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.

2023 Evaluation and Management Emergency Department 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 Emergency Department Visits

MDM	Code	Problems Addressed	Data to Review	Risk
Straightforward	99282	Straightforward	Minimal / None	Minimal
Low	99283	Low	Limited	Low
Moderate	99284	Moderate	Moderate	Moderate
High	99285	High	Extensive	High

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

Reminder!

Time is not an element that may be used for code selection criteria with the Emergency Department Evaluation and Management category of codes.

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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.

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.

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.

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.