# Billing for Facility-Based E/M Services

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# The principles of facility E/M coding are similar to the previous office/outpatient guidelines

- Similarities
  - All can be billed based on the 3 key components
    - History
    - Exam
    - Medical Decision Making
  - Most can be billed based on time
  - Some require all three key components…some require 2 of 3

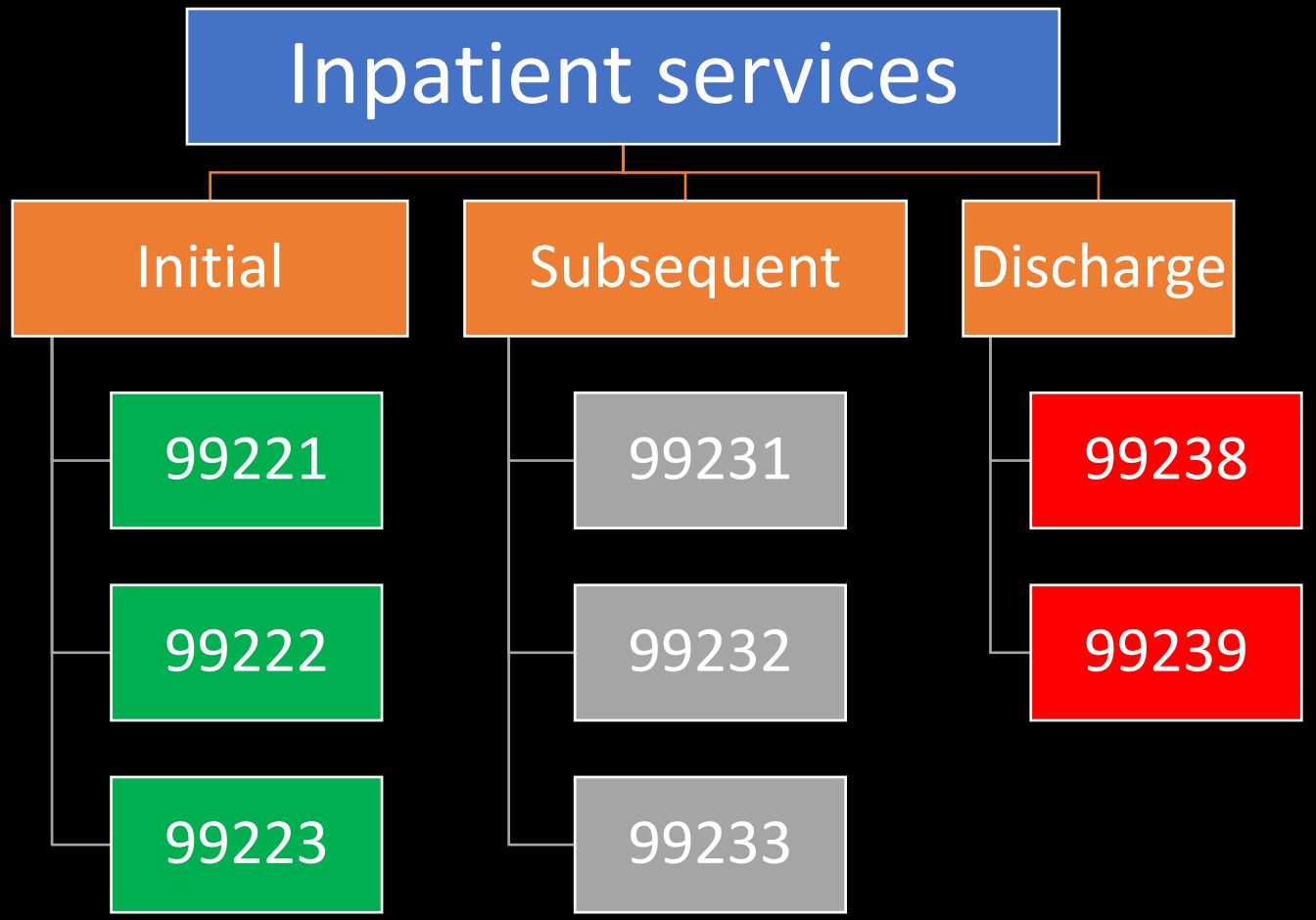
# The principles of facility E/M coding are different than the previous office/outpatient guidelines

- Differences
  - No distinction between new/established
  - Distinction is made between “initial” and “subsequent”
  - Three levels of service, instead of five
  - Additional distinction between “inpatient” and “outpatient observation”

# Hospital inpatient services

- Initial Inpatient
- Subsequent Inpatient
- Hospital discharge
- Inpatient same day admit/discharge

# Inpatient E/M Services



# Initial Inpatient Services

- 3 levels of service
- ***All 3 key components or time***
- Most payers expect codes to be reported only once per patient's stay for the initial hospital work-up
- Medicare allows both admitting physician and "consultants" to report initial care codes

# Initial Inpatient Services

- All E/M services provided in conjunction with admission are part of initial hospital care
- Office Visit on day of admission
  - Report initial hospital care only
- Emergency Dept. visit on day of admission
  - Report initial hospital care only

# Subsequent Inpatient Services

- 3 levels of service
- ***2 of 3 key components or time***
- *Admitting physician:* Subsequent days of care
- *Non-admitting physician:* May be used for the initial or subsequent visit(s)

