



2023 Nursing Facility E&M Guidelines

Nursing Facility

Nursing Facility level of service is based on either: **Time** or **Complexity of Medical Decision Making**

Initial Nursing Facility Code	MDM	Time
99304	Straightforward or Low Level	25-34 minutes
99305	Moderate	35-44 minutes
99306	High	45-59 minutes
Subsequent Nursing Facility Code	MDM	Time
99307	Straightforward	10-14 minutes
99308	Low level	15-29 minutes
99309	Moderate	30-44 minutes
99310	High	45-59 minutes

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)

Nursing Facility Prolonged Services

As of 1/1/2023, the following codes may be used to represent fully completed 15-minute segments of prolonged care, only when the primary service highest-level time has been exceeded by 15-minutes.

Initial Nursing Facility Code + Prolonged Services			
Code	99306	99306 + 99418 x1	99306 + 99418 x2
Time (minutes)	45-59 No Prolonged code < 60 min	60-75	76-91

Subsequent Nursing Facility Code + Prolonged Services			
Code	99310	99310 + 99418 x1	99310 + 99418 x2
Time (minutes)	45-59 No Prolonged code < 60 min	60-75	76-91

CMS has developed its own HCPCS codes to report prolonged services to Medicare when those conditions are met, Prolonged Service code 99418 will convert in eRecord to G0317.

Medicare Initial & Subsequent Nursing Facility Visit Code + Prolonged Services			
Code	CMS Prolonged Service Codes	CMS Threshold	Count time spent within this time period
99306 + 99418 x4	= G0317	95 mins.	1 day before visit + date of visit + 3 days after
99310 + 99418 x3	= G0317	85 mins.	1 day before visit + date of visit + 3 days after

Medical Decision-Making Documentation Details

Medical Decision Making (MDM) 3 elements to be included in documentation:

1. Number and complexity of problems addressed during encounter
2. Amount and/or complexity of data reviewed and analyzed
3. The risk of complications or morbidity or mortality of patient management

A (**new**) high-level MDM-type **specific to initial nursing facility care** is recognized:

Multiple morbidities requiring intensive management: *A set of conditions, syndromes, or functional impairments that are likely to require frequent medication changes or other treatment changes and/or re-evaluations. The patient is at significant risk of worsening medical (or behavioral) status and risk for (re)admission to a hospital.*

- Capture complexity of each problem addressed during visit
 - Be specific (acute, chronic, stable, worsening, etc.)
- Itemize data ordered, reviewed, discussed, or personally interpreted
 - Each independent test ordered or reviewed

- Specify when personally interpreting images –
 “I personally reviewed the head CT which showed ...”
- Note discussions with other healthcare professionals
- Identify any independent historians
- Specify treatment plan for each problem addressed during visit
 - Document how you addressed **each problem**

Discharge from Nursing Facility

Codes	Time (minutes)
99315	<30 minutes
99316	> 30 minutes

- Bill discharge code 99315 when documentation does not support > **than 30 minutes**.
- Discharge level **99316 requires** the documentation of **greater than 30 minutes** was spent on discharge planning.
- Hospital Discharge codes include as appropriate:
 - Documentation of a final examination
 - Discussion of the nursing facility stay, even if the time spent on that date is not continuous.
 - Instructions are given for continuing care to all relevant caregivers, and preparation of discharge records, prescriptions, and referral forms.

These services require a face-to-face encounter with the patient and/or family/caregiver that may be performed on a date prior to the date the patient leaves the facility.

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