

# WHP - 2024 Hospital Services E/M Coding Tool



| Select appropriate level of E/M service based on either:<br>1. Level of MDM<br>OR<br>2. Total Encounter Time* |                      |      | Elements of Medical Decision Making (MDM)<br><i>To qualify for a particular level of MDM two of the three elements below must be met or exceeded</i>   |   |  |  |
|---|----------------------|------|--|---|--|--|
|   |                      |      | Number & Complexity of Problems Addressed**  | Amount and/or Complexity of Data Reviewed and Analyzed  | Risk of Complications and/or Morbidity or Mortality of Patient Management**<br>(Examples Only)   |  |
| Code  | Type                 | Time |  |   |  |  |
| <b>Straightforward/Low MDM</b>  |                      |      | <b>Minimal/Low</b><br>• 2 or more self-limited or minor problems;<br>• 1 stable chronic illness; or<br>• 1 stable acute illness; or<br>• 1 acute, uncomplicated illness or injury requiring hospital IP/Obs level care.  | <b>Limited</b> – must meet the requirements of at least 1 of the 2 categories<br><b>Category 1:</b> Tests and documents   Any combination of 2 from the following:<br>• Review of prior external note(s) from each unique source*;<br>• Review of the result(s) of each unique test*;<br>• Ordering of each unique test* OR<br><b>Category 2:</b> Assessment requiring an independent historian(s)**  | <b>Low risk of morbidity from additional diagnostic testing or treatment</b><br>• Over-the-counter drugs<br>• Physical Therapy/Occupational Therapy  |  |
| 99221   | Init IP/Obs          | 40   |  |   |  |  |
| 99231   | Subs IP/Obs          | 25   |  |   |  |  |
| 99234   | Same Day Admit/Disch | 45   |  |   |  |  |
| <b>Moderate MDM</b>   |                      |      | <b>Moderate</b><br>1 or more chronic illnesses with exacerbation, progression, or side effects of treatment; or<br>• 2 or more stable chronic illnesses; or<br>• 1 undiagnosed new problem w/uncertain prognosis; or<br>• 1 acute illness with systemic symptoms; or<br>• 1 acute complicated injury | <b>Moderate</b> – must meet the requirements of at least 1 out of 3 categories<br><b>Category 1:</b> Tests, documents, or independent historian(s)<br>Any combination of 3 from the following:<br>• Review of prior external note(s) from each unique source*;<br>• Review of the result(s) of each unique test*;<br>• Ordering of each unique test*;<br>• Assessment requiring an independent historian(s) OR<br><b>Category 2:</b> Independent interpretation of a test performed by another physician/other qualified health care professional (not separately reported); OR<br><b>Category 3:</b> Discussion of management or test interpretation with external clinician or appropriate source (not separately reported) | <b>Moderate risk of morbidity from additional diagnostic testing or treatment</b><br>• Prescription drug management<br>• Decision regarding minor surgery with identified patient or procedure risk factors<br>• Decision regarding elective major surgery w/o identified patient or procedure risk factors<br>• Diagnosis or treatment significantly limited by social determinants of health   |  |
| 99222   | Init IP/Obs          | 55   |  |   |  |  |
| 99232   | Subs IP/Obs          | 35   |  |   |  |  |
| 99235   | Same Day Admit/Disch | 70   |  |   |  |  |
| <b>High MDM</b>   |                      |      | <b>High</b><br>• 1 or more chronic illnesses w/severe exacerbation, progression, or side effects of treatment; or<br>• 1 acute or chronic illness or injury that poses a threat to life or bodily function   | <b>Extensive:</b> (Must meet the requirements of at least 2 out of 3 categories)<br><b>Category 1:</b> Tests, documents, or independent historian(s)<br>Any combination of 3 from the following:<br>• Review of prior external note(s) from each unique source*;<br>• Review of the result(s) of each unique test*;<br>• Ordering of each unique test*;<br>• Assessment requiring an independent historian(s) OR<br><b>Category 2:</b> Independent interpretation of a test performed by another physician/other qualified health care professional (not separately reported); OR<br><b>Category 3:</b> Discussion of management or test interp. with external clinician or appropriate source (not separately reported)      | <b>High risk of morbidity from additional diagnostic testing or treatment</b><br>• Drug therapy req intensive monitoring for toxicity<br>• Decision regarding elect. major surgery with identified pat. or proc. risk factors<br>• Decision regarding emergency major surgery<br>• Decision regarding hospitalization, or escalation of hospital-level of care<br>• Decision not to resuscitate or to deescalate care d/t poor prognosis<br>• Parenteral controlled substances |  |
| 99223   | Init IP/Obs          | 75   |  |   |  |  |
| 99233   | Subs IP/Obs          | 50   |  |   |  |  |
| 99236   | Same Day Admit/Disch | 85   |  |   |  |  |