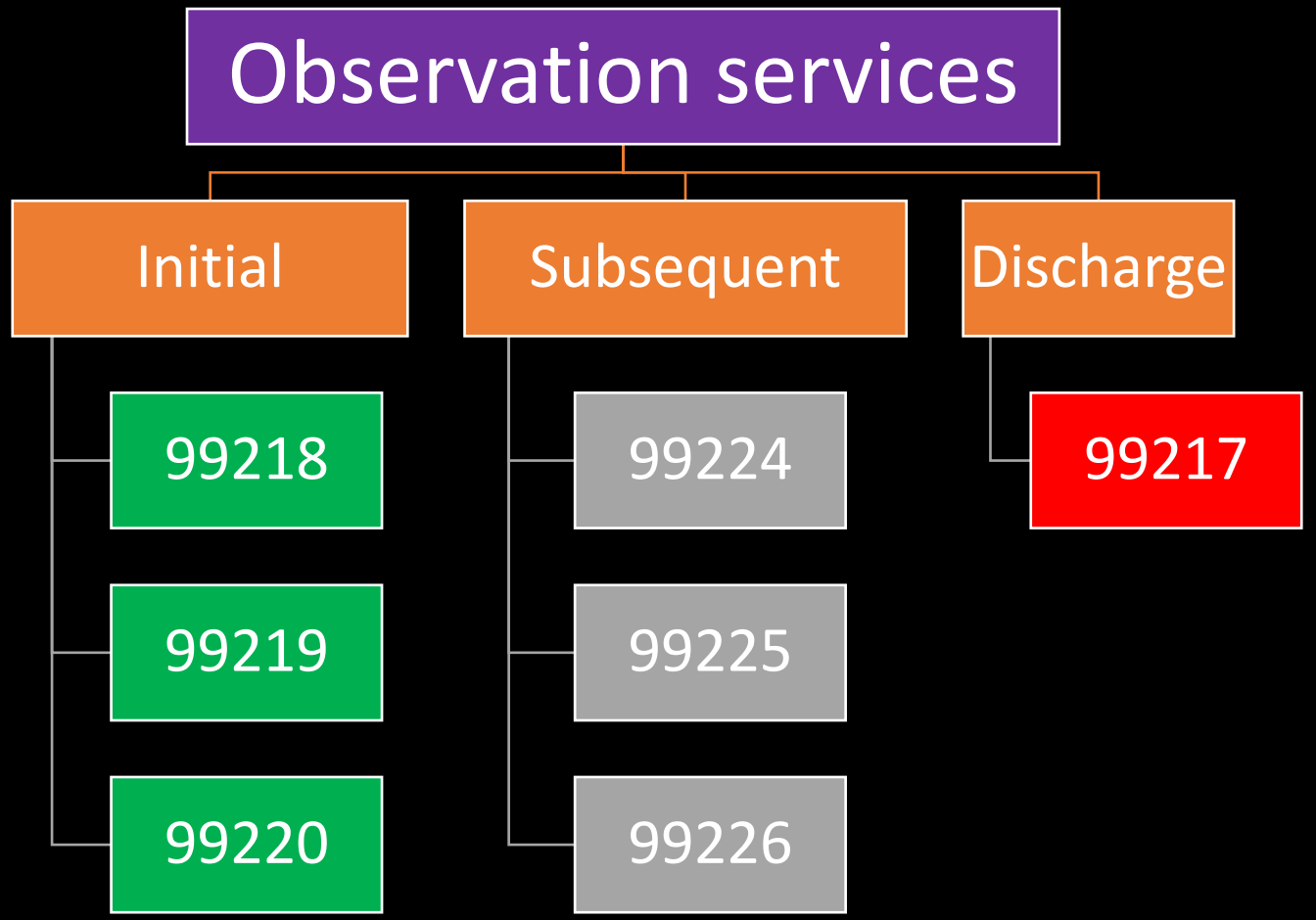
# Hospital Discharge Services

- Includes:
  - Final exam
  - Discussion of stay
  - Instructions
  - Preparation of records
- Two codes (date other than admission)
  - 99238 - Less than or equal to 30 minutes
  - 99239 - More than 30 minutes

# Hospital Observation Services

- 4 main categories:
  - Initial Observation Care
  - Subsequent Observation Care
  - Observation Care Discharge Services
  - Observation Same Day Admit/Discharge

# Observation E/M Services



# Hospital Observation Services

- Patients designated in “observation status”
- One observation code per day
  - Only by physician initiating observation status
- Other physicians use *outpatient* E/M service codes
- All E/M services provided in conjunction with initiation of observation are part of observation care

# Observation Time Period

- Due to level of care criteria used by hospitals, prolonged stays in observation are more common
- CPT created subsequent day observation codes
- Initial/subsequent codes have typical times
  - Time may be used to determine level
- Discharge codes cannot be reported based on time

# Initial Observation Care

- Codes **99218-99220** include:
  - Initiation of observation status including all associated E/M services
  - Supervision of the plan of care
  - Periodic reassessments
  - Detailed and/or comprehensive assessments
  - Same key components and time as initial inpatient care codes

# Subsequent Observation Care Codes

- Codes **99224-99226** include reviewing:
  - Medical record
  - Results of diagnostic studies
  - Changes in the patient's status (ie, changes in history, physical condition and response to management)
- Same key component and time criteria as subsequent inpatient

# Observation Care Discharge Services

- Code **99217** describes discharge services on *date other than admission*
- Can only be reported by one physician
- Must be on date other than admission
- Does not require documentation of key components or time

# Work RVU Comparison

| Level | 1 | 2 | 3 |
|---|---|---|---|
| Initial Inpt | 1.92 | 2.61 | 3.86 |
| Initial Obs | 1.92 | 2.60 | 3.56 |
| Subs. Inpt | 0.76 | 1.39 | 2.00 |
| Subs. Obs | 0.76 | 1.39 | 2.00 |
| Admit/DC | 2.56 | 3.24 | 4.20 |

# Reimbursement Comparison

2022 Rates—San Diego, California

| Level | 1 | 2 | 3 |
|---|---|---|---|
| Initial Inpt | $101.32 | $137.11 | $201.41 |
| Initial Obs | $98.86 | $134.50 | $181.81 |
| Subs. Inpt | $39.51 | $72.11 | $103.04 |
| Subs. Obs | $39.51 | $72.11 | $103.04 |
| Admit/DC | $132.02 | $168.02 | $215.01 |

# Hospital Inpatient/Observation

| Initial Observation Care | 99218 | 99219 | 99220 |
|---|---|---|---|
| Initial Hospital Care | 99221 | 99222 | 99223 |
| Same Day Admit/Discharge | 99234 | 99235 | 99236 |
| HISTORY | | | |
| CC | Required | Required | Required |
| HPI | ≥ 4 elements OR<br>≥ 3 chronic or Inactive conditions | ≥ 4 elements OR<br>≥ 3 chronic or Inactive conditions | ≥ 4 elements OR<br>≥ 3 chronic or Inactive conditions |
| ROS | > 2 systems | 10-14 systems | 10-14 systems |
| PFSH | > 1 element | 3 elements | 3 elements |
| Level | Detailed or Comprehensive | Comprehensive | Comprehensive |
| PHYSICAL EXAMINATION | | | |
| 1995 | 5-7 systems | ≥ 8 systems | ≥ 8 systems |
| 1997 | ≥ 12 elements or Comprehensive | Comprehensive | Comprehensive |
| Level | Detailed or Comprehensive | Comprehensive | Comprehensive |
| MEDICAL DECISION MAKING | | | |
| Dx Mgmt Options | Minimal or Limited | Multiple | Extensive |
| Data Reviewed | Minimal or Limited | Moderate | Extensive |
| Risk | Minimal or Low | Moderate | High |
| Level | SF or Low | Moderate | High |
| TIME | | | |
| Initial Hospital/Observation | 30 min. | 50 min. | 70 min. |

