Nursing Home Coding & Documentation			Initial Visit			Subsequent Visit			
Code			**99304**	**99305**	**99306**	**99307**	**99308**	**99309**	**99310**
Time (minutes)			25-34	35-44	45-94	10-14	15-29	30-44	45-84
wRVU			1.50	2.50	3.50	0.70	1.30	1.92	2.80
Payment			$77	$127	$174	$38	$71	$101	$146
Medical Decision Making (MDM) Requirements (2 of these 3 categories)	**Problems** (choose one)	Self-limited or minor problem	**1**			**1**	**2**		
		Stable chronic illness		**2**			**1**	**2**	
		Acute, uncomplicated illness					**1**		
		Stable acute Illness					**1**		
		Chronic illness with exacerbation, progression, side effects		**1**				**1**	
		Undiagnosed new problem		**1**				**1**	
		Acute Illness with systemic symptoms		**1**				**1**	
		Chronic illness with severe exacerbation, progression, side effects			**1**				**1**
		Illness with threat to life or bodily function			**1**				**1**
		Significant risk of worsening, hospitalization			✓				
	Data (choose 1)*	Order or Review Each Test, Review External Documents / Independent Historians (IH)	**0-1**	**3**	**3***	**0-1**	**2 tests or 1 IH**	**3**	**3***
		Independent Interpretation of test		✓	✓*			✓	✓*
		Direct, interactive discussion or messaging with external provider, within 1-2 days of visit		✓	✓*			✓	✓*
	Risk	Minimal Risk (rest, bandage)	✓			✓			
		Low Risk (OTC med, PT/OT)					✓		
		Moderate Risk (prescription med, SDoH)		✓				✓	
		High Risk (hospitalization, De-escalate care, parenteral narcotic, med with intensive monitoring)			✓				✓

*99306 and 99310 require 2 of the 3 Data rows

Other Codes:

Prolonged Visit: G0317 (additional 15 minutes, wRVU 0.61, $30), must be used along with 99306 or 99310 only.
Includes time spent from 1 day before the visit through 3 days after the visit.

Discharge: 99315 (30 minutes or less, wRVU 1.5, $78), 99316 (more than 30 minutes, wRVU 2.5, $125)

Advance Care Planning: 99497 (16-45 minutes, wRVU 1.5, $79), 99498 (each additional 30 minutes, wRVU 1.4, $68).
Face-to-Face, Telemed, or Telephone with patient or decisionmaker.
Document consent for service, account of the discussion, who was included, and any forms completed, time spent.

Smoking Cessation Counseling: 99406 (3-10 minutes, wRVU 0.24, $11), 99407 (more than 10 minutes, wRVU 0.5, $24).
Two sessions per year, must be "competent and alert," add modifier -25 to primary billing code
Documentation may include advice given, willingness to quit, resources/meds provided, followup, time spent.

Modifiers:

AI	Attending of Record
GV	Attending physician not employed or paid under agreement by the patient's hospice provider.
GW	Service not related to the hospice patient's terminal condition
95	Telemedicine (Real-Time Interactive Audio and Video Telecommunications System)

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Definitions:

Self-limited or minor problem: A problem that runs a definite and prescribed course, is transient in nature, and is not likely to permanently alter health status.

Stable, chronic illness: A problem with an expected duration of at least one year or until the death of the patient. For the purpose of defining chronicity, conditions are treated as chronic whether or not stage or severity changes (eg, uncontrolled diabetes and controlled diabetes are a single chronic condition). "Stable" for the purposes of categorizing MDM is defined by the specific treatment goals for an individual patient. A patient who is not at his or her treatment goal is not stable, even if the condition has not changed and there is no short-term threat to life or function. For example, a patient with persistently poorly controlled blood pressure for whom better control is a goal is not stable, even if the pressures are not changing and the patient is asymptomatic. The risk of morbidity without treatment is significant.

Acute, uncomplicated illness or injury: A recent or new short-term problem with low risk of morbidity for which treatment is considered. There is little to no risk of mortality with treatment, and full recovery without functional impairment is expected. A problem that is normally self-limited or minor but is not resolving consistent with a definite and prescribed course is an acute, uncomplicated illness.

Stable, acute illness: A problem that is new or recent for which treatment has been initiated. The patient is improved and, while resolution may not be complete, is stable with respect to this condition.

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.

Undiagnosed new problem with uncertain prognosis: A problem in the differential diagnosis that represents a condition likely to result in a high risk of morbidity without treatment.

Acute illness with systemic symptoms: An illness that causes systemic symptoms and has a high risk of morbidity without treatment. For systemic general symptoms, such as fever, body aches, or fatigue in a minor illness that may be treated to alleviate symptoms, see the definitions for self-limited or minor problem or acute, uncomplicated illness or injury. Systemic symptoms may not be general but may be single system.

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 side effects of treatment, that poses a threat to life or bodily function in the near term without treatment. Some symptoms may represent a condition that is significantly probable and poses a potential threat to life or bodily function. These may be included in this category when the evaluation and treatment are consistent with this degree of potential severity.

Time: Provider time includes 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, documenting clinical information in the electronic health record, independently interpreting results (not separately reported) and communicating results to the patient/family/caregiver, care coordination. Do not count time spent on travel or teaching that is general and not limited to discussion that is required for the management of a specific patient

Independent historian(s): An individual who provides a history in addition to a history provided by the patient who is unable to provide a complete or reliable history (eg, due to dementia, or psychosis) or because a confirmatory history is judged to be necessary. In the case where there may be conflict or poor communication between multiple historians and more than one historian is needed, the independent historian requirement is met. It does not include translation services. The independent history does not need to be obtained in person but does need to be obtained directly from the historian providing the independent information.