



PLUTUSHEALTH

**Revenue Impact
Analysis of E/M
Coding Changes
2023**

Visit Our Website
www.plutushealthinc.com





Agenda

E/M Revisions and Deletions

- Categories affected for 2023
- Deleted codes
- 2023 Revisions
- Different Sections of E/M

E/M Evaluation and Management Guidelines

- Initial and Subsequent Services
- History and Physical
- Initial and Subsequent Services
- E/M Key Elements - MDM
- Time
- Time: Coding Requirements
- Sample ED Calculator 2023

Revenue Impact

- Revenue Impact Due to Conversion Factor
- ED Quality Graph - Case study
- Revenue Impact Due to Key Documentation Deficiencies

Q&A

Disclaimer

CPT is a registered trademark of the American Medical Association (AMA). CPT codes, descriptions, and other data only are copyrighted 2022 American Medical Association. All Rights Reserved. We have added the latest CPT & E/M codes and suggested changes based on the same.

You, your employees, and your agents are authorized to use CPT only as contained in the following authorized materials (documents on this website that contain CPT codes, descriptions, and other data) internally within your organization within the United States for the sole use by yourself, employees and agents. The usage is limited to Medicare, Medicaid, or other programs administered by the Centers for Medicare and Medicaid Services (CMS). You agree to take all necessary steps to ensure that your employees and agents abide by the terms of this agreement.

Any usage not authorized herein is prohibited, including by way of illustration and not by way of limitation, making copies of CPT for resale and/or license, transferring copies of CPT to any party not bound by this agreement, creating any modified or derivative work of CPT, or making any commercial use of CPT. License to use CPT for any use not authorized herein must be obtained through the AMA, CPT Intellectual Property Services, 515 N. State Street, Chicago, IL 60654. Applications are available at the AMA website at ama.org.

E/M Milestones



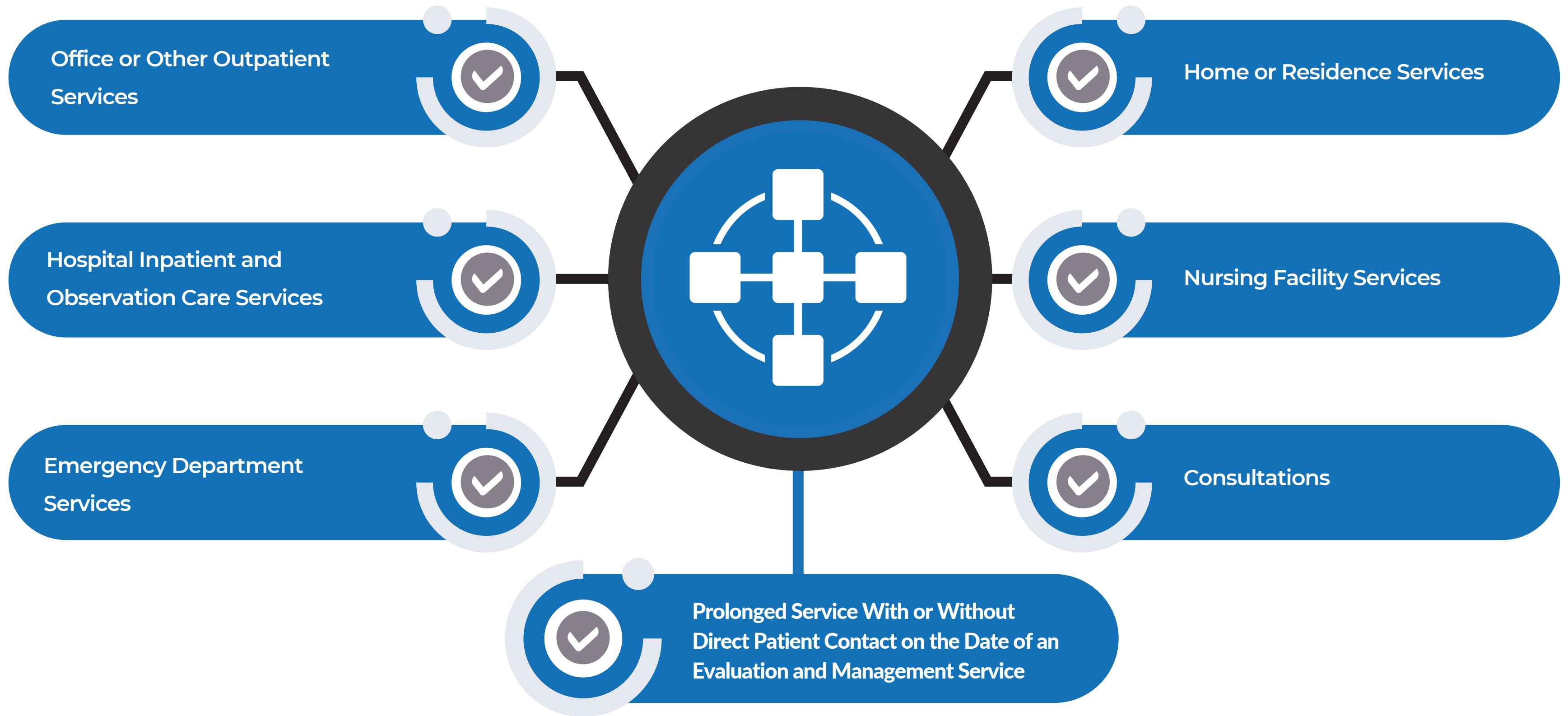
- Introduction of 95 guidelines by CMS
- Key Elements: History, Examination MDM and Time