# Subsq. Inpatient/Observation

| Subsequent Inpatient | 99231 | 99232 | 99233 |
|---|---|---|---|
| Subsequent Observation | 99224 | 99225 | 99226 |
| **HISTORY** | | | |
| CC | Required | Required | Required |
| HPI | 1-3 elements | 1-3 elements | ≥ 4 elements OR<br>≥ 3 chronic or Inactive conditions |
| ROS | N/A | Pertinent | 2-9 systems |
| PFSH | N/A | N/A | N/A |
| Level | PF | Expanded PF | Detailed |
| **PHYSICAL EXAMINATION** | | | |
| 1995 | 1 system | 2-4 systems | ≥ 5 systems |
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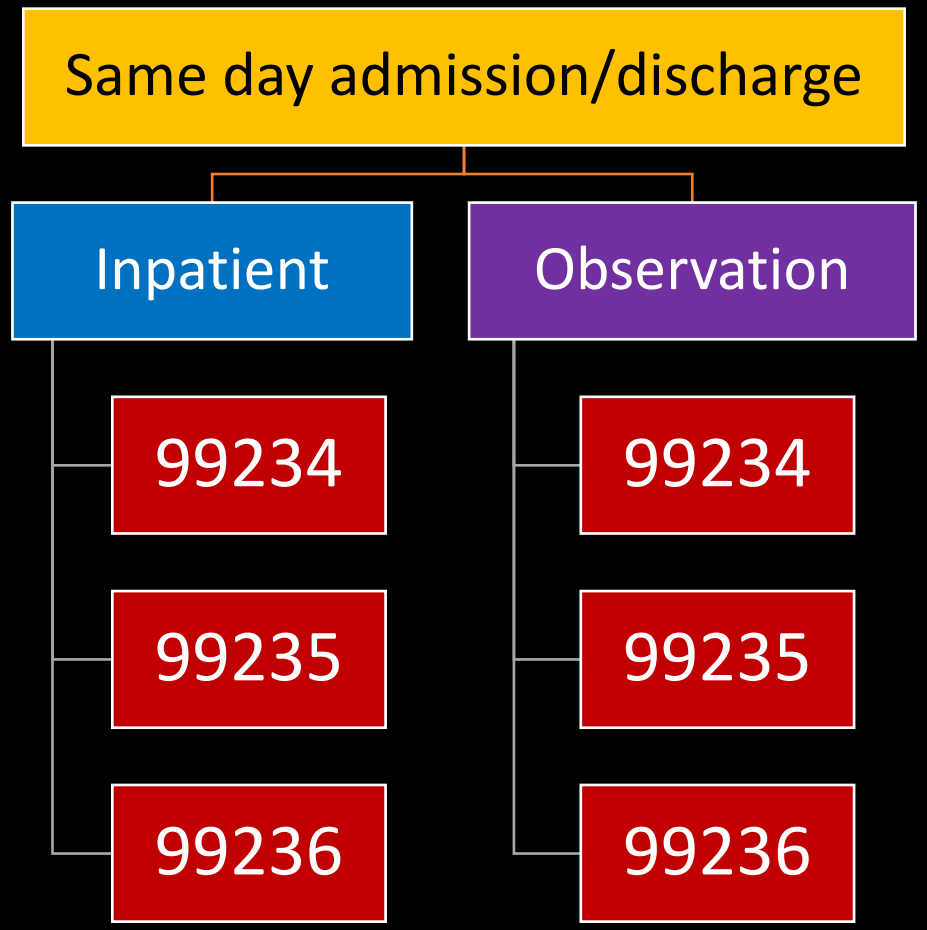
| Risk | Minimal or Low | Moderate | High |
| Level | SF or Low | Moderate | High |
| **TIME** | | | |
| Floor/Unit | 15 min. | 25 min. | 35 min. |

# Assigning MDM for these codes

| Code | CPT Categorization |
|---|---|
| 99221/99218 | “Low” Severity |
| 99222/99219 | “Moderate” Severity |
| 99223/99220 | “High” Severity |
| 99231/99224 | “Stable, recovering, or improving” |
| 99232/99225 | “Responding inadequately to therapy or developed a minor complication” |
| 99233/99226 | “Unstable or has developed a significant complication or a significant new problem |

# Same day admission/discharge



# Same day admission/discharge

- 3 levels of service
- ***All 3 key components/time not used***
- Combines the “work” of the admission and discharge into a single code
- Same codes used for inpatient and observation care
- Payers read *date* of service

# Medicare: Observation services

- Documentation must be in addition to record of emergency or outpatient visit
- Includes all care by the ordering physician on the date observation begins
- Observation medical record must contain:
  - Dated and timed orders regarding observation services AND
  - Nursing/physician notes while patient received observation services

# Medicare: Observation services

- In addition to key component requirements, must include documentation:
  - Stating that stay involves ≥8 but <24 hrs.;
  - Identifying billing physician as present and personally performing services; and
  - Identifying that the order, progress notes, and discharge notes were written by billing physician

# Medicare rules

- Admission/discharge *same* date (99234-99236): Require minimum of 8 hour stay.
- Stays less than 8 hours on calendar date: Report 99218-99220. No discharge code.
- Admission/discharge *different* dates:
  - Day 1: 99218-99220
  - Day 2: 99217

# Medicare rules

- 3 or more calendar days
  - Day 1: Report 99218-99220
  - Day 2: Report 99224-99226
  - Day 3: Discharge 99217

# Using observation care codes

- From Observation to other setting *different date*
  - Day 1: Initiation of Observation
  - Day 2: Discharge code, *OR*
    - Initial inpatient care, *OR*
    - Subsequent inpatient care

# Using observation care codes

- Dr. Thomas admitted Tabatha to observation care on Tuesday at 10:00am and discharged her on the ***same date*** at 5:00pm *(a 7 hour stay).*

# Using observation care codes

- CPT Rules:
  - Report 99234-99236

- Medicare Rules:
  - Report 99218-99220

# Using observation care codes

- Dr. Thompson see Tracy in the office on Tues and decides to send her to the hospital to be admitted to observation care. He does not go to the hospital to see her but maintains contact with nursing staff.
- At 7AM on Wed, Dr. Thompson sees Tracy and performs an initial observation service. He sees her again later in the day and discharges her home at 4PM (9 hour stay)

