#### INITIAL Hospital (IP), Hosp. (OBS)

(need 3/3)

History (HPI+ROS+PFSH)	Problem focused (HPI 1-3)	Expanded problem focused (HPI 1-3, ROS 1)	Detailed (4 + 2 + 1)	Comprehensive (4 + 10 + 3)	Comprehensive (4 + 10 + 3)
Exam	Problem focused (1 bullet)	Expanded problem focused (6 bullets)	<b>Detailed</b> (12 bullets, or 2 well doc. systems)	Comprehensive (18 bullets or 8 well doc. systems)	Comprehensive (18 bullets or 8 well doc. systems)
MDM	Straight- forward	Straight- forward	Low complexity	Moderate complexity	High complexity
CPT Code (Time in minutes)			99221 (30) 99218 (30) 99234 (40)	99222 (50) 99219 (50) 99235 (50)	99223 (70) 99220 (70) 99236 (70)

# Hospital Inpatient Subsequent Visit

### (Two of three Key Components needed)

History	Problem focused (HPI 1-3)	Expanded problem focused (HPI 1-3, ROS 1)	Detailed interval history (4 + 2)	
Exam	Problem focused (1 bullet)	Expanded problem focused (6 bullets, or 1 well doc. Organ system with 1 other)	Detailed (12 bullets, or 2 well documented organ systems)	
MDM	Straight- forward or Low complexity	Moderate complexity	High complexity	
Code (Time in minutes)	99231 (15) (stable and responding)	99232 (25) (complication of known condition, treatment adjustment due to inadequate response)	99233 (35) (A signific new problem aged, review nostics, able)	

# Hospital Inpatient Subsequent Visit

### (Two of three Key Components needed)

History	Problem focused (HPI 1-3)	Expanded problem focused (HPI 1-3, ROS 1)	Detailed interval history (4 + 2)
Exam	Problem focused (1 bullet)	Expanded problem focused (6 bullets, or 1 well doc. Organ system with 1 other)	Detailed (12 bullets, or 2 well documented organ systems)
MDM	Straight- forward or Low complexity	Moderate complexity	High complexity
Code (Time in minutes)	99231 (15) (stable and responding)	99232 (25) (complication of known condition, treatment adjustment due to inadequate response)	99233 (35) (A significant new problem managed, review diagnostics, unstable)

### Hospital **OBSERVATION** Subsequent Visit

#### (Two of three Key Components needed)

History	Problem focused (HPI 1-3)	Expanded problem focused (HPI 1-3, ROS 1)	Detailed interval history (4 + 2)	
Exam	Problem focused (1 bullet)	Expanded problem focused (6 bullets, or 1 well doc. Organ system with 1 other)	Detailed (12 bullets, or 2 well documented organ systems)	
MDM	Straight- forward or Low complexity	Moderate complexity	High complexity	
Code (Time in minutes)	99224 (15) (stable and responding)	99225 (25) (complication of known condition, treatment adjustment due to inadequate response)	99226 (35) (A significant new problem managed, review diagnostics, unstable)	

## Critical Care Codes (per day\*)

- Less than 30 minutes: 99232, 99233, or another appropriate E/M code
- 30–74 minutes: 99291
- 75–104 minutes: 99291 and 99292 x 1 unit
- I05–I34 minutes: 99291 and 99292 x 2 units
- I35–I64 minutes: 99291 and 99292 x 3 units
- I65–I94 minutes: 99291 and 99292 x 4 units
- I94 minutes or longer: 99291–99292 as appropriate ...
- \*continuous beyond midnight counts on day CC started

Final Definition of Substantive Portion <sup>@</sup>				
E&M* Encounter Code	2022 Definition	2023 Definition		
Outpatient Departments of a Hospital (POS 11 cannot bill split/shared visits)	One of the Key Components** documented as performed to meet the level billed in the encounter OR >50% total time spent during encounter	More than 50% of the total time spent during the encounter		
Hospital inpatient or observation facility care, Nursing Facility	One of the Key Components** documented as performed to meet the level billed in the encounter OR >50% total time spent during encounter	More than 50% of the total time spent during the encounter		
Emergency Department	One of the Key Components** documented as performed to meet the level billed in the encounter OR >50% total time spent during encounter	More than 50% of the total time spent during the encounter		
Critical Care	More than 50% of the total time spent during the encounter	More than 50% of the total time spent during the encounter		

@ 2022 CMS PFS Final Rule, p 426; \*Evaluation and Management; \*\*Key Components are history, exam and Medical Decision Making (MDM)