- Addition of 97 guidelines by CMS for specialists
- Examination defined extensively based on the organ system as clinical bullets to support specialist exams

- 2021 guidelines for office visits by AMA
- AMA redefined medical decision making guideline for 2021

- MDM and Time as key components by AMA
- History and examination no longer considered as an element in selection of E/M service codes

E/M Categories Effectuated for 2023



2023 - E/M Revisions | A Quick Snapshot

- Revision of Hospital Inpatient and Observation Care Services E/M codes 99221-99223, 99231-99239 and guidelines
- Revision of Consultations E/M codes 99242-99245, 99252-99255 and guidelines
- Revision of Emergency Department Services E/M codes 99281-99285 and guidelines
- Revision of Nursing Facility Services E/M codes 99304-99310, 99315, 99316 and guidelines
- Revision of Home or Residence Services E/M codes 99341, 99342, 99344, 99345, 99347-99350 and guidelines
- Revision of guidelines for Prolonged Services E/M codes 99358, 99359, 99415, 99416
- Revision of Prolonged Services E/M code 99417 and guidelines

2023 E/M Deleted Codes | Quick Snapshot

- Deletion of Hospital Observation Services E/M codes 99217-99220
- Deletion of Consultations E/M codes 99241 and 99251
- Deletion of Nursing Facility Services E/M code 99318
- Deletion of Domiciliary, Rest Home (eg, Boarding Home), or Custodial Care Services E/M codes 99324-99238, 99334-99337, 99339, 99340
- Deletion of Home or Residence Services E/M code 99343
- Deletion of Prolonged Services E/M codes 99354-99357

Hospital Observation Services

Observation Care Discharge Services

- (99217 has been deleted. To report observation care discharge services, see 99238, 99239)

Initial Observation Care

- New or Established Patient (99218, 99219, 99220 have been deleted. To report initial observation care, new or established patient, see 99221, 99222, 99223)

Subsequent Observation Care

- (99224, 99225, 99226 have been deleted. To report subsequent observation care, see 99231, 99232, 99233)

Coding Tips

- For a patient admitted and discharged from hospital inpatient or observation status on the same date, report 99234, 99235, 99236, as appropriate
- When using MDM or total time for code selection, a continuous service that spans the transition of two calendar dates is a single service and is reported on one calendar date

Hospital Observation Services

Initial Hospital Inpatient or Observation Care		
CPT	Medical Decision Making	Time Based
99221	Straight forward or Low	40 Minutes
99222	Moderate	55 Minutes
99223	High	75 Minutes
<i>For services of 90 minutes or longer, use prolonged services code 99418</i>		

Subsequent Hospital Inpatient or Observation Care		
CPT	Medical Decision Making	Time Based
99231	Straight forward or Low	25 Minutes
99232	Moderate	35 Minutes
99232	High	50 Minutes
<i>For services of 65 minutes or longer, use prolonged services code 99418</i>		

Hospital Inpatient or Observation Care Services (Including Admission and Discharge Services)		
CPT	Medical Decision Making	Time Based
99234	Straight forward or Low	45 Minutes
99235	Moderate	70 Minutes
99236	High	85 Minutes
<i>For services of 100 minutes or longer, use prolonged services code 99418</i>		