# Using observation care codes

- Tuesday (CPT or Medicare rules):
  - 99201-99215

- Wednesday (CPT or Medicare rules):
  - 99234-99236

# Using observation care codes

- Dr. Tudor admitted Tami to observation care at 8:00pm on ***Tuesday*** and discharged her on ***Wednesday*** at 9:00am *(a 13 hour stay).*

# Using observation care codes

- CPT Rules:
  - Tuesday: 99218-99220
  - Wednesday: 99217

- Medicare Rules:
  - Tuesday: 99218-99220
  - Wednesday: 99217

# Observation Service: Victoria

- Victoria, a 29 year old $G_1P_{0,}$ who is at 11 weeks 5 days gestation, presents to the ED on Wednesday with a complaint of worsening back, hip, and leg pain that is consistent with past exacerbations of her sickle cell disease (SCD). Dr. Vincent, the MFM on call, comes to the ER to examine Victoria. She is currently on a home pain-management regimen, which was satisfactory until Tuesday morning.

# Observation Service: Victoria

- She was admitted to observation by Dr. Vincent at 3 PM on Wednesday. Dr. Vincent ordered IV pain medication in an effort to manage the pain caused by the disease.  Dr. Vincent saw her again later during evening rounds.
- Since admission to observation, her pain has decreased slightly, but she still indicates that the pain is 8/10.

# Observation Service: Victoria

- At 9 AM on Thursday, Dr. Vincent sees her to check her status and adjust the treatment plan.  The pain is somewhat improved,  but still not at a satisfactory level.
- The next morning, she indicates that her pain is much improved.  She desires to be discharged home and will follow up in the office in two days or before if the pain worsens.

# Victoria Dr. Vincent

| 21. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY. Relate A-L to service line below (24E). | | | | | | | | 22. RESUBMISSION CODE | | ORIG REF. NO. | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| A. | O99.111 | B. | D57.00 | C. | Z3A.11 | D. | | | | | | | |
| E. | | F. | | G. | | H. | | 23. PRIOR AUTHORIZATION NUMBER | | | | | |
| I. | | J. | | K. | | L. | | | | | | | |

| 24.A. DATE(S) OF SERVICE From MM | DD | YY | To MM | DD | YY | B. POS | D. PROCEDURES,SERVICES,OR SUPPLIES (Explain Unusual Circumstances) CPT | MODIFIER | E. DX POINTER | F. $ CHARGES | | G. DAYS/ UNITS | I. ID QUAL | J. RENDERING PROVIDER N° |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | | | | | 22 | 99218 | | ABC | | | 1 | NPI | |
| | | | | | | 22 | 99224 | | ABC | | | 1 | NPI | |
| | | | | | | 22 | 99217 | | ABC | | | 1 | NPI | |

| ICD-10 Codes | ICD-10 Description |
|---|---|
| O99.111 | Other diseases of the blood and blood forming organs, complicating pregnancy, 1st trimester |
| D57.00 | Hb-SS disease with crisis, unspecified |
| Z3A.11 | 11 weeks gestation |

# Observation Service: Victoria

- Following discharge, the hospital contacts Dr. Vincent's office to indicate that her status has been changed to inpatient care beginning on Wednesday. Dr. Vincent's staff changes the coding to the corresponding inpatient codes.

# Victoria Dr. Vincent Revised

| 21. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY. Relate A-L to service line below (24E). | | | | | | | | 22. RESUBMISSION CODE | | ORIG REF. NO. |
|---|---|---|---|---|---|---|---|---|---|---|
| A. | **O99.111** | B. | **D57.00** | C. | **Z3A.11** | D. | | | | |
| E. | | F. | | G. | | H. | | 23. PRIOR AUTHORIZATION NUMBER | | |
| I. | | J. | | K. | | L. | | | | |

| 24.A. DATE(S) OF SERVICE From MM | DD | YY | To MM | DD | YY | B. POS | D. PROCEDURES,SERVICES,OR SUPPLIES (Explain Unusual Circumstances) CPT | MODIFIER | E. DX POINTER | F. $ CHARGES | | G. DAYS/ UNITS | I. ID QUAL | J. RENDERING PROVIDER N° |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | | | | | **21** | **99221** | | **ABC** | | | **1** | NPI | |
| | | | | | | **21** | **99231** | | **ABC** | | | **1** | NPI | |
| | | | | | | **21** | **99238** | | **ABC** | | | **1** | NPI | |

| ICD-10 Codes | ICD-10 Description |
|---|---|
| O99.111 | Other diseases of the blood and blood forming organs, complicating pregnancy, 1st trimester |
| D57.00 | Hb-SS disease with crisis, unspecified |
| Z3A.11 | 11 weeks gestation |

# Emergency Department

- CPT defines an emergency department as:

  *“an organized hospital-based facility for the provision of unscheduled episodic services to patients who present for immediate medical attention. The facility must be available 24 hours a day”.*

# Emergency Department

- Five levels of service (99281-99285)
- All three key components must be met or exceeded
- Payers may reimburse only 1 physician for *ED* codes for same episode of care
- If ob/gyn is only physician to triage or evaluate patient, then can report ED code

# Emergency Department

- Other options:
  - Outpatient Consult
  - Office/Outpatient E/M
  - Initial Inpatient Services
  - Initial Observation Care

# Emergency Department

- If asked by ED to see patient:
  - Report outpatient consult code
  - Medicare: Report ED code
- If seen in ED for convenience:
  - Report Office or Outpatient E/M Services (99201-99215)

# Emergency Department

- If called by ED but do not see patient:
  - Cannot report an E/M code on that date
  - If seen in office on subsequent day, report new or established office codes

# Work RVU Comparison

| Level | ED | Estab. | New | Consult |
|---|---|---|---|---|
| 1 | 0.48 | 0.18 | NA | 0.64 |
| 2 | 0.93 | 0.70 | 0.93 | 1.34 |
| 3 | 1.60 | 1.30 | 1.60 | 1.88 |
| 4 | 2.74 | 1.92 | 2.60 | 3.02 |
| 5 | 4.00 | 2.80 | 3.50 | 3.77 |

# Triage services

- Hospitals may choose to have their OB triage area classified as an “emergency department,” which generally increases the reimbursement for the facility.
- This may significantly influence the service that the physician reports for their professional service.

