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MASTERING 2023
E/M CODING AND GUIDELINES

DISCLAIMER

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COMPLIANT HEALTH CARE SOLUTIONS

PROVIDING SOLUTIONS TO YOUR HEALTH CARE PUZZLES

Compliant Health Care Solutions is a medical consulting firm that provides compliant solutions to issues for all types of health care entities: Solo Practices, Physician Groups, Physician Offices, Health Care Systems, and Payors. Our solutions include:

- 2023 E/M Changes
- Consulting Solutions
- Auditing Solutions
- Telemedicine Solutions

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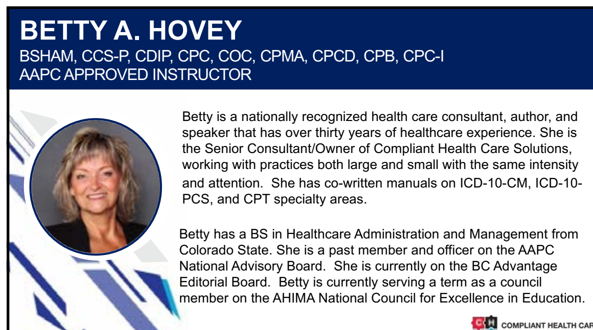

OVERVIEW

Deletions

Following are the codes that are deleted as of January 1, 2023:

- Hospital Observation Services codes 99217-99220
- Consultation codes 99241 and 99251
- Nursing Facility Services code 99318
- Domiciliary, Rest Home, or Custodial Care Services codes 99324-99328, 99334-99337, 99229, 99340
- Home or Residence Services code 99343
- Prolonged Services codes 99354-99357

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OVERVIEW

Revisions

Following are the codes that are revised as of January 1, 2023:

- Hospital Inpatient and Observation Care Services codes 99221-99223, 99231-99233
- Consultation codes 99242-99245, 99252-99255
- Emergency Department Services codes 99281-99285
- Nursing Facility Services codes 99304-99310, 99315, 99316
- Home or Residence Services codes 99341, 99342, 99344, 99345, 99347-99350

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OVERVIEW

Additions

- A new prolonged Services code will be introduced as of January 1, 2023, 993X0. This code will be used to report prolonged E/M services in the inpatient or observation setting. Just as 99417 for prolonged outpatient E/M services, it will be reported in 15-minute increments. There will be tables for the prolonged services codes at the end of the manual.

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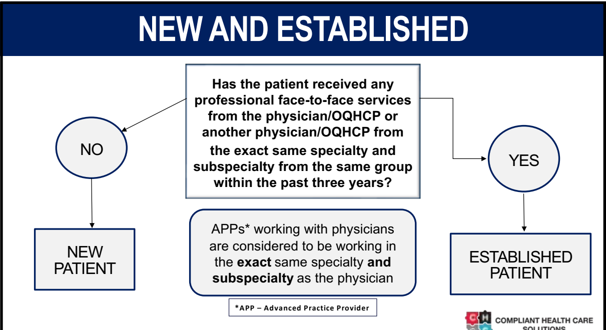
NEW AND ESTABLISHED



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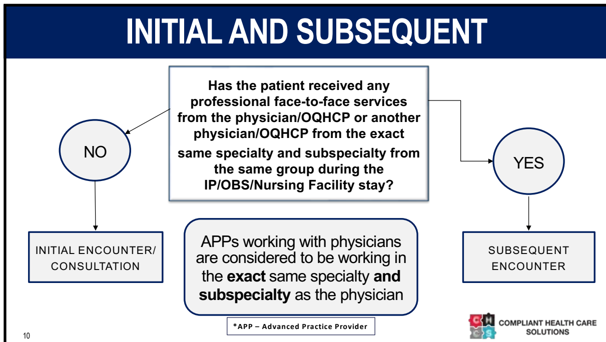
COMPLIANT HEALTH CARE SOLUTIONS

INITIAL AND SUBSEQUENT



SEPARATELY REPORTED SERVICES

- The ordering and actual performance and/or interpretation of diagnostic tests/studies during a patient encounter are not included in determining the levels of E/M services when the professional interpretation of those tests/studies is reported separately by the physician/OQHCP reporting the E/M service. Tests that do not require separate interpretation (eg, tests that are results only) and are analyzed as part of MDM do not count as an independent interpretation, but may be counted as ordered or reviewed for selecting an MDM level. The performance of diagnostic tests/studies for which specific CPT codes are available may be reported separately, in addition to the appropriate E/M code. The interpretation of the results of diagnostic tests/studies (ie, professional component) with preparation of a separate distinctly identifiable signed written report may also be reported separately, using the appropriate CPT code and, if required, with modifier 26 appended.

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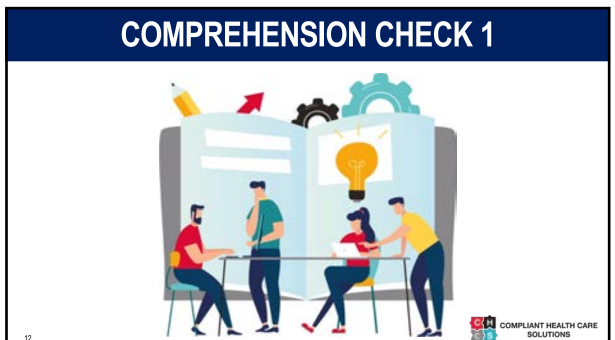
COMPREHENSION CHECK 1



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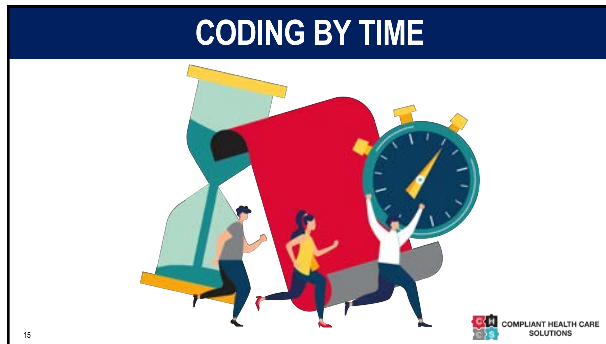
CODING BY TIME



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CODING BY TIME

Guidelines

- When time is used for reporting E/M services codes, they require a face-to-face encounter with the physician/OQHCP and the patient and/or family/caregiver.
- Time for these services is the total time on the date of the encounter.
- Includes time regardless of location of the physician/OQHCP.
- Does **NOT** include time spent on performance of separately reported service(s).

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CODING BY TIME

Split/Share Visits

- Defined as a visit in which a physician/OQHCP both provide the face-to-face and non-face-to-face work related to the visit.
- When using time to report appropriate level of services where time is allowed as a reporting mechanism, the time personally spent by the physician/OQHCP assessing and managing the patient and/or counseling, educating, communicating results to the patient/family/caregiver on the date of the encounter is summed to define the total time.
- Only distinct time should be summed for split/shared visits.
- Prolonged services codes may be reported in addition to split/shared visit when applicable.

