



Cracking the Code: A CL Psychiatrist's Guide to 2023 E/M Coding Updates – focus on medical decision making.

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Disclosure: James Kimball, MD

With respect to the following presentation, in the 24 months prior to this declaration there has been no financial relationship of any kind between the party listed above and any ACCME-defined ineligible company which could be considered a conflict of interest.



Nursing, SNF, Psychiatric Residential Treatment Centers and		
Initial Nursing Facility	99304 (Straightforward or Low MDM) 25 Minutes	99305 (Moderate MDM) 35 Minutes
Subsequent Nursing Facility	99307 (Straightforward MDM) 10 Minutes	99308 (Low MDM) 15 Minutes
Nursing Facility Discharge	99315 (30 Minutes or less)	99316 (More than 30 min)

Consultations			
Skilled Nursing Facility	99252: (Straightforward MDM) 35 minutes	99253: (Low MDM) 45 minutes	99254: (High MDM) 60 minutes
Home/Residence	99242 (Straightforward MDM)	99243 (Low MDM)	99244 (High MDM)
Prolonged Services: +99417 is selected for each 15 minutes beyond the time for 99245			

Home or Residence Services (Assisted Living, C)			
New Patients	99341 (Straightforward MDM) 15 Minutes	99342 (Low MDM) 30 Minutes	99344 (High MDM) 60 Minutes
Established Patients	99347 (Straightforward MDM) 20 Minutes	99348 (Low MDM) 30 Minutes	99349 (High MDM) 40 Minutes
Prolonged Services	99417 is selected for each 15 minutes beyond the time for 99347, 99348, or 99349.		

Prolonged Services	
99358/99359 Prolonged Service on Date Other Than the Face-to-Face Evaluation and Management (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 add'l 15 minutes
CPT: +993X0 Prolonged Nursing Facility E & M service(s) time with or without direct patient contact service when the primary service level has been selected using total time, each 15 minutes of total time	
Initial Nursing Facility (99306)	+993X0 > 60 minutes on the date of the visit
Subsequent Nursing Facility (99310)	+993X0 > 60 minutes on the date of the visit
SNF Consultations (99235)	+993X0 > 95 minutes on the date of the visit
Medicare: +GXXXX-XXXX Prolonged Nursing or Home/Residence for each 15 minutes of total time	
Initial Nursing Facility (99306)	+GXXXX02 > 95 minutes 1 day before visit + date
Subsequent Nursing Facility (99310)	+GXXXX02 > 85 minutes 1 day before visit + date
New Pt. Home or Residence (99345)	+GXXXX03 > 141 minutes 3 days before visit + date
Ext. Pt. Home or Residence (99350)	+GXXXX03 > 112 minutes 3 days before visit + date

2023 Evaluation & Management Services Guide

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

2023 Evaluation & Management Services Guide				
Hospital Inpatient, Observation, Emergency Department, Nursing Facility, Home or Residence Services				
MEDIM	straightforward complexity	Low Complexity	Moderate Complexity	High Complexity
	Risk: Minimal	Date: Minimal Data: Limited Risk: Low	Date: Moderate Data: Moderate Risk: Moderate	Date: Extreme Data: Extreme Risk: High
MEDICAL DECISION MAKING - 20 components required				
	straightforward	Low	Moderate	High
Complexity of Problem Assessment Evaluation Intervention	Minimal 1 self-limited or minor problem	Low -2 or more self-limited minor problems -1 stable chronic illness -1 acute, acute illness -1 acute, uncomplicated illness/injury -1 acute, complicated illness or injury requiring hospitalization 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 complication w/yp	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
	Minimal or none	Limited (max. meet 1 of 3 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 *. -Assessment requiring an independent historian OR OR Category 2: -Assessment requiring independent historian Category 3: -Independent interpretation of test -Independent interpretation of test performed by another popular provider OR Category 4: -Discussion of management or test interpretation -Discussion of management or test interpretation with external provider	Moderate (max. meet 1 of 3 categories) Category 1: Tests, documents or independent historian 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 *. -Assessment requiring an independent historian OR Category 2: Independent interpretation of test -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 (max. 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 test -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 *Risk ranges, ordered chronologically from the earliest risk to the latest risk in the category	Minimal risk of morbidity from additional diagnostic testing or treatment	Low risk of morbidity from additional diagnostic testing or treatment Excluded 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	Moderate risk of morbidity from additional diagnostic testing or treatment Excluded only: -Prescription drug 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 re-admit or to de-escalate care because of poor prognosis -Parenteral Controlled Substances	High risk of morbidity from additional diagnostic testing or treatment Excluded only: -Prescription drug 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 re-admit or to de-escalate care because of poor prognosis -Parenteral Controlled Substances
	High risk of morbidity from additional diagnostic testing or treatment			