# Triage services

- If it is “ED”, then the choices offered for that location should be used
- If it is “outpatient” but not “observation,” then the appropriate office **or other outpatient** service codes (99201-99215) or outpatient consultation (99241-99245)
- If they are admitted to observation or inpatient status, the respective admission code should be used.

# Coding Options

| Site of Service | Coding Option(s) |
|---|---|
| Emergency Room | 99281-99285 (Emergency Codes)<br>99241-99245 (Consult Codes)<br>99202-99215 (Outpatient Codes) |
| OB Triage | 99281-99285 (Emergency Codes)<br>99218-99220 (Observation Codes)<br>99234-99236 (Same Day Codes)<br>99202-99215 (Outpatient Codes) |
| Admission Codes | 99221-99223 (Inpatient Admit)<br>99218-99220 (Observation Admit)<br>99234-99236 (Same Day Codes) |
| Subsequent Day Codes | 99221-99223 (Inpatient Admit)<br>99218-99220 (Observation Admit) |

# Critical care services

- **CPT Codes 99291, 99292**
  - **Critical care, evaluation and management of the critically ill or critically injured patient; first 30-74 minutes**
    - **Each additional 30 minutes (List separately in addition to code for primary service**

# Calculating critical care times

| Time | Appropriate codes |
|---|---|
| Less than 30 minutes | Appropriate E/M codes (no critical care codes) |
| 30-74 minutes | 99291 x 1 |
| 75-104 minutes | 99291 x 1 and 99292 x 1 |
| 105-134 minutes | 99291 x 1 and 99292 x 2 |
| 135-154 minutes | 99291 x 1 and 99292 x 3 |
| 165-194 minutes | 99291 x 1 and 99292 x 4 |
| 195 minutes or longer | 99291 x 1 and 99292 as appropriate |

# Critical care guidelines

- Critical care codes include the total time a physician spends providing their **full attention** to a critically ill or injured patient
  - **Full attention** is “work directly related to the patient’s care, whether bedside or elsewhere on the floor and unit.”
- Typically occurs in a critical care area
  - CCU, ICU, respiratory care, etc.

# Obstetrics and critical care

- Hemorrhage, massive transfusion, placenta accreta, and DIC
- Cardiac disease including pulmonary, hypertension and congenital heart disease
- Thromboembolic disease
- Sepsis and septic shock
- Respiratory failure
- Preeclampsia and hypertensive crisis
- Amniotic fluid embolism
- Alterations to the ACLS and trauma protocols
- Overdose, poisoning and envenomation
- ECMO during pregnancy
- Neurologic emergencies

# Critical care guidelines

- Just because care happens in critical care areas doesn't mean that it is a critical care service.  It includes:
  - One or more vital organ systems with high probability of imminent or life threatening deterioration
  - High complexity medical decision making
  - Includes many significant diagnostic procedures
  - Must be independent of any procedures performed

# Critical care guidelines

- Billing for critical care by the MFM physician will tend to be relatively rare
- It is conceivably possible to bill E/M and critical care on the same day (if both are provided and documented)

# Physician standby services

- Used to report physician standby service that is requested by another physician and involves prolonged physician attendance **without** direct (face-to-face) patient contact.
  - May not be providing care or services to any other patient during this period.
  - Not used for physician proctoring
  - Not used if it results in the performance of a procedure

# Physician standby times

| Time | Appropriate reporting |
|---|---|
| Less than 30 minutes | Not separately billable |
| 30-59 minutes | 99360 |
| 60-89 minutes | 99360 x 2 |
| 90-119 minutes | 99360 x 3 |
| 120-149 minutes | 99360 x 4 |

- A service that payers do not regularly pay
- Service needs to be documented, in some fashion (specifically time)

# Prolonged services with direct patient contact

- **Office or outpatient setting**
  - **99354**
    - **Prolonged evaluation and management or psychotherapy service(s) (beyond the typical service time of the primary procedure) in the office or other outpatient setting requiring direct patient contact beyond the usual service; first hour**
  - **99355**
    - **Each additional 30 minutes**

# Prolonged services with direct patient contact

- **Office or outpatient setting**
  - The time does not have to be continuous
  - Each code is used only one time per day
  - Time spent doing other separately reportable services is not counted
  - It must be associated with a service that has a “typical” or “specified” time
  - It includes only physician/provider time

# Prolonged services with direct patient contact

| Time | Appropriate reporting |
|---|---|
| Less than 30 minutes | Not separately billable |
| 30-74 minutes | 99354 |
| 75-104 minutes | 99354 x 1, 99355 x 1 |
| 105 minutes or more | 99354 x 1, 99355 x 2 (or more, for ea. addl. 30 min. as necessary) |

- A service that Medicare and some payers do pay
- Service needs to be documented, in some fashion (specifically time)

# Prolonged services with direct patient contact

- Codes to which 99356/99357 can be attached:
  - 99201-99215  Office/outpt E/M
  - 99241-99245  Outpatient consult

# Prolonged staff services with direct patient contact

- Office or outpatient setting
  - If staff members (non-physician/provider) provide the extended service, then **99415** and **99416** are used
  - Must be **face-to-face**, although doesn't have to be continuous
  - No more than two simultaneous patients
  - Can't report until at least 45 minutes has passed after the end of the "typical" time

# Staff services with direct patient contact

| Time | Appropriate reporting |
|---|---|
| Less than 45 minutes | Not separately billable |
| 45-74 minutes | 99415 x 1 |
| 75-104 minutes | 99415 x 1, 99416 x 1 |
| 105 minutes or more | 99415 x 1, 99416 x 2 (or more, for ea. addl. 30 min., as necessary) |

- A service that Medicare and some payers do pay
- Service needs to be documented, in some fashion (specifically time)

# Prolonged services with direct patient contact

- **Inpatient or observation setting**
  - **99356**
    - **Prolonged service in the inpatient or observation setting, requiring unit/floor time beyond the usual service; first hour**
  - **99357**
    - **Each additional 30 minutes**

# Prolonged services with direct patient contact

- **Inpatient or observation setting**
  - The time does not have to be continuous
  - Each code is used only one time per day
  - Time spent doing other separately reportable services is not counted
  - It must be associated with a service that has a “typical” or “specified” time
  - It includes only physician/provider time