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CODING BY TIME

What Time Counts

- Preparing to see the patient (eg, review of tests)
- Obtaining and/or reviewing separately obtained history
- Performing a medically appropriate examination and/or evaluation
- Referring and communicating with other health care professionals (when not separately reported)
- Ordering medications, tests, or procedures
- Counseling and educating the patient/family/caregiver
- 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)

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CODING BY TIME

What Time Does Not Count

- The performance of other services that are reported separately.
- Travel
- Teaching that is general and not limited to discussion that is required for the management of a specific patient.

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CODING BY TIME

Separately Reported Services and Coding by Time

REMINDER: When selecting an E/M level of service by time *and* services that are separately reported are also performed, documentation is crucial!

- The time spent on separately reported services (performed by anyone) can **not** be counted toward the E/M level of service.
- If separately reported services are performed documentation ***must*** state that time is not counted toward the E/M level selection.
  - "Total time spent on patient care today is 50 minutes, not counting the time it took to perform injections and cryotherapy."

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CODING BY TIME: TIPS

1. Document the nature of the services you are doing in pre-/post- service time, if used to choose level of office visit, in some detail. To state, “20 minutes time spent looking at notes prior to patient visit” with no elaboration is not sufficient.
2. If separately reportable services are provided at the same time as the office visit, document that the time for the separately reportable services was not used to select the office visit level. For example, “I spent a total of 25 minutes on the office visit, not counting the time it took to perform cryotherapy of the actinic keratoses.”
3. Document medical necessity of time spent for the patient’s encounter. Reporting 99215 and 50 minutes spent on a patient with a diagnosis of headache may be questioned by a payor.
4. Time should not be documented as an approximate or estimated time:
   - Do **NOT** state “Total time spent on patient care for hospital admission today was approximately 55 minutes.”
   - 55 minutes must be met or exceeded to report 99222, so was it 53 minutes? 54? 58?

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DEFINITIONS

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COMPLIANT HEALTH CARE SOLUTIONS

DEFINITIONS: PROBLEMS

- ***Problem:*** A problem is a disease, condition, illness, injury, symptom, sign, finding, complaint, or other matter addressed at the encounter, with or without a diagnosis being established at the time of the encounter.
- ***Problem addressed:*** A problem is addressed or managed when it is evaluated or treated at the encounter by the physician or other qualified health care professional reporting the service. This includes consideration of further testing or treatment that may not be elected by virtue of risk/benefit analysis or patient/parent/guardian/surrogate choice. Notation in the patient’s medical record that another professional is managing the problem without additional assessment or care coordination documented does not qualify as being ‘addressed’ or managed by the physician or other qualified health care professional reporting the service. Referral without evaluation (by history, exam, or diagnostic study[ies]) or consideration of treatment does not qualify as being addressed or managed by the physician or other qualified health care professional reporting the service. For hospital inpatient and observation care services, the problem addressed is the problem status on the date of the encounter, which may be significantly different than on admission. It is the problem being managed or co-managed by the reporting physician or other qualified health care professional and may not be the cause of admission or continued stay.

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COMPLIANT HEALTH CARE SOLUTIONS

DEFINITIONS: PROBLEMS

- ***Minimal problem:*** A problem that may not require the presence of the physician or other qualified health care professional, but the service is provided under the physician's or other qualified health care professional's supervision (see 99211, 99281).
- **Self-limited or minor problem**: A problem that runs a definite and prescribed course, is transient in nature, and is not likely to permanently alter health status.
- ***Acute, uncomplicated illness or injury:*** A recent or new short-term problem with low risk of morbidity for which treatment is considered. There is little to no risk of mortality with treatment, and full recovery without functional impairment is expected. A problem that is normally self-limited or minor, but is not resolving consistent with a definite and prescribed course is an acute uncomplicated illness. (Examples removed)

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COMPLIANT HEALTH CARE SOLUTIONS

DEFINITIONS: PROBLEMS

- ***Acute, uncomplicated illness or injury requiring hospital inpatient or observation level care***: A recent or new short-term problem with low risk of morbidity for which treatment is required. There is little to no risk of mortality with treatment, and full recovery without functional impairment is expected. The treatment required is delivered in a hospital inpatient or observation level setting.
- ***Stable, acute illness:*** A problem that is new or recent for which treatment has been initiated. The patient is improved and, while resolution may not be complete, is stable with respect to this condition.
- ***Acute illness with systemic symptoms:*** An illness that causes systemic symptoms and has a high risk of morbidity without treatment. For systemic general symptoms such as fever, body aches or fatigue in a minor illness that may be treated to alleviate symptoms, shorten the course of illness or to prevent complications, see the definitions for 'self-limited or minor' or 'acute, uncomplicated.' Systemic symptoms may not be general, but may be single system. (Examples removed)
- ***Acute, complicated injury:*** An injury which requires treatment that includes evaluation of body systems that are not directly part of the injured organ, the injury is extensive, or the treatment options are multiple and/or associated with risk of morbidity. (Example removed)

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COMPLIANT HEALTH CARE SOLUTIONS

DEFINITIONS: PROBLEMS

- ***Stable, chronic illness:*** A problem with an expected duration of at least a year or until the death of the patient. For the purpose of defining chronicity, conditions are treated as chronic whether or not stage or severity changes (e.g., uncontrolled diabetes and controlled diabetes are a single chronic condition). 'Stable' for the purposes of categorizing medical decision making is defined by the specific treatment goals for an individual patient. A patient that is not at their treatment goal is not stable, even if the condition has not changed and there is no short-term threat to life or function. For example, a patient with persistently poorly controlled blood pressure for whom better control is a goal is not stable, even if the pressures are not changing and the patient is asymptomatic. The risk of morbidity without treatment is significant. (Examples at the end removed)
- ***Chronic illness with exacerbation, progression, or side effects of treatment:*** A chronic illness that is acutely worsening, poorly controlled or progressing with an intent to control progression and requiring additional supportive care or requiring attention to treatment for side effects. (removed "but that does not require consideration of hospital level of care")

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COMPLIANT HEALTH CARE SOLUTIONS

DEFINITIONS: PROBLEMS

- ***Chronic illness with severe exacerbation, progression, or side effects of treatment:*** The severe exacerbation or progression of a chronic illness or severe side effects of treatment that have significant risk of morbidity and may require escalation of care.
- ***Acute or chronic illness or injury that poses a threat to life or bodily function:*** An acute illness with systemic symptoms, or an acute complicated injury, or a chronic illness or injury with exacerbation and/or progression or side effects of treatment, that poses a threat to life or bodily function in the near term without treatment. Some symptoms may represent a condition that is significantly probable and poses a potential threat to life or bodily function. These may be included in this category when the evaluation and treatment are consistent with this degree of potential severity.
- ***Undiagnosed new problem with uncertain prognosis:*** A problem in the differential diagnosis that represents a condition likely to result in a high risk of morbidity without treatment. (Example removed)

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DEFINITIONS: DATA

- ***Analyzed:*** The process of using the data as part of the MDM. The data element itself may not be subject to analysis (e.g., glucose), but it is instead included in the thought processes for diagnosis, evaluation, or treatment. Tests ordered are presumed to be analyzed when the results are reported. Therefore, when they are ordered during an encounter, they are counted in that encounter. Tests that are ordered outside of an encounter may be counted in the encounter in which they are analyzed. In the case of a recurring order, each new result may be counted in the encounter in which it is analyzed. For example, an encounter that includes an order for monthly prothrombin times would count for one prothrombin time ordered and reviewed. Additional future results, if analyzed in a subsequent encounter, may be counted as a single test in that subsequent encounter. Any service for which the professional component is separately reported by the physician or other qualified health care professional reporting the E/M services is not counted as a data element ordered, reviewed, analyzed, or independently interpreted for the purposes of determining the level of MDM.