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
Transfer	99238: 30 minutes, or less	99239: More than 30 minutes	

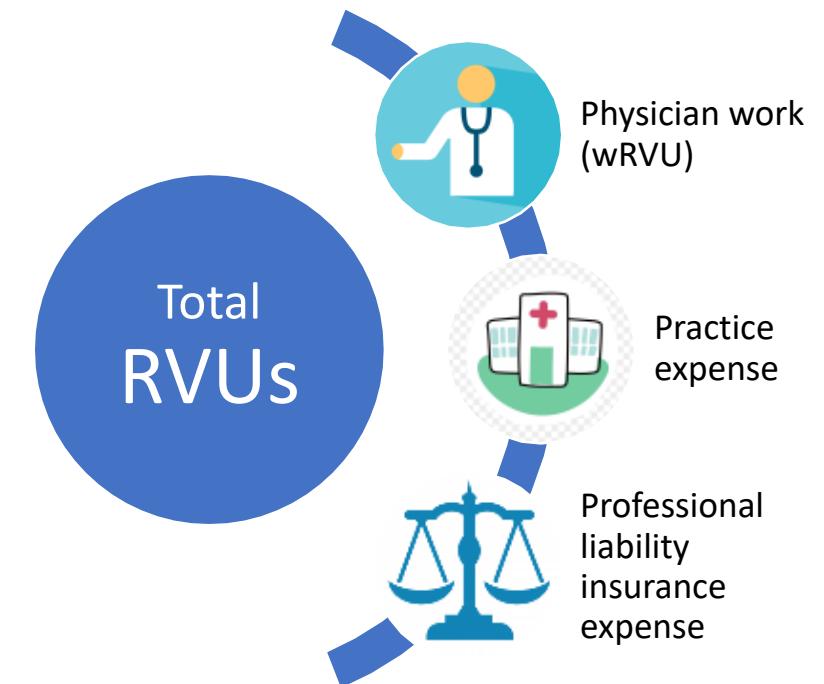
Consultations			
patient or Observation	99252: (Straightforward MDM)	99253: (Low MDM)	99254: (Moderate MDM)
Consultations	35 minutes	45 minutes	60 minutes

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

Prolonged Services	
99588/99359 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
~74 minutes (30 minutes - 1 hr, 14 min.)	99358 X 1
104 minutes (1 hr, 15 min. - 1 hr, 44 min.) 9	99358 X 1 AND 99359 X 1
5 minutes or more (1 hr, 45 min. or more)	99358 X 1 AND 99150 X 2 or more for each additional 30 minutes
+ 993X0 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 total time (List separately in addition to the code of the inpatient and observation Evaluation and Management service)	
Initial IP/Obs Visit [99223]	+93830 > 90 minutes on the date of the visit
Subsequent IP/Obs Visit [99233]	+93830 > 65 minutes on the date of the visit
Obs Same-Day Admission/Discharge [99236]	+93830 > 100 minutes on the date of the visit
+GKXK1 Prolonged hospital inpatient or observation care evaluation and management service(s) beyond the total time the primary service [when the primary service has been selected using time on the date of the primary service]; each additional minutes by the physician or qualified healthcare professional, with or without direct patient contact (list separately in addition to T codes 99223, 99233, and 99236 for hospital inpatient or observation care evaluation and management services)	
Initial IP/Obs Visit [99223]	+G3001 >105 minutes on the date of the visit
Subsequent IP/Obs Visit [99233]	+G3001 >80 minutes on the date of the visit
Obs Same-Day Admission/Discharge [99236]	+G3001 >125 minutes on date of the visit to 3 days after

Relative Value Units (RVU)

- Resource Based Relative Value Scale (RBRVS): model used to determine how much providers should be paid for a given service
- Amount of work that you do is related to the amount of value that you create and the amount of money earned
- Intent is to pay the provider based on the amount of work performed, blind to the payer mix or amount of revenue generated.
- RUC: Relative Value Scale Update Committee
- E.g. 99214 = 1.92 wRVUs





Relax!

- Why did we go into this field?
- Revenue / RVUs are important, but so is cost savings to the institution. Of course, patient care is first and foremost!