Consultations

Office or Other Outpatient Consultations		
CPT	Medical Decision Making	Time Based
99242	Straight forward	20 Minutes
99243	Low	30 Minutes
99244	Moderate	40 Minutes
99245	High	50 Minutes
<i>For services of 70 minutes or longer, use prolonged services code 99417</i>		

Inpatient or Observation Consultations		
CPT	Medical Decision Making	Time Based
99252	Straight forward	35 Minutes
99253	Low	45 Minutes
99254	Moderate	60 Minutes
99255	High	80 Minutes
<i>For services of 95 minutes or longer, use prolonged services code 99418</i>		

Emergency Departments

Emergency Department		
CPT	Medical Decision Making	Time
99281	Face to Face by clinical staff	Not applicable
99282	Straight forward	Not applicable
99283	Low	Not applicable
99284	Medium	Not applicable
99285	High	Not applicable

Tip: If a patient is seen in the emergency department for the convenience of a physician or other qualified health care professional, use office or other outpatient services codes (99202-99215)

Nursing Facility Care

Initial Nursing Facility Care		
CPT	Medical Decision Making	Time Based
99304	Straight forward or Low	25 Minutes
99305	Moderate	35 Minutes
99306	High	45 Minutes
<i>For services of 60 minutes or longer, use prolonged services code 99418</i>		

Subsequent Nursing Facility Care		
CPT	Medical Decision Making	Time Based
99307	Straight forward or Low	10 Minutes
99308	Low	15 Minutes
99309	Moderate	30 Minutes
99310	High	45 Minutes
<i>For services of 60 minutes or longer, use prolonged services code 99418</i>		

Nursing Facility Discharge Services		
CPT	Medical Decision Making	Time Based
99315	Discharge management	< 30 Minutes
99316	Discharge management	> 30 Minutes

Home and Residence Services

Initial Nursing Facility Care		
CPT	Medical Decision Making	Time Based
99341	Straight forward	15 Minutes
99342	Low	30 Minutes
99344	Moderate	60 Minutes
99345	High	75 Minutes
<i>(For services 90 minutes or longer, see prolonged services code 99417)</i>		

Home or Residence Services- Established Patient		
CPT	Medical Decision Making	Time Based
99347	Straight forward	20 Minutes
99348	Low	30 Minutes
99349	Moderate	40 Minutes
99350	High	60 Minutes
<i>(For services 75 minutes or longer, see prolonged services code 99417)</i>		

Prolonged Services

Prolonged Service on Date Other Than the Face-to-Face Evaluation and Management Service Without Direct Patient Contact		
CPT	Medical Decision Making	Time Based
99358	N/A	First 60 Minutes
(+) 99359	N/A	Additional 30 Minutes

Tips:

- Use 99359 in conjunction with 99358
- Do not report 99358, 99359 on the same date of service as
99202, 99203, 99204, 99205, 99212, 99213, 99214, 99215, 99221, 99222, 99223, 99231, 99232, 99233, 99234, 99235, 99236,
99242, 99243, 99244, 99245, 99252, 99253, 99254, 99255, 99281, 99282, 99283, 99284, 99285, 99304, 99305, 99306, 99307,
99308, 99309, 99310, 99341, 99342, 99344, 99345, 99347, 99348, 99349, 99350, 99417, 99418, 99483

Prolonged Services

Total Duration of Prolonged Services Without Direct Face-to-Face Contact	Code(s)
Less than 30 Minutes	Not reported separately
30-70 Minutes (30 min. - 1 hr. 14 min.)	99358 x 1
75-104 Minutes (1 hr. 15 min. - 1 hr. 44 min.)	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 additional 30 mins

Prolonged Services

Prolonged Clinical Staff Services With Physician or Other Qualified Health Care Professional Supervision		
CPT	Medical Decision Making	Time Based
(+)99415	N/A	First 60 Minutes
(+) 99416	N/A	Additional 30 Minutes

Tips:

- Use 99416 in conjunction with 99415
- Do not report 99416 in conjunction with 99417
- The starting point for 99415 is 30 minutes beyond the typical clinical staff time for ongoing assessment of the patient during the office visit. The Reporting Prolonged Clinical Staff Timetable provides the typical clinical staff times for the office or other outpatient primary codes, the range of time beyond the clinical staff time for which 99415 may be reported, and the starting point at which 99416 may be reported
- Use 99415 in conjunction with 99202, 99203, 99204, 99205, 99212, 99213, 99214, 99215
- Do not report 99415 in conjunction with 99417