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DEFINITIONS: DATA

- ***Test:*** Tests are imaging, laboratory, psychometric, or physiologic data. A clinical laboratory panel (e.g., basic metabolic panel [80047]) is a single test. The differentiation between single or multiple unique tests is defined in accordance with the CPT code set.
- ***Unique:*** A unique test is defined by the CPT code set. When multiple results of the same unique test (e.g., serial blood glucose values) are compared during an E/M service, count it as one unique test. Tests that have overlapping elements are not unique, even if they are identified with distinct CPT codes. For example, a CBC with differential would incorporate the set of hemoglobin, CBC without differential, and platelet count. A unique source is defined as a physician or other qualified health care professional in a distinct group or different specialty or subspecialty, or a unique entity. Review of all materials from any unique source counts as one element toward MDM.

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DEFINITIONS: DATA

- ***Combination of Data Elements:*** A combination of different data elements, for example, a combination of notes reviewed, tests ordered, tests reviewed, or independent historian, allows these elements to be summed. It does not require each item type or category to be represented. A unique test ordered, plus a note reviewed and an independent historian would be a combination of three elements.
- ***External:*** External records, communications and/or test results are from an external physician, other qualified health care professional, facility or healthcare organization.
- **External physician or other qualified healthcare professional:** An external physician or other qualified health care professional is an individual who is not in the same group practice or is a different specialty or subspecialty. It includes licensed professionals that are practicing independently. It may also be a facility or organizational provider such as a hospital, nursing facility, or home health care agency.

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COMPLIANT HEALTH CARE SOLUTIONS

DEFINITIONS: DATA

- ***Discussion:*** Discussion requires an interactive exchange. The exchange must be direct and not through intermediaries (eg, clinical staff or trainees). Sending chart notes or written exchanges that are within progress notes does not qualify as an interactive exchange. The discussion does not need to be on the date of the encounter, but it is counted only once and only when it is used in the decision making of the encounter. It may be asynchronous (ie, does not need to be in person), but it must be initiated and completed within a short time period (eg, within a day or two).
- ***Independent historian(s):*** An individual (e.g., parent, guardian, surrogate, spouse, witness) who provides a history in addition to a history provided by the patient who is unable to provide a complete or reliable history (e.g., due to developmental stage, dementia, or psychosis) or because a confirmatory history is judged to be necessary. In the case where there may be conflict or poor communication between multiple historians and more than one historian(s) is needed, the independent historian(s) requirement is met. It does not include translation services. The independent history does not need to be obtained in person but does need to be obtained directly from the historian providing the independent information.

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COMPLIANT HEALTH CARE SOLUTIONS

DEFINITIONS: DATA

- ***Independent Interpretation:*** The interpretation of a test for which there is a CPT code and an interpretation or report is customary. This does not apply when the physician or other qualified health care professional who reports the E/M service is reporting or has previously reported the test. A form of interpretation should be documented but need not conform to the usual standards of a complete report for the test.
- ***Appropriate source:*** For the purpose of the Discussion of Management data element, an appropriate source includes professionals who are not health care professionals but may be involved in the management of the patient (e.g., lawyer, parole officer, case manager, teacher). It does not include discussion with family or informal caregivers.

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COMPLIANT HEALTH CARE SOLUTIONS

DEFINITIONS: RISK

- ***Risk:*** The probability and/or consequences of an event. The assessment of the level of risk is affected by the nature of the event under consideration. For example, a low probability of death may be high risk, whereas a high chance of a minor, self-limited adverse effect of treatment may be low risk. Definitions of risk are based upon the usual behavior and thought processes of a physician or other qualified health care professional in the same specialty. Trained clinicians apply common language usage meanings to terms such as 'high', 'medium', 'low', or 'minimal' risk and do not require quantification for these definitions, (though quantification may be provided when evidence-based medicine has established probabilities). *For the purposes of medical decision making, level of risk is based upon consequences of the problem(s) addressed at the encounter when appropriately treated. Risk also includes medical decision making related to the need to initiate or forego further testing, treatment and/or hospitalization.* The risk of patient management criteria applies to the patient management decisions made by the reporting physician or other qualified health care professional as part of the reported encounter.

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COMPLIANT HEALTH CARE SOLUTIONS

DEFINITIONS: RISK

- ***Morbidity:*** A state of illness or functional impairment that is expected to be of substantial duration during which function is limited, quality of life is impaired, or there is organ damage that may not be transient despite treatment.
- ***Social determinants of health:*** Economic and social conditions that influence the health of people and communities. Examples may include food or housing insecurity.

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COMPLIANT HEALTH CARE SOLUTIONS

DEFINITIONS: RISK

- ***Surgery (minor or major, elective, emergency, procedure or patient risk):***
  - ***Surgery—Minor or Major:*** The classification of surgery into minor or major is based on the common meaning of such terms when used by trained clinicians, similar to the use of the term "risk." These terms are not defined by a surgical package classification.
  - ***Surgery—Elective or Emergency:*** Elective procedures and emergent or urgent procedures describe the timing of a procedure when the timing is related to the patient's condition. An elective procedure is typically planned in advance (eg, scheduled for weeks later), while an emergent procedure is typically performed immediately or with minimal delay to allow for patient stabilization. Both elective and emergent procedures may be minor or major procedures.
  - ***Surgery—Risk Factors, Patient or Procedure:*** Risk factors are those that are relevant to the patient and procedure. Evidence-based risk calculators may be used, but are not required, in assessing patient and procedure risk.

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COMPLIANT HEALTH CARE SOLUTIONS

DEFINITIONS: RISK

- ***Drug therapy requiring intensive monitoring for toxicity:*** A drug that requires intensive monitoring is a therapeutic agent that has the potential to cause serious morbidity or death. The monitoring is performed for assessment of these adverse effects and not primarily for assessment of therapeutic efficacy. The monitoring should be that which is generally accepted practice for the agent, but may be patient specific in some cases. Intensive monitoring may be long-term or short term. Long-term intensive monitoring is not less than quarterly. The monitoring may be by a lab test, a physiologic test or imaging. Monitoring by history or examination does not qualify. The monitoring affects the level of medical decision making in an encounter in which it is considered in the management of the patient. An example may be monitoring for cytopenia in the use of an antineoplastic agent between dose cycles. Examples of monitoring that does not qualify include monitoring glucose levels during insulin therapy as the primary reason is the therapeutic effect (even if hypoglycemia is a concern); or annual electrolytes and renal function for a patient on a diuretic as the frequency does not meet the threshold.