Medical Decision Making

Level of Medical Decision Making Table

- Guide to assist in selecting the level of MDM
- Includes 4 levels of MDM
 - Straightforward
 - Low
 - Moderate
 - High

CPT Code	Level of MDM (Based on 2 out of 3 Elements of MDM)	Elements of Medical Decision Making with Psychiatric Specific Examples		
		Number and Complexity of Problems	Amount and/or Complexity of Data to be Reviewed and Analyzed	Risk of Complications and/or Morbidity/Mortality of Patient Management
99211	N/A	N/A	N/A	N/A
99202 99212	Straightforward	1 Self-limited problem or minor <i>(Example: Bereavement)</i>	Minimal/None	Minimal Risk
99203 99213	Low	Low <ul style="list-style-type: none"> • 2 or more self-limited or minor problems; or • 1 stable chronic illness, <i>(Example: MDD, recurrent, in remission)</i> or • 1 acute, uncomplicated illness or injury <i>(Example: Adjustment d/o with depressed mood)</i> 	Limited <i>(Must meet 1 of 2 categories in this box)</i> <p>Category 1: Tests and Documents:</p> <ul style="list-style-type: none"> • Review of prior external note(s) from each unique source; • Review of the result(s) of each unique test; • Ordering of each unique test <p>Category 2: Assessment requiring an independent historian(s) (confirmatory history judged to be necessary)</p>	Low Risk Example: <ul style="list-style-type: none"> • <i>New patient seen for adjustment disorder and referred to therapist</i>
99204 99214	Moderate	Moderate <ul style="list-style-type: none"> • 1 or more chronic illnesses with exacerbation, progression or side effects of treatment, <i>(Example: MDD, recurrent, moderate)</i> or • 2 or more stable chronic illnesses, <i>(Example: Schizophrenia and alcohol use d/o)</i> or • 1 undiagnosed new problem with uncertain prognosis, <i>(Example: Cognitive decline)</i> or • 1 acute illness with systemic symptoms, <i>(Example: Anorexia with bradycardia and amenorrhea; or Substance use d/o presenting in acute withdrawal)</i> or • 1 acute complicated injury 	Moderate <i>(Must meet 1 of 3 categories in this box)</i> <p>Category 1: Tests, documents, or independent historian: <i>(any combination of 3 from the following)</i></p> <ul style="list-style-type: none"> • 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) <p>Category 2: Independent interpretation of tests performed by another physician (not separately reported), or</p> <p>Category 3: Discussion of management or test interpretation with external physician/other QHP/appropriate source (not separately reported)</p>	Moderate Risk Examples: <ul style="list-style-type: none"> • Prescription drug management • Diagnosis or treatment significantly limited by social determinants of health • <i>Management of psychiatric medications</i> • <i>Patient whose adherence to treatment is impacted by homelessness</i>
99205 99215	High	High <ul style="list-style-type: none"> • 1 or more chronic illnesses with severe exacerbation, progression, or side effects of treatment; <i>(Example: MDD, recurrent, severe w/ significant functional decline; or Severe akathisia from treatment of schizophrenia with antipsychotic medication)</i> or • 1 acute or chronic illness or injury that poses a threat to life or bodily function <i>(Example: Schizophrenia with command hallucinations to kill family members whom the patient believes are imposters; or Depression with suicidal ideation and plan)</i> 	Extensive <i>(Must meet 2 out of 3 categories in this box)</i> <p>Category 1: Tests, documents or independent historians: <i>(any combination of 3 from the following bullets)</i></p> <ul style="list-style-type: none"> • 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) <p>Category 2: Independent Interpretation of tests performed by another physician (not separately reported), or</p> <p>Category 3: Discussion of management or test interpretation with external physician/other QHP/appropriate source (not separately reported)</p>	High Risk Examples: <ul style="list-style-type: none"> • Drug therapy requiring intensive monitoring for toxicity • Decision regarding hospitalization • <i>Management of Clozapine</i> • <i>Initiation of Lithium</i> • <i>Consideration of inpatient behavioral health admission</i>

