## Office of Integrity & Compliance



## Outpatient E&M Guidelines 2023

## **New Patient and Established Patient**

The billable level of service is based on either: Time or Complexity of Medical Decision Making

New Patient Visit				
Code 99202 99203 99204 9920				99205
Time (minutes)	15-29	30-44	45-59	60-74
MDM Complexity	Straightforward	Low	Moderate	High

Established Patient Visit					
Code         99211         99212         99213         99214         99215				99215	
Time (minutes)	RN Visit	10-19	20-29	30-39	40-54
MDM Complexity	RN Visit	Straightforward	Low	Moderate	High

**Prolonged Services** is a time based add on code to 99205 or 99215 only. Billed in 15 minutes increments when the maximum time has been met for either 99205 or 99215.

New Patient + Prolonged Services				
Code	Not reported separately	99205 + 99417 x1	99205 + 99417 x2	99205 + 99417 x3 or more for each additional 15 minutes
Time (minutes)	less than 75	75-89	90-104	105 or more

Established Patient + Prolonged Services				
Code	Not reported separately	99215 + 99417 x1	99215 + 99417 x2	99215 + 99417 x3 or more for each additional 15 minutes
Time (minutes)	less than 55	55-69	70-84	85 or more

**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)

## 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 Minimal	Amount and/or Complexity of Data to be Reviewed and Analyzed  *Each unique test, order, or document contributes to the combination of 2 or combination of 3 in Category 1 below.  Minimal or none	Risk of Complications and/or Morbidity or Mortality of Patient Management  Minimal risk of morbidity from additional diagnostic testing or
Straightforward	1 self-limited or minor problem	This is a second of the second	treatment
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 (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* Category 2: Assessment requiring an independent historian(s) (For the categories of independent interpretation of tests and discussion of management or test interpretation, see moderate or high).	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 (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) 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  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
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 (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 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  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 of care  Decision not to resuscitate or to de-escalate care because of poor prognosis  Parenteral controlled substances