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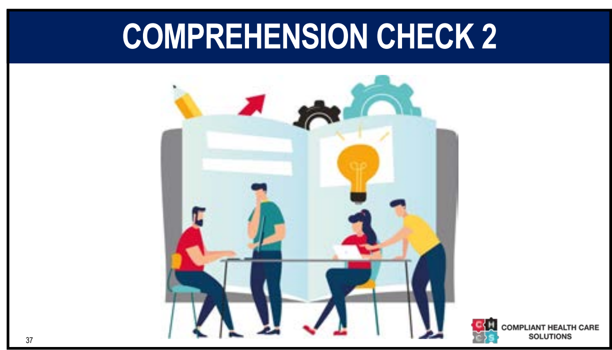
COMPREHENSION CHECK 2



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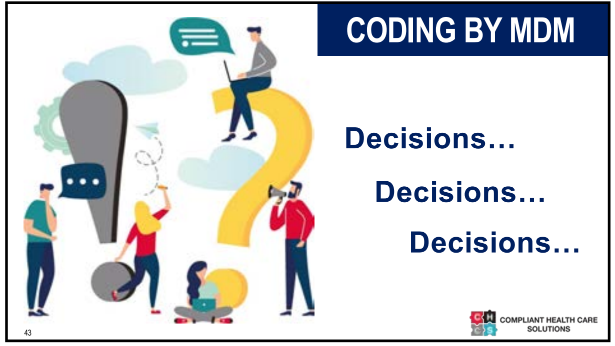

CODING BY MDM

Decisions…

Decisions…

Decisions…

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CODING BY MDM

Guidelines for MDM

The descriptors and definitions for the 3 elements of medical decision making are as follows:

1. The number and complexity of the problem(s) that are addressed during the encounter.
2. The amount and/or complexity of data to be reviewed and analyzed. This data includes medical records, tests, and/or other information that must be obtained, ordered, reviewed, and analyzed for the encounter. This includes information obtained from multiple sources or interprofessional communications that are not separately reported and interpretation of tests that are not separately reported. Ordering a test is included in the category of test result(s) and the review of the test result is part of the encounter and not a subsequent encounter. Ordering a test may include those considered but not selected after shared decision making. For example, a patient may request diagnostic imaging that is not necessary for their condition and discussion of the lack of benefit may be required. Alternatively, a test may normally be performed, but due to the risk for a specific patient it is not ordered.

COMPLIANT HEALTH CARE SOLUTIONS

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CODING BY MDM

Data is divided into three categories:

- Tests, documents, orders, or independent historian(s). (Each unique test, order or document is counted to meet a threshold number)
- Independent interpretation of tests (not separately reported).
- Discussion of management or test interpretation with external physician/OQHCP or appropriate source (not separately reported).

3. The risk of complications, morbidity, and/or mortality of patient management decisions made at the visit, associated with the patient's problem(s), the diagnostic procedure(s), treatment (s). This includes the possible management options selected and those considered, but not selected, after shared medical decision making* with the patient and/or family. For example, a decision about hospitalization includes consideration of alternative levels of care. Examples may include a psychiatric patient with a sufficient degree of support in the outpatient setting or the decision to not hospitalize a patient with advanced dementia with an acute condition that would generally warrant inpatient care, but for whom the goal is palliative treatment.

COMPLIANT HEALTH CARE SOLUTIONS

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CODING BY MDM

*Shared medical decision making involves eliciting patient and/or family preferences, patient and/or family education, and explaining risks and benefits of management options.

- There are still 4 types of MDM: straightforward, low, moderate, and high.

Double-Dipping

- If the physician/OQHCP is separately reporting a CPT code that includes interpretation and/or report, the interpretations and/or report should not be counted in the medical decision making when selecting an office visit level. If the physician/OQHCP is reporting a separate service for discussion of management with a physician/OQHCP, the discussion is not counted in the medical decision making when selecting an office visit level.

COMPLIANT HEALTH CARE SOLUTIONS

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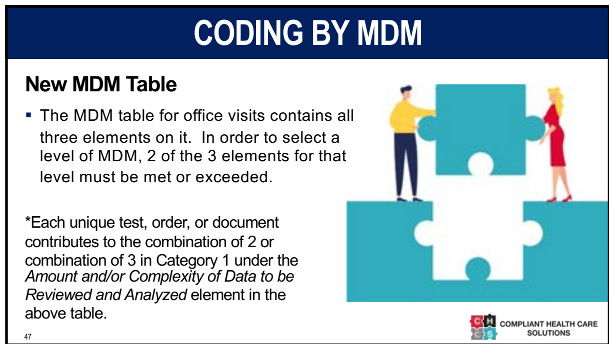

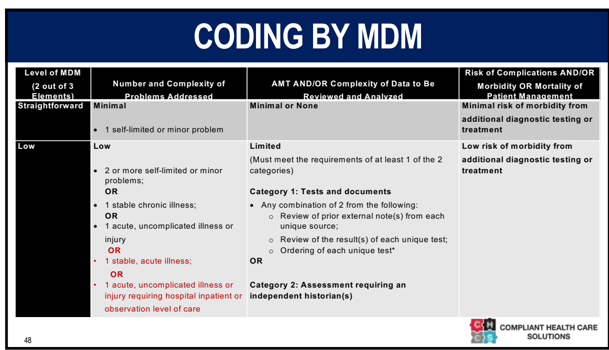

CODING BY MDM

Level of MDM (2 out of 3 Elements)	Number and Complexity of Problems Addressed	AMT AND/OR Complexity of Data to Be Reviewed and Analyzed	Risk of Complications AND/OR Morbidity OR Mortality of Patient Management
Straightforward	**Minimal** • 1 self-limited or minor problem	**Minimal or None**	**Minimal risk of morbidity from additional diagnostic testing or treatment**
Low	**Low** • 2 or more self-limited or minor problems; **OR** • 1 stable chronic illness; **OR** • 1 acute, uncomplicated illness or injury **OR** • 1 stable, acute illness; **OR** • 1 acute, uncomplicated illness or injury requiring hospital inpatient or observation level of care	**Limited** (Must meet the requirements of at least 1 of the 2 categories) **Category 1: Tests and documents** • Any combination of 2 from the following: ○ Review of prior external note(s) from each unique source; ○ Review of the result(s) of each unique test; ○ Ordering of each unique test* **OR** **Category 2: Assessment requiring an independent historian(s)**	**Low risk of morbidity from additional diagnostic testing or treatment**

