

2023 Evaluation and Management Hospital Inpatient and Observation Care 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 Hospital Initial Hospital or Observation Care*

MDM	Code	Problems Addressed	Data to Review	Risk
Straightforward or Low	99221	Straightforward or Low	None, Minimal or Limited	Minimal or Low
Moderate	99222	Moderate	Moderate	Moderate
High	99223	High	Extensive	High

Levels of MDM for Hospital Subsequent Hospital or Observation Care*

MDM	Code	Problems Addressed	Data to Review	Risk
Straightforward or Low	99231	Straightforward or Low	None, Minimal or Limited	Minimal or Low
Moderate	99232	Moderate	Moderate	Moderate
High	99233	High	Extensive	High

Levels of MDM for Hospital Same Day Admit / Discharge Hospital or Observation Care*

MDM	Code	Problems Addressed	Data to Review	Risk
Straightforward or Low	99234	Straightforward or Low	None, Minimal or Limited	Minimal or Low
Moderate	99235	Moderate	Moderate	Moderate
High	99236	High	Extensive	High

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

2023 Evaluation and Management Hospital Inpatient and Observation Care – 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 Initial and Subsequent and Same Day Admit / Discharge

Code	Time Threshold	Code	Time Threshold	Code	Time Threshold
99221	40 min meet or exceed	99231	25 min meet or exceed	99234	45 min meet or exceed
99222	55 min meet or exceed	99232	35 min meet or exceed	99235	70 min meet or exceed
99223	75 min meet or exceed	99233	50 min meet or exceed	99236	85 min meet or exceed

Prolonged Services Codes

- May only be used when time is the determining factor
- May only be used with highest level code from the category – 99223, 99233 and 99236
- Fifteen minute increments

Time ranges for Prolonged Service Codes*

Duration of Initial Hospital Visit	Code(s) Reported
< 90 minutes	Report appropriate E/M code 99223
90 – 104 minutes	99223 x 1 and 99418 x 1
105 + minutes	99223 x 1 and 99418 x 2 + 1 for ea add'l 15 min
Duration of Subsequent Hosp Visit	Code(s) Reported
< 65 minutes	Report appropriate E/M code 99233
65 – 79 minutes	99233 x 1 and 99418 x 1
80 + minutes	99233 x 1 and 99418 x 2 + 1 for ea add'l 15 min
Duration of Same Day Admit / DC Visit	Code(s) Reported
< 100 minutes	Report appropriate E/M code 99233
100 – 114 minutes	99233 x 1 and 99418 x 1
115 + minutes	99233 x 1 and 99418 x 2 + 1 for ea add'l 15 min

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