and Management Home / Residence Services - 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 New and Established Patient Home/Residence Services

New Patient Visit		Established Patient Visit	
Code	Time Threshold	Code	Time Threshold
99341	15 min meet or exceed	99347	20 min meet or exceed
99342	30 min meet or exceed	99348	30 min meet or exceed
99344	60 min meet or exceed	99349	40 min meet or exceed
99345	75 min meet or exceed	99350	60 min meet or exceed

Note: 99343 is a deleted code

Prolonged Services Codes

- May only be used when time is the determining factor
- May only be used with highest level code from the category – 99345, 99350
- Fifteen minute increments

Time ranges for Prolonged Service Codes*

Duration of Initial Visit	Code(s) Reported
<90 min	Report appropriate E/M code 99345
90 – 104 min	99345 x 1 and 99417 x 1
105 – 119 min	99345 x 1 and 99417 x 2
120 + min	99345 x 1 and 99417 x 3 + 1 for ea add'l 15 min
Duration of Subsequent Visit	Code(s) Reported
<75 min	Report appropriate E/M code 99350
75 – 89 min	99350 x 1 and 99417 x 1
90 – 104 min	99350 x 1 and 99417 x 2
105 + min	99350 x 1 and 99417 x 3 + 1 for ea add'l 15 min

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