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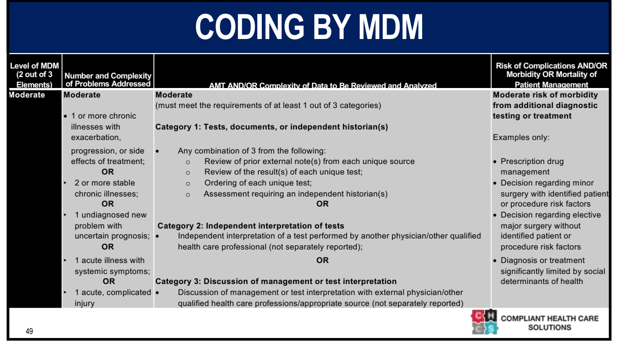
COMPLIANT HEALTH CARE SOLUTIONS



CODING BY MDM

Level of MDM (2 out of 3 Elements)	Number and Complexity of Problems Addressed	AMT AND/OR Complexity of Data to Be Reviewed and Analyzed	Risk of Complications AND/OR Morbidity OR Mortality of Patient Management
Moderate	**Moderate** • 1 or more chronic illnesses with exacerbation, progression, or side effects of treatment; **OR** • 2 or more stable chronic illnesses; **OR** • 1 undiagnosed new problem with uncertain prognosis; **OR** • 1 acute illness with systemic symptoms; **OR** • 1 acute, complicated injury	**Moderate** (must meet the requirements of at least 1 out of 3 categories) **Category 1: Tests, documents, or independent historian(s)** • Any combination of 3 from the following: ○ Review of prior external note(s) from each unique source ○ Review of the result(s) of each unique test; ○ Ordering of each unique test; ○ Assessment requiring an independent historian(s) **OR** **Category 2: Independent interpretation of tests** • Independent interpretation of a test performed by another physician/other qualified health care professional (not separately reported); **OR** **Category 3: Discussion of management or test interpretation** • Discussion of management or test interpretation with external physician/other qualified health care professions/appropriate source (not separately reported)	**Moderate risk of morbidity from additional diagnostic testing or treatment** Examples only: • Prescription drug management • Decision regarding minor surgery with identified patient or procedure risk factors • Decision regarding elective major surgery without identified patient or procedure risk factors • Diagnosis or treatment significantly limited by social determinants of health

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COMPLIANT HEALTH CARE SOLUTIONS

CODING BY MDM

Level of MDM (2 out of 3 Elements)	Number and Complexity of Problems Addressed	AMT AND/OR Complexity of Data to Be Reviewed and Analyzed	Risk of Complications AND/OR Morbidity OR Mortality of Patient Management
High	**High** • 1 or more chronic illnesses with severe exacerbation, progression, or side effects of treatment; **OR** • 1 acute or chronic illness or injury that poses a threat to life or bodily function	**Extensive** (Must meet the requirements of at least 2 out of 3 categories) **Category 1: Tests, documents, or independent historian(s)** • Any combination of 3 from the following: ○ Review of prior external note(s) from each unique source; ○ Review of result(s) of each unique test; ○ Ordering of each unique test; ○ Assessment requiring an independent historian(s) **OR** **Category 2: Independent interpretation of tests** • Independent interpretation of a test performed by another physician/other qualified health care professional (not separately reported); **OR** **Category 3: Discussion of management or test interpretation** • Discussion of management or test interpretation with external physician/other qualified health care professional/appropriate source (not separately reported)	**High risk of morbidity from additional diagnostic testing or treatment** **Examples only:** • Drug therapy requiring intensive monitoring for toxicity • Decision regarding elective major surgery with identified patient or procedure risk factors • Decision regarding emergency major surgery • Decision regarding hospitalization or escalation of hospital-level care • Decision not to resuscitate or to de-escalate care because of poor prognosis • Parenteral controlled substances

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COMPLIANT HEALTH CARE SOLUTIONS

NUMBER/COMPLEXITY OF PROBLEMS ADDRESSED

- **STRAIGHTFORWARD**:
  - 1 self-limited or minor problem. Cough, seborrheic keratosis
- **LOW**:
  - 2 or more self-limited or minor problems – cough and fever, seborrheic keratosis and cherry angioma
  - 1 stable chronic illness – well-controlled hypertension, well-controlled diabetes
  - 1 acute, uncomplicated illness or injury – simple ankle sprain, allergic rhinitis
  - 1 stable, acute illness – improving ankle sprain, improving allergic rhinitis
  - 1 acute, uncomplicated illness or injury requiring hospital inpatient or observation level of care – acute dehydration requiring iv fluids to rehydrate

NOTE: These are examples only and does not indicate that conditions listed would only fit in one category.

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COMPLIANT HEALTH CARE SOLUTIONS

NUMBER/COMPLEXITY OF PROBLEMS ADDRESSED

- **MODERATE**:
  - 1 or more chronic illnesses with exacerbation, progression, or side effects of treatment – Hypertension with continued elevated blood pressure, acne with flare
  - 2 or more stable chronic illnesses – well-controlled hypertension and well-controlled acne
  - 1 undiagnosed new problem with uncertain prognosis – suspicious skin lesion, breast lump
  - 1 acute illness with systemic symptoms – colitis, pyelonephritis
  - 1 acute, complicated injury – laceration from head injury (check neuro)
- **HIGH**:
  - 1 or more chronic illnesses with severe exacerbation, progression, or side effects of treatment - asthma in status asthmaticus, hypertensive crisis
  - 1 acute or chronic illness or injury that poses a threat to life or bodily function – acute myocardial infarction; severe, progressive rheumatoid arthritis

NOTE: These are examples only and does not indicate that conditions listed would only fit in one category.

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COMPLIANT HEALTH CARE SOLUTIONS

DATA REVIEWED AND/OR ANALYZED

TESTS AND DOCUMENTS

- Review of prior external note(s) from each unique source:
  - A set of hospital notes from 1 stay are counted as 1 (not each note counted separately)
  - Documentation should state the notes are from an external source
- Review of the result(s) of each unique test:
  - If practice ordered the labs, cannot count for reviewing
  - Documentation should state number of tests (not "labs reviewed")
  - Pulse oximetry is not considered a test for purposes of data reviewed/analyzed
- Ordering of each unique test:
  - Documentation should state number of tests (not "labs ordered")
  - Includes tests considered but not executed
  - Pulse oximetry is not considered a test for purposes of data ordered

NOTE: Any service for which the professional component is separately reported by the physician/OQHCP reporting the E/M services is not counted as a data element ordered, reviewed, analyzed, or independently interpreted for the purposes of determining the level of MDM

COMPLIANT HEALTH CARE SOLUTIONS

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DATA REVIEWED AND/OR ANALYZED

COMPLIANT HEALTH CARE SOLUTIONS

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DATA REVIEWED AND/OR ANALYZED

- **Assessment requiring an independent historian(s)** (CATEGORY 2 for LOW and CATEGORY 1 for MODERATE)
  - Independent historian can be parent, guardian, surrogate, spouse, witness, etc.
  - Patient has to be unable to provide a complete or reliable history
    - 5-year-old pediatric patient vs 15-year-old pediatric patient
  - Does NOT include translation services
  - The independent history ***DOES NOT*** need to be taken in person but ***DOES*** need to be obtained directly from the historian providing the independent information
  - Documentation needs to be clear
    - "History obtained from mother relates…."
    - "Father states……."
    - "Due to patient's developmental status, history obtained from caregiver…."