Prolonged Services

Reporting Prolonged Clinical Staff Time			
Code	Typical Clinical Staff Time	99451 Time Range (Minutes)	99416 Start Time (Minutes)
99202	29	59 -103	104
99203	34	64 - 108	109
99204	41	71 - 155	116
99205	46	76 - 120	121
99211	16	46 - 90	91
99212	24	54 - 98	99
99213	27	57 -101	102
99214	40	70 - 114	115
99215	45	75 - 119	120<

Prolonged Services

Prolonged Service With or Without Direct Patient Contact on the Date of an Office or Other Outpatient Service and Inpatient services		
CPT	Medical Decision Making	Time Based
(+)99417	N/A	15 Minutes
(+) 99418	N/A	15 Minutes

Tips:

- Use 99417 in conjunction with 99205, 99215, 99245, 99345, 99350, 99483
- Do not report 99417 on the same date of service as 90833, 90836, 90838, 99358, 99359, 99415, 99416
- Do not report 99417 for any time unit less than 15 minutes- View Table
- Use 99418 in conjunction with 99223, 99233, 99236, 99255, 99306, 99310
- Do not report 99418 on the same date of service as 90833, 90836, 90838, 99358, 99359
- Do not report 99418 for any time unit less than 15 minutes

Prolonged Services

Total Duration of the New Patient Office or Other Outpatient Services (use with 99205)	Code(s)
Less than 75 Minutes	Not reported separately
70 - 89 Minutes	99205 x 1 and 99417 x 1
90 - 104 Minutes	99205 x 1 and 99417 x 2
105 Minutes or More	99205 x 1 and 99417 x 3 or more for each additional 15 mins
Total Duration of Established Patient Office or Other Outpatient Services (use with 11215)	Code(s)
Less than 55 Minutes	Not reported separately
55 - 69 Minutes	99215 x 1 and 99417 x 1
70 - 84 Minutes	99215 x 1 and 99417 x 2
85 Minutes or More	99215 x 1 and 99417 x 3 or more for each additional 15 mins
Total Duration of Office or Other Outpatient Services (use with 99245)	Code(s)
Less than 70 Minutes	Not reported separately
70 - 84 Minutes	99245 x 1 and 99417 x 1
80 - 99 Minutes	99245 x 1 and 99417 x 2
100 Minutes or More	99245 x 1 and 99417 x 3 or more for each additional 15 mins <

E/M Guidelines - New and Established Patients



New patient

A new patient is one who has not received any professional services from the physician or other qualified health care professional or another physician or other qualified health care professional of the exact same specialty and subspecialty who belongs to the same group practice, within the past three years



Established patient

An established patient is one who has received professional services from the physician or other qualified health care professional or another physician or other qualified health care professional of the exact same specialty and subspecialty who belongs to the same group practice, within the past three years



Coding tip

Physician part of same Taxonomy ID would be considered synonymous to Sub-specialty



E/M Guidelines - Initial and Subsequent Services




Initial Services


Initial service is when the patient has not received any professional services from the physician or other qualified health care professional or another physician or other qualified health care professional of the exact same specialty and subspecialty who belongs to the same group practice, during the inpatient, observation, or nursing facility admission and stay.

Subsequent Services

A subsequent service is when the patient has received professional service(s) from the physician or other qualified health care professional or another physician or other qualified health care professional of the exact same specialty and subspecialty who belongs to the same group practice, during the admission and stay.



E/M Key Elements - History and Physical



E/M codes that have levels of services include a medically appropriate history and/or physical examination when performed

The nature and extent of the history and/or physical examination are determined by the treating physician or other qualified healthcare professional reporting the service. The care team may collect information, and the patient or caregiver may supply information directly (e.g., by electronic health record [EHR] portal or questionnaire) that is reviewed by the reporting physician or other qualified health care professional

The extent of history and physical examination is not an element in selecting the level of these E/M service codes