|  |   |                       |   |                       |
|--|---|-----------------------|---|-----------------------|
| <b>IP/Obs Discharge Services</b>   | Discharge Services include “total time” on the date of discharge spent by the provider even if the time is not continuous. Time must be documented. These codes are to be used only by the provider responsible for discharge services. Services by other providers on the same day should be reported using the appropriate Subsequent IP/Obs code (99231, 99232, 99233).  |                       |   |                       |
| 99238: Total time ≤ 30 mins  |   |                       |   |                       |
| 99239: Total time > 30 mins  |   |                       |   |                       |
| <b>IP/Obs Prolonged Services</b>   | <i>CPT: Prolonged time is counted once total time is beyond the time required to report the highest level of the primary service.</i>   |                       |   |                       |
| + 99418: Each 15 mins  | <i>Medicare: Do not report for any time less than 15 minutes beyond the highest level of the primary service (Use Medicare G-code).</i>   |                       |   |                       |
| <b>Critical Care Services</b>  | <b>CPT Critical Care Guidelines Examples</b>  |                       | <b>Medicare Critical Care Guidelines Examples</b> |                       |
| 99291: 30-74 mins  | 75-104 minutes  | 99291 x1 and 99292 x1 | 104 minutes                                       | 99291 x1 and 99292 x1 |
| +99292: each add'l 30 mins   | 105-134 minutes   | 99291 x1 and 99292 x2 | 134 minutes                                       | 99291 x1 and 99292 x2 |
| <b>Definitions for MDM Terms**</b>   |   |                       |   |                       |
| <b>Self-limited or minor problem</b>   | A problem that runs a definite and prescribed course, is transient in nature, and is not likely to permanently alter health status.   |                       |   |                       |
| <b>Stable, chronic illness</b>   | A problem with an expected duration of at least a year or until the death of the patient. Conditions are treated as chronic whether or not stage or severity changes.   |                       |   |                       |
| <b>Acute, uncomplicated illness or injury</b>  | A recent or new short-term problem with low risk of morbidity. There is little to no risk of mortality, full recovery expected. Examples: allergic rhinitis or upper respiratory infection.   |                       |   |                       |
| <b>Acute, uncomplicated illness/injury requiring hosp. IP/Obs level care</b>   | A recent or 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 is expected. Treatment is provided in a hospital IP or Observation level setting  |                       |   |                       |
| <b>Stable, acute illness</b>   | A problem that is new or recent for which treatment has been initiated. Resolution may not be complete but is stable/improving.   |                       |   |                       |
| <b>Chronic illness with exacerbation, progression/side effects of treatment</b>  | 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.  |                       |   |                       |
| <b>Undiagnosed new problem with uncertain prognosis</b>  | A problem in the differential diagnosis that represents a condition likely to result in a high risk of morbidity without treatment. An example may include a lump in the breast.  |                       |   |                       |
| <b>Acute illness with systemic symptoms</b>  | 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’ or ‘acute, uncomplicated. Systemic symptoms may not be general, but may be single system.   |                       |   |                       |
| <b>Acute, complicated injury</b>   | 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. An example may include a head injury with brief loss of consciousness.  |                       |   |                       |
| <b>Independent interpretation</b>  | 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 clinician is reporting the service or has previously reported the service for the patient. A form of interpretation should be documented, but need not conform to the usual standards of a complete report for the test.   |                       |   |                       |
| <b>Independent historian</b>   | An individual (e.g., parent, guardian, surrogate, spouse, witness) who provided a history in addition to history provided by the patient who is unable to provide a complete or reliable history (e.g., developmental stage, dementia, or psychosis). This does not include translation services.   |                       |   |                       |
| <b>Chronic illness with severe exacerbation, progression, or side effects of treatment</b>   | 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.  |                       |   |                       |
| <b>Acute or chronic illness or injury that poses a threat to life or bodily function</b>   | 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. Symptoms may represent a condition that is significantly probable and may pose a potential treat to life or bodily function.  |                       |   |                       |
| <b>Drug therapy requiring intensive monitoring for toxicity</b>  | 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 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. Examples may include: monitoring for a cytopenia in the use of an antineoplastic agent between dose cycles or the short-term intensive monitoring of electrolytes and renal function in a patient who is undergoing diuresis. |                       |   |                       |
| <b>Appropriate source</b>  | For 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 caregivers.   |                       |   |                       |
| <b>Total Encounter Time Definition*</b>  |   |                       |   |                       |
| Total encounter time includes both face-to-face and non-face-to-face time personally spent by the clinician on the day of the encounter. Time includes completing documentation. Clinical staff time cannot be counted. Avoid use of time statements in all records, only document total time when selecting code based on total encounter time. Do not include time spent performing separately billable services. This definition does not apply to codes that are only time-based services and have specific time guidelines (e.g., Critical Care Services) |   |                       |   |                       |
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