COMPLIANT HEALTH CARE SOLUTIONS

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DATA REVIEWED AND/OR ANALYZED

- **Independent interpretation of tests** (CATEGORY 2 for MODERATE and HIGH)
  - Used when there is a CPT code for a test where an interpretation or report is customary.
  - A form of interpretation should be documented, but does not have to conform to the usual standards of a complete report.
  - Does not apply when the physician/OQHCP that reports the E/M service also has reported or is reporting the test (not separately reported).

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COMPLIANT HEALTH CARE SOLUTIONS

DATA REVIEWED AND/OR ANALYZED

- **Discussion of management or test interpretation** (CATEGORY 3)
  - Discussion with ***external*** physician/OQHCP/appropriate source
  - Discussion requires an interactive exchange
  - Exchange must be direct (not through clinical staff, trainees, etc.)
  - Just sending chart notes or written exchanges in the progress note does **NOT** meet criteria for discussion
  - Does not have to be on the date of the encounter
  - Can only be counted once and only when it is used in the decision making process for the encounter
  - Does **NOT** need to be in person
  - Must be initiated and completed in a short (within a day or two) period of time

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COMPLIANT HEALTH CARE SOLUTIONS

RISK

- Includes decisions made at the encounter associated with diagnostic procedure(s) and treatment(s).
- Includes possible management options selected and those considered but not selected after shared decision making with the patient and/or family.
  - Shared decision making involves eliciting patient and/or family preferences, patient and/or family education, and explaining risks and benefits of management options.

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COMPLIANT HEALTH CARE SOLUTIONS

RISK

MINIMAL

- No official examples in MDM Table
  - Rest
  - Gargle
  - Elastic bandages
  - Superficial dressing
  - Diet
  - Exercise
  - Counseling
  - Urinalysis

LOW

- No official examples in MDM Table
  - Over the counter medications
  - X-Rays
  - CT/MRI without contrast
  - Physical/Occupational therapy
  - IV fluids without additives
  - Minor surgery with no identified patient or procedure risk factors
  - Parenteral controlled substances

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RISK

MODERATE

- Examples in MDM Table
  - Prescription drug management
  - Decision regarding minor surgery with identified patient or procedure risk factors
  - Decision regarding elective major surgery without identified patient or procedure risk factors
  - Diagnosis or treatment significantly limited by social determinants of health (SDOH)

HIGH

- Examples in MDM Table
  - Drug therapy requiring intensive monitoring for toxicity
  - Decision regarding elective major surgery with identified patient or procedure risk factors
  - Decision regarding emergency major surgery
  - Decision regarding hospitalization or escalation of hospital-level care
  - Decision not to resuscitate or to de-escalate care because of poor prognosis

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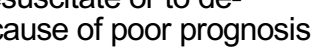

COMPREHENSION CHECK 3

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COMPLIANT HEALTH CARE SOLUTIONS

2023 CHANGES

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COMPLIANT HEALTH CARE SOLUTIONS

HOSPITAL INPATIENT/OBSERVATION

- Merged observation care codes with hospital inpatient codes
- Also used to report partial hospitalization services
- Total time is by calendar date
- For a continuous service that is continuous before and through midnight all the time may be applied to the reported date of the service
- Services are not broken down by new or established
- When patient is admitted to hospital/observation in the course of an encounter in another site of service, the services in the initial site may be separately reported with modifier 25
  - CMS has stated that they do NOT accept this guideline
- If a consultation is performed in anticipation of/related to an admission then the same consultant performs an encounter once the patient is admitted, the initial inpatient encounter should be reported with the subsequent care codes 99231-99233
- A transition from observation level to inpatient level does not constitute a new stay

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COMPLIANT HEALTH CARE SOLUTIONS

HOSPITAL INPATIENT/OBSERVATION

▲99221 **Initial** hospital inpatient or observation care, per day, for the evaluation and management of a patient, which requires a medically appropriate history and/or examination and **straightforward or low** level medical decision making.

When using total time on the date of the encounter for code selection, **40 minutes** must be met or exceeded.

▲99222 **Initial** hospital inpatient or observation care, per day, for the evaluation and management of a patient, which requires a medically appropriate history and/or examination and **moderate** level of medical decision making.

When using total time on the date of the encounter for code selection, **55 minutes** must be met or exceeded.

▲99223 **Initial** hospital inpatient or observation care, per day, for the evaluation and management of a patient, which requires a medically appropriate history and/or examination and **high** level of medical decision making.

When using total time on the date of the encounter for code selection, **75 minutes** must be met or exceeded.

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COMPLIANT HEALTH CARE SOLUTIONS

HOSPITAL INPATIENT/OBSERVATION

★▲99231 **Subsequent** hospital inpatient or observation care, per day, for the evaluation and management of a patient, which requires a medically appropriate history and/or examination and **straightforward or low** level of medical decision making.

When using total time on the date of the encounter for code selection, **25 minutes** must be met or exceeded.

★▲99232 **Subsequent** hospital inpatient or observation care, per day, for the evaluation and management of a patient, which requires a medically appropriate history and/or examination and **moderate** level of medical decision making.

When using total time on the date of the encounter for code selection, **35 minutes** must be met or exceeded.

★▲99233 **Subsequent** hospital inpatient or observation care, per day, for the evaluation and management of a patient, which requires a medically appropriate history and/or examination and **high** level of medical decision making.

When using total time on the date of the encounter for code selection, **50 minutes** must be met or exceeded.

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HOSPITAL INPATIENT/OBSERVATION

▲99234 Hospital inpatient or observation care, for the evaluation and management of a patient including **admission and discharge on the same date**, which requires a medically appropriate history and/or examination and **straightforward or low** level of medical decision making.

When using total time on the date of the encounter for code selection, **45 minutes** must be met or exceeded.

▲99235 Hospital inpatient or observation care, for the evaluation and management of a patient including **admission and discharge on the same date**, which requires a medically appropriate history and/or examination and **moderate** level of medical decision making.

When using total time on the date of the encounter for code selection, **70 minutes** must be met or exceeded.

▲99236 Hospital inpatient or observation care, for the evaluation and management of a patient including **admission and discharge on the same date**, which requires a medically appropriate history and/or examination and **high** level of medical decision making.

When using total time on the date of the encounter for code selection, **85 minutes** must be met or exceeded.