Medical Decision Making

CPT Code	Level of MDM (Based on 2 out of 3 Elements of MDM)	Elements of Medical Decision Making with Psychiatric Specific Examples		
		Number and Complexity of Problems	Amount and/or Complexity of Data to be Reviewed and Analyzed	Risk of Complications and/or Morbidity/Mortality of Patient Management
99211	N/A	N/A	N/A	N/A
99202	Straightforward	1 Self-limited problem or minor <i>(Example: Bereavement)</i>	Minimal/None	Minimal Risk
99212				
99203	Low	Low <ul style="list-style-type: none"> 2 or more self-limited or minor problems; or 1 stable chronic illness, <i>(Example: MDD, recurrent, in remission)</i> or 1 acute, uncomplicated illness or injury <i>(Example: Adjustment d/o with depressed mood)</i> 	Limited <i>(Must meet 1 of 2 categories in this box)</i> <p>Category 1: Tests and Documents:</p> <ul style="list-style-type: none"> Review of prior external note(s) from each unique source; Review of the result(s) of each unique test; Ordering of each unique test <p>Category 2: Assessment requiring an independent historian(s) (confirmatory history judged to be necessary)</p>	Low Risk <p>Example:</p> <ul style="list-style-type: none"> <i>New patient seen for adjustment disorder and referred to therapist</i>
99213				
99204	Moderate	Moderate <ul style="list-style-type: none"> 1 or more chronic illnesses with exacerbation, progression or side effects of treatment, <i>(Example: MDD, recurrent, moderate)</i> or 2 or more stable chronic illnesses, <i>(Example: Schizophrenia and alcohol use d/o)</i> or 1 undiagnosed new problem with uncertain prognosis, <i>(Example: Cognitive decline)</i> or 1 acute illness with systemic symptoms, <i>(Example: Anorexia with bradycardia and amenorrhea; or Substance use d/o presenting in acute withdrawal)</i> or 1 acute complicated injury 	Moderate <i>(Must meet 1 of 3 categories in this box)</i> <p>Category 1: Tests, documents, or independent historian: <i>(any combination of 3 from the following)</i></p> <ul style="list-style-type: none"> 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) <p>Category 2: Independent interpretation of tests performed by another physician (not separately reported), or</p> <p>Category 3: Discussion of management or test interpretation with external physician/other QHP/appropriate source (not separately reported)</p>	Moderate Risk <p>Examples:</p> <ul style="list-style-type: none"> Prescription drug management Diagnosis or treatment significantly limited by social determinants of health <i>Management of psychiatric medications</i> <i>Patient whose adherence to treatment is impacted by homelessness</i>
99214				
99205	High	High <ul style="list-style-type: none"> 1 or more chronic illnesses with severe exacerbation, progression, or side effects of treatment; <i>(Example: MDD, recurrent, severe w/ significant functional decline; or Severe akathisia from treatment of schizophrenia with antipsychotic medication)</i> or 1 acute or chronic illness or injury that poses a threat to life or bodily function <i>(Example: Schizophrenia with command hallucinations to kill family members whom the patient believes are imposters; or Depression with suicidal ideation and plan)</i> 	Extensive <i>(Must meet 2 out of 3 categories in this box)</i> <p>Category 1: Tests, documents or independent historians: <i>(any combination of 3 from the following bullets)</i></p> <ul style="list-style-type: none"> 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) <p>Category 2: Independent interpretation of tests performed by another physician (not separately reported), or</p> <p>Category 3: Discussion of management or test interpretation with external physician/other QHP/appropriate source (not separately reported)</p>	High Risk <p>Examples:</p> <ul style="list-style-type: none"> Drug therapy requiring intensive monitoring for toxicity Decision regarding hospitalization <i>Management of Clozapine</i> <i>Initiation of Lithium</i> <i>Consideration of inpatient behavioral health admission</i>
99215				



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MDM: Complexity of Problem(s)

Stable, chronic illness: A problem with an expected duration of at least a year or until the death of the patient. Stable for the purposes of categorizing MDM is defined by the specific treatment goals for an individual patient. **A patient who is not at their treatment goal is not stable**, even if the condition has not changed and there is no short-term threat to life or function. For the purpose of defining chronicity, conditions are treated as chronic whether or not stage or severity changes (e.g., uncontrolled diabetes and controlled diabetes are a single chronic condition).

Example: 50 year old with longstanding diagnosis of bipolar disorder, stable for years on regimen of Abilify and Wellbutrin, 6 months follow-up visit.