E/M Key Elements - MDM

Level of MDM (Based on 2 of 3 Elements of MDM)	Number and Complexity of Problem Addressed	Amount and/or Complexity of Data to be Reviewed and Analyzed <small>*Each unique test, order, or document contributes to the combination or 2 of combination of 3 in category in 1 below.</small>	Risk of Complications and/or Morbidity or Morality of Patient Management
Straightforward	Minimal <ul style="list-style-type: none"> 1 self-limited or minor problems 	Minimal or none	Minimal risk of morbidity from additional diagnostics testing or treatment
Low	Low <ul style="list-style-type: none"> 2 or more self-limited or minor problems 1 stable chronic illness 1 acute, uncomplicated illness or inquiry 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 <i>Any combination of 2 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 Category 2: Assessment requiring an independent historian(s) <ul style="list-style-type: none"> 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 of treatment
Moderate	Moderate <ul style="list-style-type: none"> 1 or more chronic illness 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 complicate injury 	Moderate (Must meet the requirements of at least 1 of the 3 categories) Category 1: Tests, documents or independent historian(s) <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) OR Category 2: Independent interpretation of tests <ul style="list-style-type: none"> Independent interpretation of a test performed by another physician/other qualified health care professional (not separately reported) OR Category 3: Discussion of management or test interpretation <ul style="list-style-type: none"> 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 diagnostics testing or treatment <i>Examples only:</i> <ul style="list-style-type: none"> Prescription drug maintenance Decision regarding minor surgery with identified patient or procedure risk factor Decision regarding elective major surgery without identified patient or procedure risk factors Diagnosis or treatment significantly limited by social determinations of health
High	High <ul style="list-style-type: none"> 1 or more chronic illness with severe exacerbation, progression, or side effects of treatment. OR 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) <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 <ul style="list-style-type: none"> 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 <ul style="list-style-type: none"> 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 diagnostics testing of treatment <i>Examples only:</i> <ul style="list-style-type: none"> Drug therapy requiring intensive monitoring for toxicity (i.e., INR for patient on Coumadin) Glucose levels and electrolytes do not qualify Decision regarding elective major surgery with identified patient or procedure risk factor Decision regarding emergency major surgery Decision regarding hospitalization or escalation of hospital level care Decision not to resuscitate or to deescalate care because of poor prognosis Parenteral controlled substances

E/M Key Elements - MDM

Number and Complexity of Problems Addressed at the Encounter	
Straight Forward	1 Self-limited or minor problem
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
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
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

Tip: Lab panels are considered as single test

E/M Key Elements - MDM

Amount and/or Complexity of Data to Be Reviewed and Analyzed	
Straight Forward	Minimal or none
Low	(Must meet the requirements of at least 1 out of 2 categories)
Moderate	(Must meet the requirements of at least 1 out of 3 categories)
High	Extensive (Must meet the requirements of at least 2 out of 3 categories)

Categories	
Category 1	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 a test performed by another physician/other qualified health care professional (not separately reported)
Category 3	Discussion of management or test interpretation with external physician/other qualified health care professional/appropriate source(not separately reported)

E/M Key Elements - MDM

Risk of Complications and/or Morbidity or Mortality of Patient Management	
Minimal	Rest; Gargles; Elastic bandages; Superficial dressings; Other minimal risk testing or treatment
Low	Minor surgery with no identified risk factors
	Physical therapy
	Occupational therapy
	IV fluids without additives
	Other low risk testing or treatment
Moderate	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
	Other moderate risk testing or treatment
High	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 care
	Decision not to resuscitate or to deescalate care because of poor prognosis
	Parenteral controlled substances
	Other high-risk testing or treatment

Time

Count time spent on activities

Physician or other qualified health care professional time includes the following activities, when performed

- Preparing to see the patient (eg, 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
- Independently interpreting results (not separately reported) and communicating results to
- The patient/family/caregiver care coordination (not separately reported)

Do not count time spent on the following

- The performance of other services that are reported separately
- Time spent on travel
- Teaching that is general and not limited to discussion that is required for the management of a specific patient

Limitations

- Time is not a descriptive component for the emergency department levels of E/M services

Time: Coding Requirements

- When time is used for reporting E/M services codes, the time defined in the service descriptors is used for selecting the appropriate level of services
- Report the total time spent on the date of encounter includes Face to Face and non face to face time spent on patient and/or family or caregiver by Physician or QHCP
- A shared or split visit is defined as a visit in which a physician and other qualified health care professional(s) both provide the face-to-face and non-face-to-face work related to the visit. When time is being used to select the appropriate level of services for which time-based reporting of shared or split visits is allowed, the time personally spent by the physician and other qualified health care professional(s) assessing and managing the patient and/or counseling, educating, communicating results to the patient/family/caregiver on the date of the encounter is summed to define total time