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HOSPITAL INPATIENT/OBSERVATION

▲99238 Hospital inpatient or observation discharge day management; **30 minutes or less** on the date of the encounter

▲99239 **more than 30 minutes** on the date of the encounter

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COMPLIANT HEALTH CARE SOLUTIONS

CONSULTATIONS

★▲99242 **Office or other outpatient** consultation for a new or established patient, which requires a medically appropriate history and/or examination and **straightforward** medical decision making.

When using total time on the date of the encounter for code selection, **20 minutes** must be met or exceeded.

★▲99243 **Office or other outpatient** consultation for a new or established patient, which requires a medically appropriate history and/or examination and **low** level of medical decision making.

When using total time on the date of the encounter for code selection, **30 minutes** must be met or exceeded.

★▲99244 Office or other outpatient consultation for a new or established patient, which requires a medically appropriate history and/or examination and **moderate** level of medical decision making.

When using total time on the date of the encounter for code selection, **40 minutes** must be met or exceeded.

★▲99245 Office or other outpatient consultation for a new or established patient, which requires a medically appropriate history and/or examination and **high** level of medical decision making.

When using total time on the date of the encounter for code selection, **55 minutes** must be met or exceeded.

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COMPLIANT HEALTH CARE SOLUTIONS

CONSULTATIONS

★▲99252 **Inpatient or observation** consultation for a new or established patient, which requires a medically appropriate history and/or examination and **straightforward** medical decision making.

When using total time on the date of the encounter for code selection, **35 minutes** must be met or exceeded.

★▲99253 **Inpatient or observation** consultation for a new or established patient, which requires a medically appropriate history and/or examination and **low** level of medical decision making.

When using total time on the date of the encounter for code selection, **45 minutes** must be met or exceeded.

★▲99254 **Inpatient or observation** consultation for a new or established patient, which requires a medically appropriate history and/or examination and **moderate** level of medical decision making.

When using total time on the date of the encounter for code selection, **60 minutes** must be met or exceeded.

★▲99255 **Inpatient or observation** consultation for a new or established patient, which requires a medically appropriate history and/or examination and **high** level of medical decision making.

When using total time on the date of the encounter for code selection, **80 minutes** must be met or exceeded.

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COMPLIANT HEALTH CARE SOLUTIONS

EMERGENCY DEPARTMENT

▲99281 **Emergency department** visit for the evaluation and management of a patient that may not require the presence of a physician or other qualified health care professional.

▲99282 **Emergency department** visit for the evaluation and management of a patient, which requires a medically appropriate history and/or examination and **straightforward** medical decision making.

▲99283 **Emergency department** visit for the evaluation and management of a patient, which requires a medically appropriate history and/or examination and **low** level of medical decision making.

▲99284 **Emergency department** visit for the evaluation and management of a patient, which requires a medically appropriate history and/or examination and **moderate** level of medical decision making.

▲99285 **Emergency department** visit for the evaluation and management of a patient, which requires a medically appropriate history and/or examination and **high** level of medical decision making.

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COMPLIANT HEALTH CARE SOLUTIONS

NURSING FACILITY

- CPT states that separate E/M may be reported on day of admission by same physician/OQHCP with modifier 25.
- Initial codes may be used once per admission, per physician/OQHCP regardless of length of stay.
- Skilled nursing facility initial comprehensive visits must be performed by a physician.
- An initial service may be reported when the patient has not received any face-to-face professional services from the physician/OQHCP of the exact same specialty and subspecialty who belongs to the same group practice during the stay.
- Transitions between skilled nursing facility level of care and nursing facility level of care do not constitute a new stay.

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COMPLIANT HEALTH CARE SOLUTIONS

NURSING FACILITY

▲99304 **Initial** nursing facility care, per day, for the evaluation and management of a patient, which requires a medically appropriate history and/or examination and **straightforward or low** level of medical decision making.

When using total time on the date of the encounter for code selection, **25 minutes** must be met or exceeded.

▲99305 **Initial** nursing facility care, per day, for the evaluation and management of a patient, which requires a medically appropriate history and/or examination and **moderate** level of medical decision making.

When using total time on the date of the encounter for code selection, **35 minutes** must be met or exceeded.

▲99306 **Initial** nursing facility care, per day, for the evaluation and management of a patient, which requires a medically appropriate history and/or examination and **high** level of medical decision making.

When using total time on the date of the encounter for code selection, **45 minutes** must be met or exceeded.

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COMPLIANT HEALTH CARE SOLUTIONS

NURSING FACILITY

★▲99307 **Subsequent** nursing facility care, per day, for the evaluation and management of a patient, which requires a medically appropriate history and/or examination and **straightforward** medical decision making.

When using total time on the date of the encounter for code selection, **10 minutes** must be met or exceeded.

★▲99308 **Subsequent** nursing facility care, per day, for the evaluation and management of a patient, which requires a medically appropriate history and/or examination and **low** level of medical decision making.

When using total time on the date of the encounter for code selection, **15 minutes** must be met or exceeded.

★▲99309 **Subsequent** nursing facility care, per day, for the evaluation and management of a patient, which requires a medically appropriate history and/or examination and **moderate** level of medical decision making.

When using total time on the date of the encounter for code selection, **30 minutes** must be met or exceeded.

★▲99310 **Subsequent** nursing facility care, per day, for the evaluation and management of a patient, which requires a medically appropriate history and/or examination and **high** level of medical decision making.

When using total time on the date of the encounter for code selection, **45 minutes** must be met or exceeded.

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COMPLIANT HEALTH CARE SOLUTIONS

NURSING FACILITY

▲99315 Nursing facility **discharge** management; **30 minutes or less** total time on the date of the encounter

▲99316 **more than 30 minutes** total time on the date of the encounter

COMPLIANT HEALTH CARE SOLUTIONS

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HOME/RESIDENCE

- Used to report E/M services provided to a patient in a home or residence.
- Home defined as private residence, temporary lodging, or short-term accommodation (eg, hotel, campground, hostel, or cruise ship).
- May also be used when residence is an assisted living facility, group home (not licensed as an intermediate care facility for individuals with intellectual disabilities), custodial care facility, or residential substance abuse treatment facility.
- For E/M services in an intermediate care facility for individuals with intellectual disabilities and E/M services provided in a psychiatric residential treatment center, see Nursing Facility Services.
- If selecting a code by time, travel time does not count.

COMPLIANT HEALTH CARE SOLUTIONS

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HOME/RESIDENCE

▲99341 Home or residence visit for the evaluation and management of a **new** patient, which requires a medically appropriate history and/or examination and **straightforward** medical decision making.

When using total time on the date of the encounter for code selection, **15 minutes** must be met or exceeded.

▲99342 Home or residence visit for the evaluation and management of a **new** patient, which requires a medically appropriate history and/or examination and **low** level of medical decision making.

When using total time on the date of the encounter for code selection, **30 minutes** must be met or exceeded.

▲99344 Home or residence visit for the evaluation and management of a **new** patient, which requires a medically appropriate history and/or examination and **moderate** level of medical decision making.

