



2023 Inpatient/Observation Consultation Guidelines

Inpatient/Observation Consultation Time

The associated times has changed and the level of service requirements are revised to match the 2021 and 2023 changes for Inpatient and Outpatient E&M service.

**Per CMS, any physician seeing a patient registered in the emergency department may use emergency department visit codes (for services matching the code description 99282-99285). It is not required that the physician be assigned to the emergency department.*

If the emergency department physician requests that another physician evaluate a given patient, the other physician should bill an emergency department visit code.

Codes	Time (minutes)
99252	35-44
99253	45-59
99254	60-79
99255	80-94

Prolonged Service Code 99418 and Consultation Codes

Consultation Code	Prolonged Service Code	Beyond Allocated Time in E&M Consultation Code Effective Jan 1, 2023	Do Not Report with E&M Consultation Code
99255	99418	95 minutes or longer	99252, 99253 & 99254

Consultation Services MDM documentation needs to include:

- Capture complexity of **each** problem addressed during the consultation
- Itemize data ordered, reviewed, discussed, or personally interpreted
- Specify treatment plan for each problem addressed during consult

And still requires providers to include:

- Who is initiating or requesting the consultation
- The reason for consultation
- Assessment and plan should include opinion and/or advise back to the requester
- Recommendation and/or any services that maybe ordered or preformed

Time personally spent on the calendar date of the encounter: *“I personally spent ____ minutes on the calendar day of the encounter, including pre and post visit work.”* Activities include:

- Preparing to see the patient (e.g., review of tests)
- Obtaining and/or reviewing separately obtained 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
- Documenting clinical information in the electronic or other health record
- Care coordination (not separately reported)

Precepting Residents and Fellows: Time-Based Considerations

- Time spent by a Resident or Fellow cannot be counted towards the billable level of service
- Teaching physician’s personal time on day of encounter counts towards the billable level of service.

2023 CPT E&M Inpatient & Outpatient Level of Medical Decision Making (MDM)



Level of MDM (Based on 2 out of 3 Elements of MDM)	Number and Complexity of Problems Addressed	Amount and/or Complexity of Data to be Reviewed and Analyzed <i>*Each unique test, order, or document contributes to the combination of 2 or combination of 3 in Category 1 below.</i>	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 • 1 stable chronic illness • 1 acute, uncomplicated illness or injury • 1 stable, acute illness • 1 acute, uncomplicated illness or injury requiring hospital inpatient or observation level of care	Limited <i>(Must meet the requirements of at least 1 of the 2 categories)</i> 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* Category 2: Assessment requiring an independent historian(s) <i>(For the categories of independent interpretation of tests and discussion of management or test interpretation, see moderate or high).</i>	Low risk of morbidity from additional diagnostic testing or treatment
Moderate	Moderate • 1 or more chronic illnesses with exacerbation, progression, or side effects of treatment • 2 or more stable chronic illnesses • 1 undiagnosed new problem with uncertain prognosis • 1 acute illness with systemic symptoms • 1 acute complicated injury	Moderate <i>(Must meet the requirements of at least 1 out of 3 categories)</i> 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) Category 2: Independent interpretation of tests • Independent interpretation of a test performed by another physician/other qualified health care professional (not separately reported). 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).	Moderate risk of morbidity from additional diagnostic testing or treatment <i>Examples only:</i> • 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
High	High • 1 or more chronic illnesses with severe exacerbation, progression, or side effects of treatment • 1 acute or chronic illness or injury that poses a threat to life or bodily function	Extensive <i>(Must meet the requirements of at least 2 out of 3 categories)</i> 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) Category 2: Independent interpretation of tests • Independent interpretation of a test performed by another physician/other qualified health care professional (not separately reported). 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 <i>Examples only:</i> • 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 of care • Decision not to resuscitate or to de-escalate care because of poor prognosis • Parenteral controlled substances