Medical Decision Making

CPT Code	Level of MDM (Based on 2 out of 3 Elements of MDM)	Elements of Medical Decision Making with Psychiatric Specific Examples		
		Number and Complexity of Problems	Amount and/or Complexity of Data to be Reviewed and Analyzed	Risk of Complications and/or Morbidity/Mortality of Patient Management
99211	N/A	N/A	N/A	N/A
99202	Straightforward	1 Self-limited problem or minor <i>(Example: Bereavement)</i>	Minimal/None	Minimal Risk
99212				
99203	Low	Low <ul style="list-style-type: none"> 2 or more self-limited or minor problems; or 1 stable chronic illness, <i>(Example: MDD, recurrent, irremission)</i> or 1 acute, uncomplicated illness or injury <i>(Example: Adjustment d/o with depressed mood)</i> 	Limited <i>(Must meet 1 of 2 categories in this box)</i> <p>Category 1: Tests and Documents:</p> <ul style="list-style-type: none"> Review of prior external note(s) from each unique source; Review of the result(s) of each unique test; Ordering of each unique test <p>Category 2: Assessment requiring an independent historian(s) (confirmatory history judged to be necessary)</p>	Low Risk <p>Example:</p> <ul style="list-style-type: none"> <i>New patient seen for adjustment disorder and referred to therapist</i>
99213				
99204	Moderate	Moderate <ul style="list-style-type: none"> 1 or more chronic illnesses with exacerbation, progression or side effects of treatment, <i>(Example: MDD, recurrent, moderate)</i> or 2 or more stable chronic illnesses, <i>(Example: Schizophrenia and alcohol use d/o)</i> or 1 undiagnosed new problem with uncertain prognosis, <i>(Example: Cognitive decline)</i> or 1 acute illness with systemic symptoms, <i>(Example: Anorexia with bradycardia and amenorrhea; or Substance use d/o presenting in acute withdrawal)</i> or 1 acute complicated injury 	Moderate <i>(Must meet 1 of 3 categories in this box)</i> <p>Category 1: Tests, documents, or independent historian: <i>(any combination of 3 from the following)</i></p> <ul style="list-style-type: none"> 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) <p>Category 2: Independent interpretation of tests performed by another physician (not separately reported), or</p> <p>Category 3: Discussion of management or test interpretation with external physician/other QHP/appropriate source (not separately reported)</p>	Moderate Risk <p>Examples:</p> <ul style="list-style-type: none"> Prescription drug management Diagnosis or treatment significantly limited by social determinants of health <i>Management of psychiatric medications</i> <i>Patient whose adherence to treatment is impacted by homelessness</i>
99214				
99205	High	High <ul style="list-style-type: none"> 1 or more chronic illnesses with severe exacerbation, progression, or side effects of treatment; <i>(Example: MDD, recurrent, severe w/ significant functional decline; or Severe akathisia from treatment of schizophrenia with antipsychotic medication)</i> or 1 acute or chronic illness or injury that poses a threat to life or bodily function <i>(Example: Schizophrenia with command hallucinations to kill family members whom the patient believes are imposters; or Depression with suicidal ideation and plan)</i> 	Extensive <i>(Must meet 2 out of 3 categories in this box)</i> <p>Category 1: Tests, documents or independent historians: <i>(any combination of 3 from the following bullets)</i></p> <ul style="list-style-type: none"> 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) <p>Category 2: Independent interpretation of tests performed by another physician (not separately reported), or</p> <p>Category 3: Discussion of management or test interpretation with external physician/other QHP/appropriate source (not separately reported)</p>	High Risk <p>Examples:</p> <ul style="list-style-type: none"> Drug therapy requiring intensive monitoring for toxicity Decision regarding hospitalization <i>Management of Clozapine</i> <i>Initiation of Lithium</i> <i>Consideration of inpatient behavioral health admission</i>
99215				



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MDM: Complexity of Problem(s)

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, but that does not require consideration of hospital level of care.

Example: 50 year old with longstanding diagnosis of depression with persistent mood symptoms.

MDM: Complexity of Problem(s)

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 bodily function in the near term without treatment.

Example: Psychiatric illness with potential threat to self or others.

