

2023 Evaluation and Management Hospital Nursing Facility Services 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 Nursing Facility Services*

MDM	Code	Problems Addressed	Data to Review	Risk
Straightforward or Low	99304	Straightforward or Low	None, Minimal or Limited	Minimal or Low
Moderate	99305	Moderate	Moderate	Moderate
High	99306	High	Extensive	High

Levels of MDM for Hospital Subsequent Nursing Facility Services *

MDM	Code	Problems Addressed	Data to Review	Risk
Straightforward	99307	Straightforward	None / Minimal	Minimal
Low	99308	Low	Limited	Low
Moderate	99309	Moderate	Moderate	Moderate
High	99310	High	Extensive	High

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

2023 Evaluation and Management Nursing Facility - 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 Nursing Facility Services

Initial Visit		Subsequent Visit	
Code	Time Threshold	Code	Time Threshold
99304	25 min meet or exceed	99307	10 min meet or exceed
99305	35 min meet or exceed	99308	15 min meet or exceed
99306	45 min meet or exceed	99309	30 min meet or exceed
		99310	45 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 – 99306, 99310
- Fifteen minute increments

Time ranges for Prolonged Service Codes*

Duration of Initial Visit	Code(s) Reported
<60 min	Report appropriate E/M code 99306
60 – 74 min	99306 x 1 and 99418 x 1
75 – 89 min	99306 x 1 and 99418 x 2
90 + min	99306 x 1 and 99418 x 3 + 1 for ea add'l 15 min
Duration of Subsequent Visit	Code(s) Reported
<60 min	Report appropriate E/M code 99310
60 – 74 min	99310 x 1 and 99418 x 1
75 – 89 min	99310 x 1 and 99418 x 2
90 + min	99310 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.