# Prolonged services with direct patient contact

- Codes to which 99356/99357 can be attached:
  - 99218-99220 Initial observation
  - 99221-99223 Initial inpatient admit
  - 99224-99226 Subsequent observation
  - 99231-99233 Subsequent inpatient
  - 99234-99236 Same day admit/discharge
  - 99251-99255 Inpatient consult

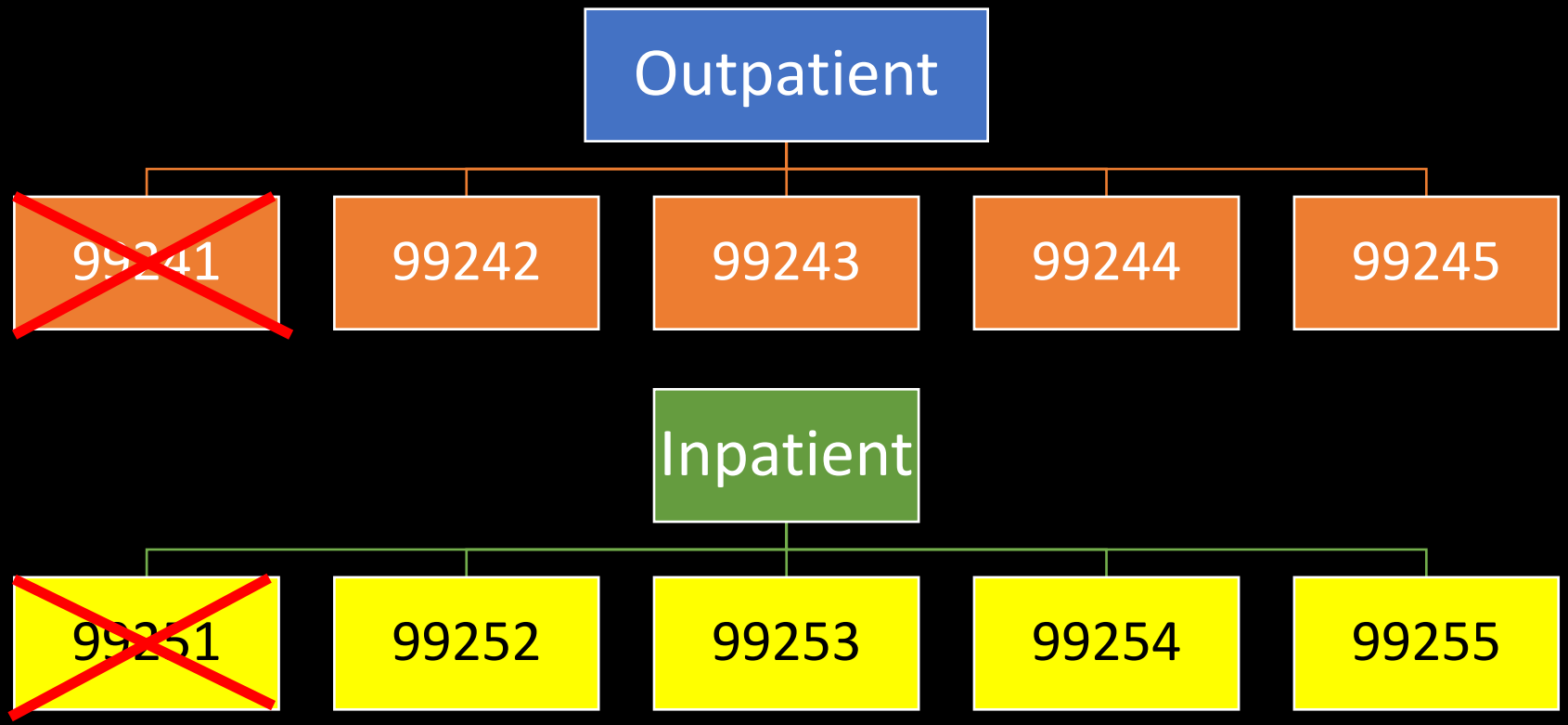
# What's Coming?

On January 1, 2023

https://www.ama-assn.org/system/files/2021-03/february-2021-summary-panel-actions.pdf

# Consultation Services

- **EFFECTIVE 1/1/2023**



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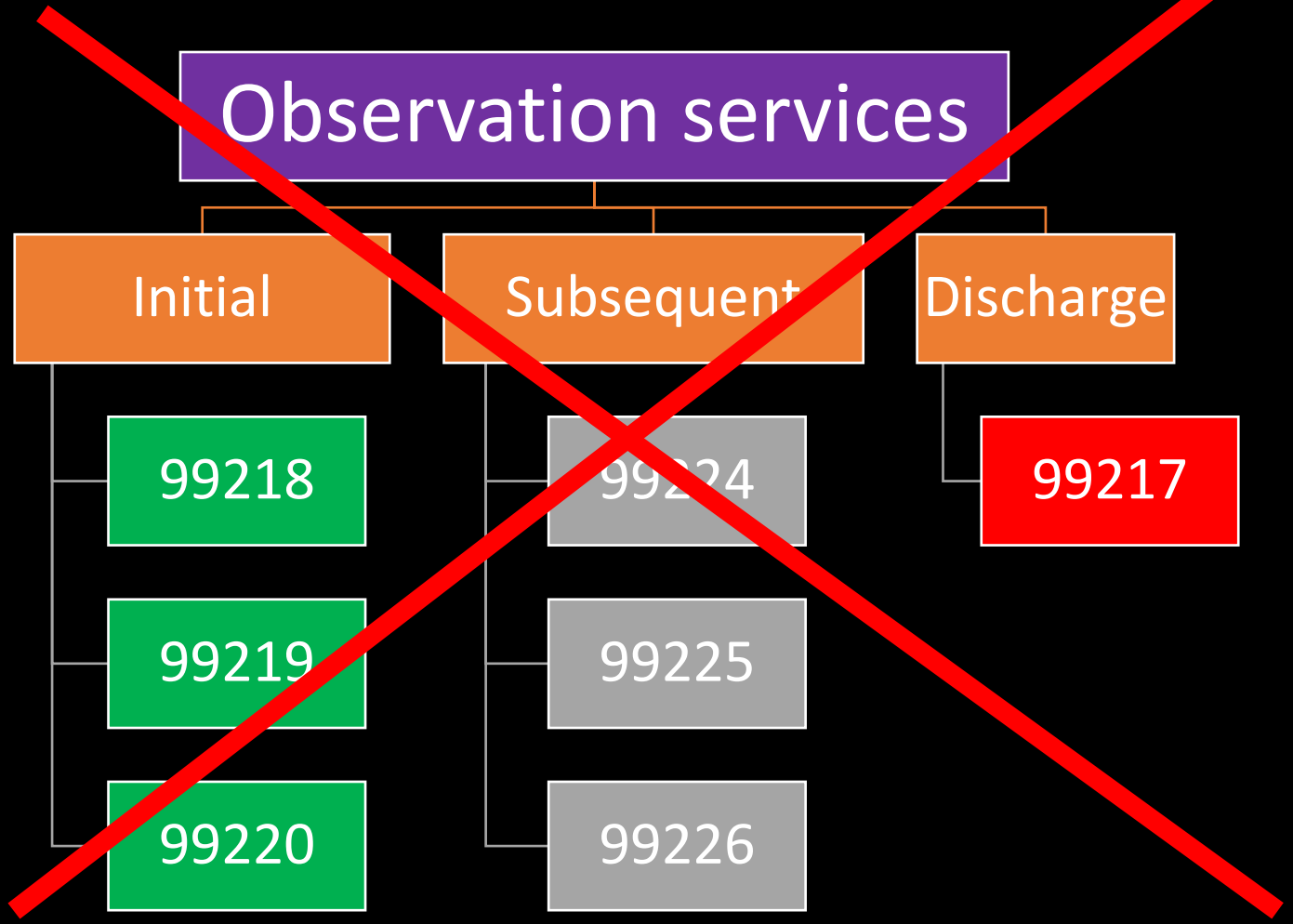

