2023 Evaluation & Management Services Guide

Hospital Inpatient, Observation, Emergency Department, Nursing Facility, Home or Residence Services

MDM	<u>**Straightforward Complexity**</u> DX: Minimal Data: ≤ 1 Risk: Minimal	<u>**Low Complexity**</u> DX: Low Data: Limited Risk: Low	<u>**Moderate Complexity**</u> DX: Moderate Data: Moderate Risk: Moderate	<u>**High Complexity**</u> DX: High Data: Extensive Risk: High
MEDICAL DECISION MAKING - 2/3 components required				
	Straightforward	**Low**	**Moderate**	**High**
Complexity of Problems Addressed at the Encounter	**Minimal** 1 self-limited or minor problem	**Low** -2 or more self-limited/minor problems -1 stable chronic illness -1 stable, acute illness -1 acute, uncomplicated illness/injury -1 acute, uncomplicated illness or injury requiring hospital inpatient or observation level of care	**Moderate** -1 or more chronic illness with exacerbation, progression or side effect from treatment -2 or more stable chronic illnesses -1 undiagnosed new problem w/ uncertain prognosis - 1 acute illness w/ systemic symptoms - 1 acute complicated injury	**High** -1 or more chronic illnesses w/ severe exacerbation, progression or side effect of treatment -1 acute or chronic illness/injury that poses a threat to life or bodily function
Data *Each unique test, order or documents contributes to the combination of 2 or 3 in this category	**Minimal or none**	**Limited** *(must meet 1 of 2 categories)* **Category 1: Tests and documents** Any combo of 2 from: -Review of prior external notes, each unique source *; -Review of the results of each unique test*; -Ordering of each unique test* <u>OR</u> **Category 2:** - Assessment requiring independent historian	**Moderate** *(must meet 1 of 3 categories)* **Category 1: Tests, documents or independent historian** Any combo of 3 from: -Review of prior external notes, each unique source *; -Review of the results of each unique test *; -Ordering of each unique test * -Assessment requiring an independent historian OR **Category 2: Independent interpretation of tests** -Independent interpretation of test performed by another provider OR **Category 3: Discussion of management or test interpretation** -Discussion of management or test interpretation with external provider	**Extensive** *(must meet 2 of 3 categories)* **Category 1: Tests, documents or independent historian** Any combo of 3 from: -Review of prior external notes, each unique source *; -Review of the results of each unique test *; -Ordering of each unique test * -Assessment requiring an independent historian OR **Category 2: Independent interpretation of tests** -Independent interpretation of test performed by another provider OR **Category 3: Discussion of management or test interpretation** -Discussion of management or test interpretation with external provider
Risk	**Minimal risk of morbidity from additional diagnostic testing or treatment**	**Low risk of morbidity from additional diagnostic testing or treatment**	**Moderate risk of morbidity from additional diagnostic testing or treatment** *Examples only:* - Prescription Drug Management - Decision regarding minor surgery w/ identified patient or procedure risk factors - Decision regarding elective major surgery without identified patient or procedure risk factors - Diagnosis or treatment significant limited by social determinants of health	**High risk of morbidity from additional diagnostic testing or treatment** *Examples only:* - Drug therapy requiring intensive monitoring for toxicity - Decision regarding elective major surgery w/ identified patient or procedure risk factors - Decision regarding emergency major surgery - Decision regarding hospitalization or escalation of hospital level of care - Decision not to resuscitate or to de-escalate care because of poor prognosis - Parenteral Controlled Substances

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Problem Definitions

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.

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, examination, 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.

Stable, chronic illness: A problem with an expected duration of at least one 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 (eg, uncontrolled diabetes and controlled diabetes are a single chronic condition). "Stable" for the purposes of categorizing MDM is defined by the specific treatment goals for an individual patient. A patient who is not at his or her 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.
***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.
***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.

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.

***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.

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 in level of care.

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.

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, see the definitions for ***self-limited or minor problem*** or ***acute, uncomplicated illness or injury.*** Systemic symptoms may not be general but may be single system.

Acute or chronic illness or injury that poses a threat to life or bodily function: An acute illness with systemic symptoms, 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.