Medical Decision Making

CPT Code	Level of MDM (Based on 2 out of 3 Elements of MDM)	Elements of Medical Decision Making with Psychiatric Specific Examples		
		Number and Complexity of Problems	Amount and/or Complexity of Data to be Reviewed and Analyzed	Risk of Complications and/or Morbidity/Mortality of Patient Management
99211	N/A	N/A	N/A	N/A
99202 99212	Straightforward	1 Self-limited problem or minor <i>(Example: Bereavement)</i>	Minimal/None	Minimal Risk
99203 99213	Low	Low <ul style="list-style-type: none"> 2 or more self-limited or minor problems; or 1 stable chronic illness, <i>(Example: MDD, recurrent, in remission)</i> or 1 acute, uncomplicated illness or injury <i>(Example: Adjustment d/o with depressed mood)</i> 	Limited <i>(Must meet 1 of 2 categories in this box)</i> <p>Category 1: Tests and Documents:</p> <ul style="list-style-type: none"> Review of prior external note(s) from each unique source; Review of the result(s) of each unique test; Ordering of each unique test <p>Category 2: Assessment requiring an independent historian(s) (confirmatory history judged to be necessary)</p>	Low Risk <p>Example:</p> <ul style="list-style-type: none"> <i>New patient seen for adjustment disorder and referred to therapist</i>
99204 99214	Moderate	Moderate <ul style="list-style-type: none"> 1 or more chronic illnesses with exacerbation, progression or side effects of treatment, <i>(Example: MDD, recurrent, moderate)</i> or 2 or more stable chronic illnesses, <i>(Example: Schizophrenia and alcohol use d/o)</i> or 1 undiagnosed new problem with uncertain prognosis, <i>(Example: Cognitive decline)</i> or 1 acute illness with systemic symptoms, <i>(Example: Anorexia with bradycardia and amenorrhea; or Substance use d/o presenting in acute withdrawal)</i> or 1 acute complicated injury 	Moderate <i>(Must meet 1 of 3 categories in this box)</i> <p>Category 1: Tests, documents, or independent historian: <i>(any combination of 3 from the following)</i></p> <ul style="list-style-type: none"> 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) <p>Category 2: Independent interpretation of tests performed by another physician (not separately reported), or</p> <p>Category 3: Discussion of management or test interpretation with external physician/other QHP/appropriate source (not separately reported)</p>	Moderate Risk <p>Examples:</p> <ul style="list-style-type: none"> Prescription drug management Diagnosis or treatment significantly limited by social determinants of health <i>Management of psychiatric medications</i> <i>Patient whose adherence to treatment is impacted by homelessness</i>
99205 99215	High	High <ul style="list-style-type: none"> 1 or more chronic illnesses with severe exacerbation, progression, or side effects of treatment; <i>(Example: MDD, recurrent, severe w/ significant functional decline; or Severe akathisia from treatment of schizophrenia with antipsychotic medication)</i> or 1 acute or chronic illness or injury that poses a threat to life or bodily function <i>(Example: Schizophrenia with command hallucinations to kill family members whom the patient believes are imposters; or Depression with suicidal ideation and plan)</i> 	Extensive <i>(Must meet 2 out of 3 categories in this box)</i> <p>Category 1: Tests, documents or independent historians: <i>(any combination of 3 from the following bullets)</i></p> <ul style="list-style-type: none"> 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) <p>Category 2: Independent interpretation of tests performed by another physician (not separately reported), or</p> <p>Category 3: Discussion of management or test interpretation with external physician/other QHP/appropriate source (not separately reported)</p>	High Risk <p>Examples:</p> <ul style="list-style-type: none"> Drug therapy requiring intensive monitoring for toxicity Decision regarding hospitalization <i>Management of Clozapine</i> <i>Initiation of Lithium</i> <i>Consideration of inpatient behavioral health admission</i>



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MDM: Complexity of Problem(s)

- Straightforward
 - Self-limiting
- Low
 - Stable (at treatment goal), uncomplicated, single problem
- Moderate
 - Multiple problems or significantly ill
- High
 - Severely ill

Number and Complexity of Problems
N/A
1 Self-limited problem or minor (Example: Bereavement)
Low <ul style="list-style-type: none">• 2 or more self-limited or minor problems; or• 1 stable chronic illness, (Example: MDD, recurrent, in remission) or• 1 acute, uncomplicated illness or injury (Example: Adjustment d/o with depressed mood)
Moderate <ul style="list-style-type: none">• 1 or more chronic illnesses with exacerbation, progression or side effects of treatment, (Example: MDD, recurrent, moderate) or• 2 or more stable chronic illnesses, (Example: Schizophrenia and alcohol use d/o) or• 1 undiagnosed new problem with uncertain prognosis, (Example: Cognitive decline) or• 1 acute illness with systemic symptoms, (Example: Anorexia with bradycardia and amenorrhea; or Substance use d/o presenting in acute withdrawal) or• 1 acute complicated injury
High <ul style="list-style-type: none">• 1 or more chronic illnesses with severe exacerbation, progression, or side effects of treatment; (Example: MDD, recurrent, severe w/ significant functional decline; or Severe akathisia from treatment of schizophrenia with antipsychotic medication) or• 1 acute or chronic illness or injury that poses a threat to life or bodily function (Example: Schizophrenia with command hallucinations to kill family members whom the patient believes are imposters; or Depression with suicidal ideation and plan)