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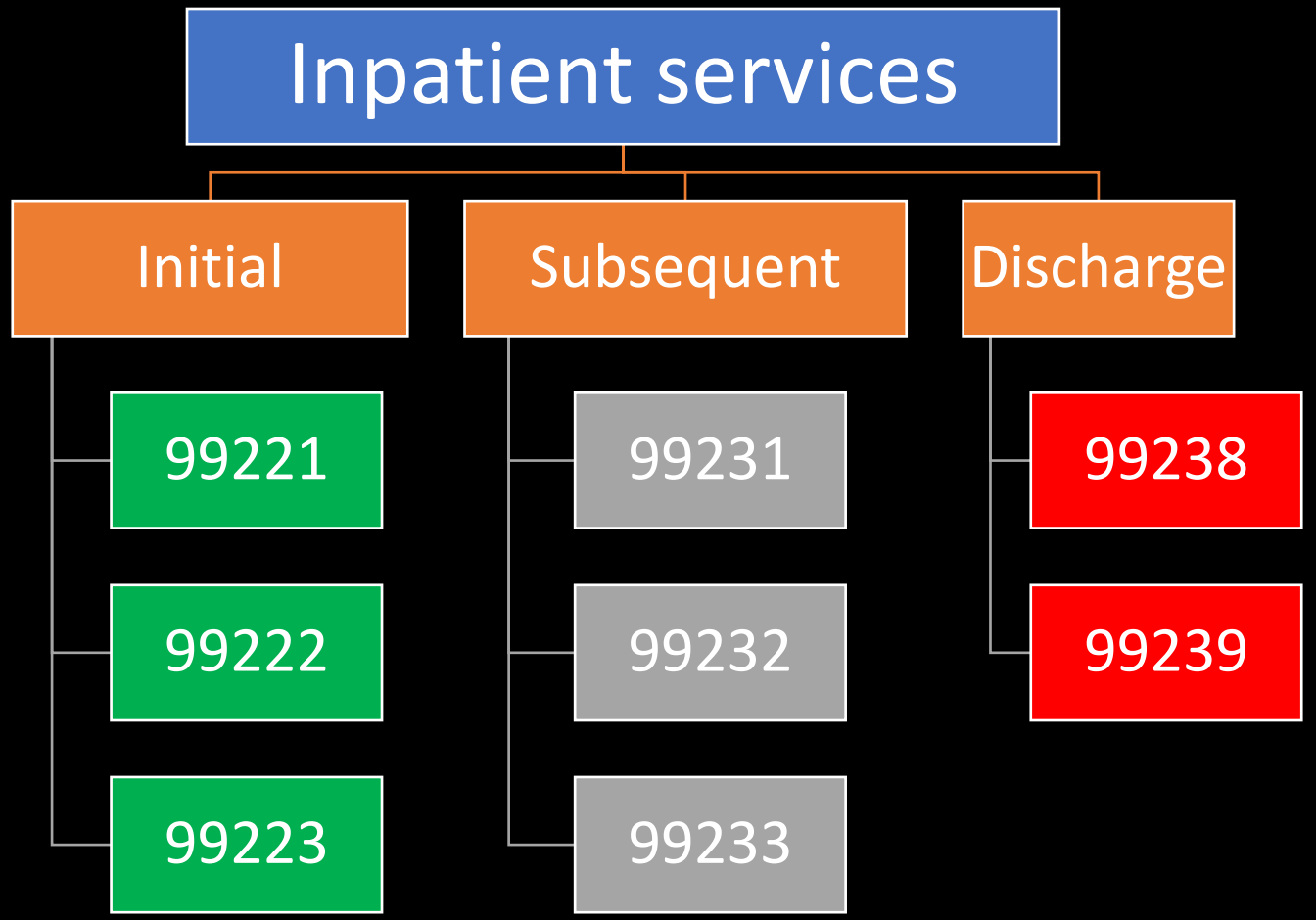
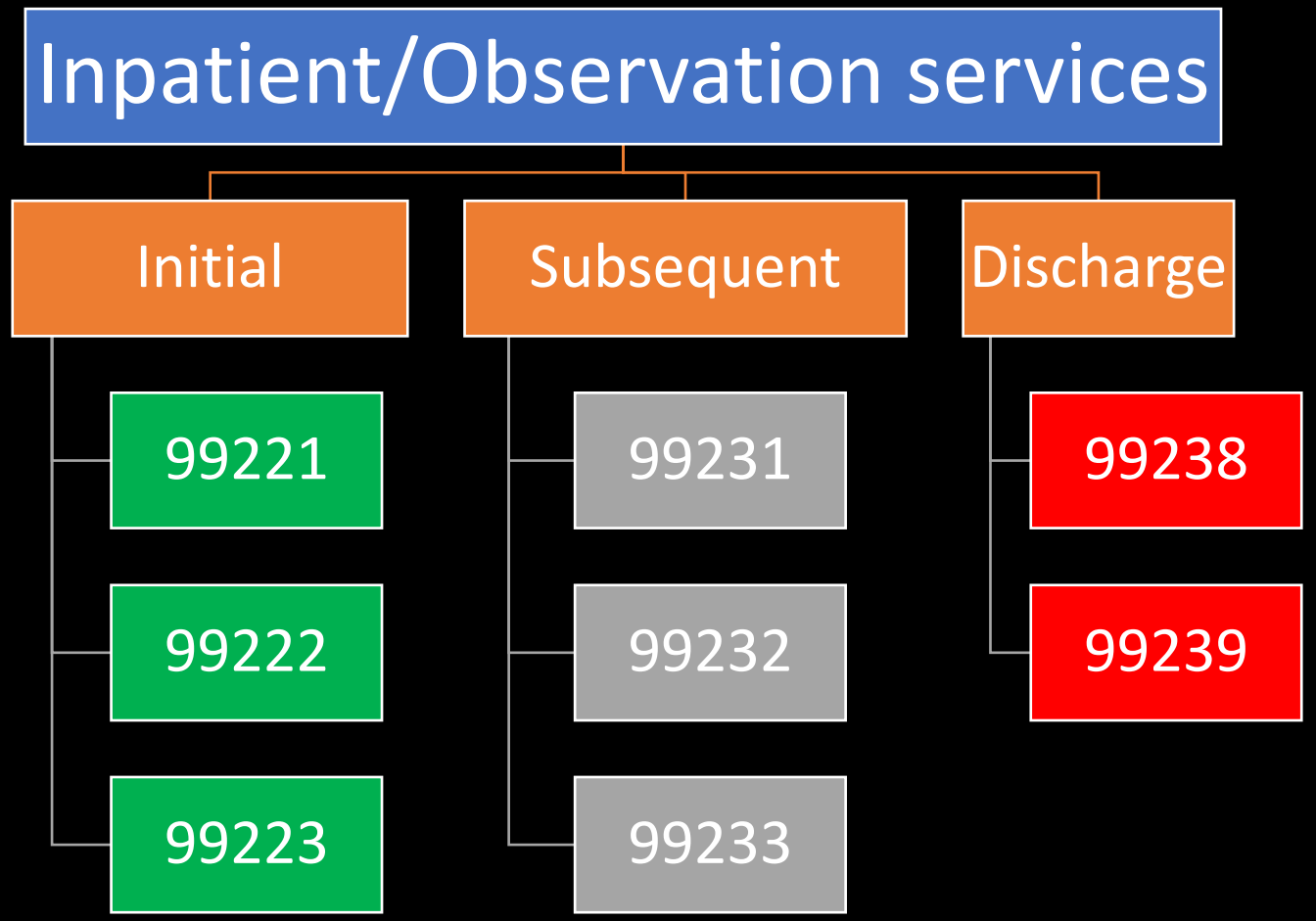