Data Definitions

Test: Tests are imaging, laboratory, psychometric, or physiologic data. A clinical laboratory panel (eg, basic metabolic panel [80047]) is a single test. The differentiation between single or multiple tests is defined in accordance with the CPT code set. For the purpose of data reviewed and analyzed, pulse oximetry is not a test.
Unique: A unique test is defined by the CPT code set. When multiple results of the same unique test (eg, 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.

External: External records, communications and/or test results are from an external physician, other qualified health care professional, facility, or health care organization.
External physician or other qualified health care professional: An external physician or other qualified health care professional who is not in the same group practice or is of a different specialty or subspecialty. This includes licensed professionals who are practicing independently. The individual may also be a facility or organizational provider such as from a hospital, nursing facility, or home health care agency.
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 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.

Independent historian(s): An individual (eg, 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 (eg, 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 is needed, the independent historian 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.

Risk Definitions

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 purpose of MDM, level of risk is based upon consequences of the problem(s) addressed at the encounter when appropriately treated. Risk also includes MDM 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.

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 performed less than quarterly. The monitoring may be performed with a laboratory test, a physiologic test, or imaging. Monitoring by history or examination does not qualify. The monitoring affects the level of MDM 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 do not qualify include monitoring glucose levels during insulin therapy, as the primary reason is the therapeutic effect (unless severe hypoglycemia is a current, significant concern); or annual electrolytes and renal function for a patient on a diuretic, as the frequency does not meet the threshold.
Social determinants of health: Economic and social conditions that influence the health of people and communities. Examples may include food or housing insecurity.

Inpatient/Observation Services

Inpatient/Observation Services			
Initial Inpatient/Observation	99221: (SF/Low MDM) 40 minutes	99222: (Moderate MDM) 55 minutes	99223: (High MDM) 75 minutes
Admit/Discharge Same Day	99234: (SF/Low MDM) 45 minutes	99235: (Moderate MDM) 70 minutes	99236: (High MDM) 85 minutes
Subsequent Inpatient/Observation	99231: (SF/Low MDM) 25 minutes	99232: (Moderate MDM) 35 minutes	99233: (High MDM) 50 minutes
Discharge	99238: 30 minutes or less	99239: More than 30 minutes	

Consultations

Consultations				
Inpatient or Observation Consultations	99252: (Straightforward MDM) 35 minutes	99253: (Low MDM) 45 minutes	99254: (Moderate MDM) 60 minutes	99255: (High MDM) 80 minutes

Emergency Department Services

Emergency Department Services					
Emergency Dept. Services	99281 No Provider Required	99282 Straightforward MDM	99283 Low MDM	99284 Moderate MDM	99285 High MDM

Prolonged Services

Prolonged Services	
99358/99359 Prolonged Service on Date Other Than the Face-to-Face Evaluation and Management Service Without Direct Patient Contact (Not covered by Medicare)	
Less than 30 minutes	Not reported separately
30-74 minutes (30 minutes - 1 hr. 14 min.)	99358 X 1
75-104 minutes (1 hr. 15 min. - 1 hr. 44 min.) 9	99358 X 1 AND 99359 X 1
105 minutes or more (1 hr. 45 min. or more)	99358 X 1 AND 99359 X 2 or more for each additional 30 minutes
CPT: +99418 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)	
Initial IP/Obs. Visit (99223)	+99418 > 90 minutes on the date of the visit
Subsequent IP/Obs Visit (99233)	+99418 > 65 minutes on the date of the visit
IP/Obs Same-Day Admission/Discharge (99236)	+99418 > 100 minutes on the date of the visit
Medicare: +G0316 Prolonged hospital inpatient or observation care evaluation and management service(s) beyond the total time for the primary service (when the primary service has been selected using time on the date of the primary service); each additional 15 minutes by the physician or qualified healthcare professional, with or without direct patient contact (list separately in addition to CPT codes 99223, 99233, and 99236 for hospital inpatient or observation care evaluation and management services)	
Initial IP/Obs. Visit (99223)	+G0316 >105 minutes on the date of the visit
Subsequent IP/Obs Visit (99233)	+G0316 >80 minutes on the date of the visit
IP/Obs Same-Day Admission/Discharge (99236)	+G0316 >125 minutes on date of the visit to 3 days after