Sample ED Calculator 2023

Type of service	Emergency Department Services (ED/ER)
Type of visit	New or Established Patient
Service provided	Emergency
Number and Complexity of Problems Addressed	Minimal/Low/ Moderate
Amount and/or Complexity of Data to be Reviewed and Analyzed	Minimal/Low/Moderate/High
Risk of Complications and/or Morbidity or Mortality of Patient Management	Minimal/ Low/Moderate/High
Medical Decision Making	99282 - SF; 99283-Low; 99284 -Moderate; 99285- High
Total Face -to-Face Time (in min.)	Time is not a descriptive component for the emergency department levels of E/M services

Revenue Impact Due to Conversion Factor

- CMS Conversion factor for 2023 decreased by 2.1% from the 2022 conversion factor
- CMS conversion factor for 2023 is \$ 33.887, a 2.1% decrease from \$34.6062
- E/M categories have marginal increased \$ value for Subsequent care services (99231 to 99233), Hospital Discharge services(99238 to 99239), and Nursing facility services (99304 to 99316)

E/M Categories	Sum of RVU Variation	Sum of \$ Variation
consultation services	2.22	-99.423934
Emergency Department services	0.21	-16.261992
Home Services	1.28	-63.572326
Hospital Inpatient Services	0.13	-32.072456
Nursing Facility	-3.19	89.514018
Office or Outpatient Services	1.92	-14.048222
Preventive services	0.13	-51.262566
Prolonged services	-0.71	18.365432
Grand Total	1.99	-168.762046

Revenue Impact Due to Conversion Factor

E/M Categories	CPT	Utilization %	2022 \$ Value	2023 \$ Value	2022 Revenue	2023 Revenue	Revenue Impact
Office or Outpatient Services - New	99202	9.73%	\$ 74.06	\$ 72.86	₹ 720.31	₹ 708.64	₹ 11.67
Office or Outpatient Services - New	99203	37.93%	\$ 113.85	\$ 112.84	₹ 4,318.52	₹ 4,280.21	₹ 38.31
Office or Outpatient Services - New	99204	39.52%	\$ 169.57	\$ 167.40	₹ 6,701.09	₹ 6,615.43	₹ 85.66
Office or Outpatient Services - New	99205	12.83%	\$ 224.25	\$ 220.94	₹ 2,876.06	₹ 2,833.69	₹ 42.37
Office or Outpatient Services - Established	99211	2.77%	\$ 23.53	\$ 23.38	₹ 65.10	₹ 64.68	₹ 0.42
Office or Outpatient Services - Established	99212	9.74%	\$ 57.45	\$ 56.93	₹ 559.60	₹ 554.57	₹ 5.02
Office or Outpatient Services - Established	99213	39.48%	\$ 92.05	\$ 90.82	₹ 3,634.10	₹ 3,585.35	₹ 48.75
Office or Outpatient Services - Established	99214	38.44%	\$ 129.77	\$ 128.43	₹ 4,988.61	₹ 4,937.07	₹ 51.54
Office or Outpatient Services - Established	99215	9.57%	\$ 183.07	\$ 179.94	₹ 1,752.50	₹ 1,722.58	₹ 29.92

Revenue Impact Due to Conversion Factor

E/M Categories	CPT	Utilization %	2022 \$ Value	2023 \$ Value	2022 Revenue	2023 Revenue	Revenue Impact
Emergency Department Services	99281	0.23%	₹ 22.15	₹ 11.86	₹ 4.99	₹ 2.67	₹ 2.32
Emergency Department Services	99282	3.44%	₹ 42.91	₹ 42.02	₹ 147.41	₹ 144.35	₹ 3.06
Emergency Department Services	99283	28.36%	₹ 73.02	₹ 72.18	₹ 2,070.96	₹ 2,047.16	₹ 23.81
Emergency Department Services	99284	34.15%	₹ 123.20	₹ 121.32	₹ 4,207.68	₹ 4,143.40	₹ 64.27
Emergency Department Services	99285	33.82%	₹ 178.91	₹ 176.55	₹ 6,051.56	₹ 5,971.68	₹ 79.88



Revenue Impact Due to Key Documentation Deficiencies



Below documentation deficiencies on MDM could lead to potential down code E/M Levels

- Time
- Orders
- Review of Orders
- Independent Historian
- Discussion of management or test interpretation with an external physician/or Other qualified physicians
- Independent interpretation of tests performed by another physician/ or other qualified physicians Risk scores from
- Risk scores from an evidence-based risk calculator
- Documenting social determinants of health



PLUTUSHEALTH

Thank you!

Visit Our Website
www.plutushealthinc.com