# Inpatient/Observation E/M Services



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| Level | SF or Low | Moderate | High |
| **TIME** | | | |
| Floor/Unit | 15 min. | 25 min. | 35 min. |

| Office or Outpt. | 99241 | 99242 | 99243 | 99244 | 99245 |
|---|---|---|---|---|---|
| Inpatient | 99251 | 99252 | 99253 | 99254 | 99255 |
| **HISTORY** | | | | | |
| CC | Required | Required | Required | Required | Required |
| HPI | 1-3 elements | 1-3 elements | ≥ 4 elements OR<br>≥ 3 chronic or<br>Inactive conditions | ≥ 4 elements OR<br>≥ 3 chronic or<br>Inactive conditions | ≥ 4 elements OR<br>≥ 3 chronic or<br>Inactive conditions |
| ROS | N/A | 1 system | 2-9 systems | 10-14 systems | 10-14 systems |
| PFSH | N/A | N/A | 1 element | 2 elements | 3 elements |
| Level | PF | Expanded PF | Detailed | Comprehensive | Comprehensive |
| **PHYSICAL EXAMINATION** | | | | | |
| 1995 | 1 system | 2-4 systems | 5-7 systems | ≥ 8 systems | ≥ 8 systems |
| 1997 | 1-5 elements | 6-11 elements | ≥ 12 elements | Comprehensive | Comprehensive |
| Level | PF | Expanded PF | Detailed | Comprehensive | Comprehensive |
| **MEDICAL DECISION MAKING** | | | | | |
| Dx Mgmt Options | Minimal | Minimal | Limited | Multiple | Extensive |
| Data Reviewed | Minimal or None | Minimal or None | Limited | Moderate | Extensive |
| Risk | Minimal | Minimal | Low | Moderate | High |
| Level | SF | SF | Low | Moderate | High |
| **TIME** | | | | | |
| Face-to-face | 15 min. | 30 min. | 40 min. | 60 min. | 80 min. |
| ED or Floor/Unit | 20 min. | 40 min. | 55 min. | 80 min. | 110 min. |

# Emergency Department Services

| | 99281 | 99282 | 99283 | 99284 | 99285 |
|---|---|---|---|---|---|
| **HISTORY** | | | | | |
| CC | Required | Required | Required | Required | Required |
| HPI | 1-3 elements | 1-3 elements | 1-3 elements | ≥ 4 elements OR ≥ 3 chronic or Inactive conditions | ≥ 4 elements OR ≥ 3 chronic or Inactive conditions |
| ROS | N/A | 1 system | 1 system | 2-9 systems | 10-14 systems |
| PFSH | N/A | N/A | N/A | 1 element | 3 elements |
| Level | PF | Expanded PF | Expanded PF | Detailed | Comprehensive |
| **PHYSICAL EXAMINATION** | | | | | |
| 1995 | 1 System | 2-4 systems | 2-4 systems | 5-7 systems | ≥ 8 systems |
| 1997 | 1-5 elements | 6-11 elements | 6-11 elements | 12+ elements | Comprehensive |
| Level | PF | Expanded PF | Expanded PF | Detailed | Comprehensive |
| **MEDICAL DECISION MAKING** | | | | | |
| Dx Mgmt Options | Minimal | Limited | Multiple | Multiple | Extensive |
| Data Reviewed | Minimal or None | Limited | Moderate | Moderate | Extensive |
| Risk | Minimal | Low | Moderate | Moderate | High |
| Level | SF | Low | Moderate | Moderate | High |

# Changes in the Prolonged Service Codes

- ~~99354-99357~~

- New add-ons to the highest level codes
  - 99223
  - 99233

# QUESTIONS

**about Facility-Based E/M coding?**