When using total time on the date of the encounter for code selection, **60 minutes** must be met or exceeded.

▲99345 Home or residence visit for the evaluation and management of a **new** patient, which requires a medically appropriate history and/or examination and **high** level of medical decision making.

When using total time on the date of the encounter for code selection, **75 minutes** must be met or exceeded.

COMPLIANT HEALTH CARE SOLUTIONS

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HOME/RESIDENCE

▲99347 Home or residence visit for the evaluation and management of an **established** patient, which requires a medically appropriate history and/or examination and **straightforward** medical decision making.

When using total time on the date of the encounter for code selection, **20 minutes** must be met or exceeded.

▲99348 Home or residence visit for the evaluation and management of an **established** patient, which requires a medically appropriate history and/or examination and **low** level of medical decision making.

When using total time on the date of the encounter for code selection, **30 minutes** must be met or exceeded.

▲99349 Home or residence visit for the evaluation and management of an **established** patient, which requires a medically appropriate history and/or examination and **moderate** level of medical decision making.

When using total time on the date of the encounter for code selection, **40 minutes** must be met or exceeded.

▲99350 Home or residence visit for the evaluation and management of an **established** patient, which requires a medically appropriate history and/or examination and **high** level of medical decision making.

When using total time on the date of the encounter for code selection, **60 minutes** must be met or exceeded.

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COMPLIANT HEALTH CARE SOLUTIONS

PROLONGED SERVICES

Total Duration of Prolonged Services Without Direct Face-to-Face Contact	Code(s)
less than 30 minutes	Not separately reportable
30-74 minutes (30 minutes - 1 hr. 14 minutes)	99358
75 - 104 minutes (1 hr. 15 minutes - 1 hr. 44 minutes)	99358 AND 99359
105 minutes or more (1 hr. 45 minutes or more)	99358 AND 99359 X 2 or more for each additional 30 minutes

NON-FACE-TO-FACE OTHER THAN DATE OF ENCOUNTER

99358 Prolonged evaluation and management service before and/or after direct patient care; first hour

✚99359 each additional 30 minutes (List separately in addition to code for prolonged service)

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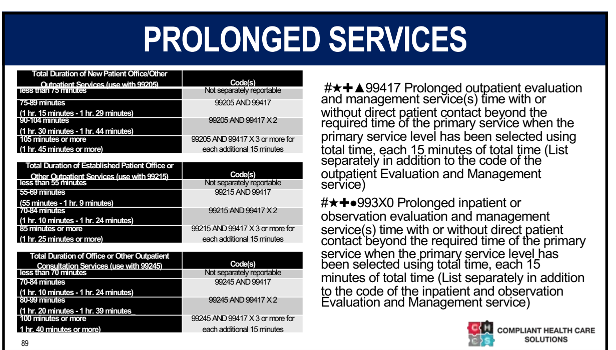
COMPLIANT HEALTH CARE SOLUTIONS

PROLONGED SERVICES



Total Duration of New Patient Office/Other Outpatient Services (use with 99205)	Code(s)
less than 75 minutes	Not separately reportable
75-89 minutes (1 hr. 15 minutes - 1 hr. 29 minutes)	99205 AND 99417
90-104 minutes (1 hr. 30 minutes - 1 hr. 44 minutes)	99205 AND 99417 X 2
105 minutes or more (1 hr. 45 minutes or more)	99205 AND 99417 X 3 or more for each additional 15 minutes

Total Duration of Established Patient Office or Other Outpatient Services (use with 99215)	Code(s)
less than 55 minutes	Not separately reportable
55-69 minutes (55 minutes - 1 hr. 9 minutes)	99215 AND 99417
70-84 minutes (1 hr. 10 minutes - 1 hr. 24 minutes)	99215 AND 99417 X 2
85 minutes or more (1 hr. 25 minutes or more)	99215 AND 99417 X 3 or more for each additional 15 minutes

Total Duration of Office or Other Outpatient Consultation Services (use with 99245)	Code(s)
less than 70 minutes	Not separately reportable
70-84 minutes (1 hr. 10 minutes - 1 hr. 24 minutes)	99245 AND 99417
80-99 minutes (1 hr. 20 minutes - 1 hr. 39 minutes	99245 AND 99417 X 2
100 minutes or more 1 hr. 40 minutes or more)	99245 AND 99417 X 3 or more for each additional 15 minutes

#★✚▲99417 Prolonged outpatient evaluation and management service(s) time with or without direct patient contact beyond the required time of the primary service when the primary service level has been selected using total time, each 15 minutes of total time (List separately in addition to the code of the outpatient Evaluation and Management service)

#★✚●993X0 Prolonged inpatient or observation evaluation and management service(s) time with or without direct patient contact beyond the required time of the primary service when the primary service level has been selected using total time, each 15 minutes of total time (List separately in addition to the code of the inpatient and observation Evaluation and Management service)

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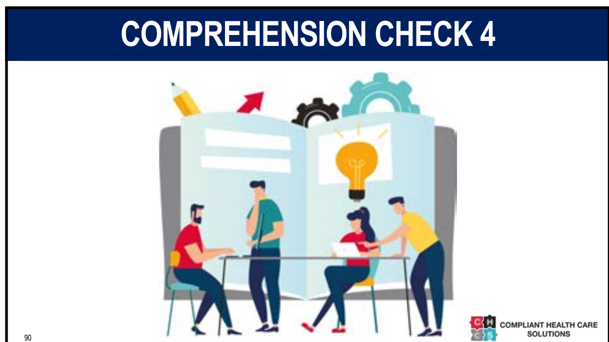
COMPLIANT HEALTH CARE SOLUTIONS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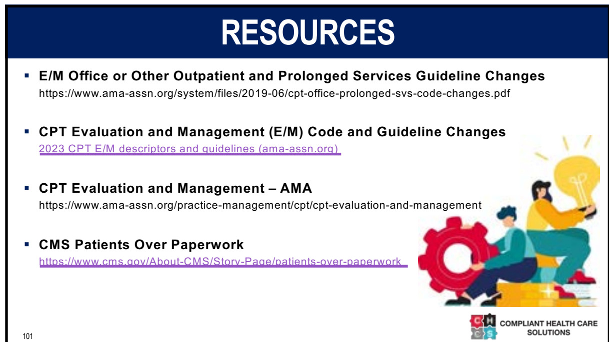
COMPLIANT HEALTH CARE SOLUTIONS


RESOURCES
E/M Office or Other Outpatient and Prolonged Services Guideline Changes
https://www.ama-assn.org/system/files/2019-06/cpt-office-prolonged-svs-code-changes.pdf
CPT Evaluation and Management (E/M) Code and Guideline Changes
2023 CPT E/M descriptors and guidelines (ama-assn.org)
CPT Evaluation and Management – AMA
https://www.ama-assn.org/practice-management/cpt/cpt-evaluation-and-management
CMS Patients Over Paperwork
https://www.cms.gov/About-CMS/Story-Page/patients-over-paperwork
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