MDM: Amount and Complexity of Data to be Reviewed and Analyzed

Amount and/or Complexity of Data to be Reviewed and Analyzed
N/A
Minimal/None
Limited (<i>Must meet 1 of 2 categories in this box</i>)
Category 1: Tests and Documents: <ul style="list-style-type: none">• 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) (confirmatory history judged to be necessary)
Moderate (<i>Must meet 1 of 3 categories in this box</i>)
Category 1: Tests, documents, or Independent historian: <i>(any combination of 3 from the following)</i> <ul style="list-style-type: none">• 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 performed by another physician (not separately reported), or
Category 3: Discussion of management or test Interpretation with external physician/other QHP/appropriate source (not separately reported)
Extensive (<i>Must meet 2 out of 3 categories in this box</i>)
Category 1: Tests, documents or Independent historians: <i>(any combination of 3 from the following bullets)</i> <ul style="list-style-type: none">• 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 performed by another physician (not separately reported), or
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MDM: Risk

Risk of Complications and/or Morbidity/Mortality of Patient Management

- Minimal
- Low
- Moderate
 - Prescription of psychiatric medications
 - **Most of our clinic patients**
- High
 - Patients needing inpatient admission or intensive (not less than quarterly) lab monitoring for toxicity
 - Need for parenteral medications

Risk of Complications and/or Morbidity/Mortality of Patient Management

N/A

Minimal Risk

Low Risk

Example:

- *New patient seen for adjustment disorder and referred to therapist*

Moderate Risk

Examples:

- Prescription drug management
- Diagnosis or treatment significantly limited by social determinants of health
- ***Management of psychiatric medications***
- ***Patient whose adherence to treatment is impacted by homelessness***

High Risk

Examples:

- Drug therapy requiring intensive monitoring for toxicity
- Decision regarding hospitalization
- ***Management of Clozapine***
- ***Initiation of Lithium***
- ***Consideration of inpatient behavioral health admission***

CPT Code	Level of MDM (Based on 2 out of 3 Elements of MDM)	Elements of Medical Decision Making with Psychiatric Specific Examples		
		Number and Complexity of Problems	Amount and/or Complexity of Data to be Reviewed and Analyzed	Risk of Complications and/or Morbidity/Mortality of Patient Management
99211	N/A	N/A	N/A	N/A
99202 99212	Straightforward	1 Self-limited problem or minor <i>(Example: Bereavement)</i>	Minimal/None	Minimal Risk
99203 99213	Low	Low <ul style="list-style-type: none"> 2 or more self-limited or minor problems; or 1 stable chronic illness, <i>(Example: MDD, recurrent, in remission)</i> or 1 acute, uncomplicated illness or injury <i>(Example: Adjustment d/o with depressed mood)</i> 	Limited (Must meet 1 of 2 categories in this box) Category 1: Tests and Documents: <ul style="list-style-type: none"> 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) (confirmatory history judged to be necessary)	Low Risk Example: <ul style="list-style-type: none"> <i>New patient seen for adjustment disorder and referred to therapist</i>
99204 99214	Moderate	Moderate <ul style="list-style-type: none"> 1 or more chronic illnesses with exacerbation, progression or side effects of treatment, <i>(Example: MDD, recurrent, moderate)</i> or 2 or more stable chronic illnesses, <i>(Example: Schizophrenia and alcohol use d/o)</i> or 1 undiagnosed new problem with uncertain prognosis, <i>(Example: Cognitive decline)</i> or 1 acute illness with systemic symptoms, <i>(Example: Anorexia with bradycardia and amenorrhea; or Substance use d/o presenting in acute withdrawal)</i> or 1 acute complicated injury 	Moderate (Must meet 1 of 3 categories in this box) Category 1: Tests, documents, or independent historian: (any combination of 3 from the following) <ul style="list-style-type: none"> 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 performed by another physician (not separately reported), or Category 3: Discussion of management or test interpretation with external physician/other QHP/appropriate source (not separately reported)	Moderate Risk Examples: <ul style="list-style-type: none"> Prescription drug management Diagnosis or treatment significantly limited by social determinants of health <i>Management of psychiatric medications</i> <i>Patient whose adherence to treatment is impacted by homelessness</i>
99205 99215	High	High <ul style="list-style-type: none"> 1 or more chronic illnesses with severe exacerbation, progression, or side effects of treatment; <i>(Example: MDD, recurrent, severe w/ significant functional decline; or Severe akathisia from treatment of schizophrenia with antipsychotic medication)</i> or 1 acute or chronic illness or injury that poses a threat to life or bodily function <i>(Example: Schizophrenia with command hallucinations to kill family members whom the patient believes are imposters; or Depression with suicidal ideation and plan)</i> 	Extensive (Must meet 2 out of 3 categories in this box) Category 1: Tests, documents or independent historians: (any combination of 3 from the following bullets) <ul style="list-style-type: none"> 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 performed by another physician (not separately reported), or Category 3: Discussion of management or test interpretation with external physician/other QHP/appropriate source (not separately reported)	High Risk Examples: <ul style="list-style-type: none"> Drug therapy requiring intensive monitoring for toxicity Decision regarding hospitalization <i>Management of Clozapine</i> <i>Initiation of Lithium</i> <i>Consideration of inpatient behavioral health admission</i>

