

2023 Evaluation and Management Office or Other Outpatient 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 Office or Other Outpatient Services – New Patient*

MDM	Code	Problems Addressed	Data to Review	Risk
Straightforward	99202	Straightforward	Minimal / None	Minimal
Low	99203	Low	Limited	Low
Moderate	99204	Moderate	Moderate	Moderate
High	99205	High	Extensive	High

Levels of MDM for Office or Other Outpatient Services – Established Patient*

MDM	Code	Problems Addressed	Data to Review	Risk
Straightforward	99212	Straightforward	Minimal / None	Minimal
Low	99213	Low	Limited	Low
Moderate	99214	Moderate	Moderate	Moderate
High	99215	High	Extensive	High

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

2023 Evaluation and Management Office or Other Outpatient 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 Office or Other Outpatient Visits

New Patient		Established Patient	
Code	Time Threshold	Code	Time Threshold
99202	15 – 29 minutes	99212	10 – 19 minutes
99203	30 – 44 minutes	99213	20 – 29 minutes
99204	45 – 59 minutes	99214	30 – 39 minutes
99205	60 – 74 minutes	99215	40 – 54 minutes

Prolonged Services Codes

- May only be used when time is the determining factor
- May only be used with Level 5 codes – 99205 and 99215
- Fifteen-minute increments

Time ranges for Prolonged Service Codes*

Total Duration of New Patient Visit	Code(s) Reported
<75 minutes	Report appropriate E/M code 99205
75 – 89 minutes	99205 x 1 and 99417 x 1
90 – 104 minutes	99205 x 1 and 99417 x 2
105 + minutes	99205 x 1 and 99417 x 3 + 1 for ea add'l 15 min
Total Duration of Established Patient Visit	Code(s) Reported
<55 minutes	Report appropriate E/M code 99215
55 – 69 minutes	99215 x 1 and 99417 x 1
70 – 84 minutes	99215 x 1 and 99417 x 2
85 + minutes	99215 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.