To qualify for a particular level of MDM, 2 of the 3 elements for that level of decision making must be met.

- Start with column 3 (risk)
- Then column 1 (complexity)
- Use column 2 (data review) if needed to reach the 2 of 3 elements of MDM.



ACLP

Consultation-Liaison Psychiatry 2023

Integrating Care and Evidence Across the Lifespan



2023 Medical Decision-Making Guide				
MDM	<u>Straightforward Complexity</u> DX: Minimal Data: None or 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				
Complexity of Problems Addressed at the Encounter	<u>Straightforward</u>	<u>Low</u>	<u>Moderate</u>	<u>High</u>
Complexity of Problems Addressed at the Encounter	Minimal • 1 self-limited or minor problem	Low <ul style="list-style-type: none"> 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 <ul style="list-style-type: none"> 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 prog 1 acute illness w/ systemic symptoms 1 acute complicated injury 	High <ul style="list-style-type: none"> 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) <p>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 *; • Assessment requiring an independent historian</p> <p>OR</p> <p>Category 2: • Assessment requiring independent historian</p>	Moderate (must meet 1 of 3 categories) <p>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</p> <p>OR</p> <p>Category 2: Independent interpretation of tests • Independent interpretation of test performed by another provider</p> <p>OR</p> <p>Category 3: Discussion of management or test interpretation • Discussion of management or test interpretation with external provider</p>	Extensive (must meet 2 of 3 categories) <p>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</p> <p>OR</p> <p>Category 2: Independent interpretation of tests • Independent interpretation of test performed by another physician /other qualified health care professional</p> <p>OR</p> <p>Category 3: Discussion of management or test interpretation • Discussion of management or test interpretation with external provider</p>
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 <i>Examples only:</i> <ul style="list-style-type: none"> 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 <i>Examples only:</i> <ul style="list-style-type: none"> 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



Social Determinants of Health

- Social Determinants of health refers to individuals who have economic or social circumstances that affect their health.
- *Examples of SDoH:*
 - Homelessness
 - Food Insecurity
 - Housing that does not allow for recommended treatment course (no refrigeration, no ability to care for injuries in a clean environment)
- The above Social Determinants result in a patient whose care management is considered Moderate Risk

E/M Guidelines- Risk

❖ **Risk of complications and/or morbidity or mortality of patient management**

- Level of risk is based upon consequences of the problem(s) addressed at the encounter when appropriately treated.
- 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.

- Complexity of Presenting Problems:
 - Chronic: A problem with an expected duration of at least 1 year or until death
 - Stable: A patient at their treatment goals
 - Exacerbated: Worsening, progressing, poorly controlled, not at treatment goals
 - Multiple: 2+ Chronic problems, can also include stable problems
 - Severe Exacerbation: A chronic problem documented as severely exacerbated
 - Acute: A problem that runs a definite and prescribed course
 - Uncomplicated: require hospital care low risk of morbidity w/treatment and full recovery
 - Stable, acute illness: new or recent that treatment is initiated but not resolved
 - Acute w/systemic symptoms: illness with onset of symptoms beyond general symptoms
 - Acute w/threat: Exacerbation, progression, or acute threat to life or bodily function

Drug therapy requiring intensive monitoring for toxicity



- **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.



Conclusions

- Many physicians underestimate the cognitive work that they do, as it can be routine.
- Don't shortchange yourself.
- K.I.S.S. – Keep it simple, stupid.