NATREVMD

POINT-OF-CARE DECISION CARD

MDM or Time?

KEY INSIGHT

The core rule

Select the level based on **either** Medical Decision Making **or** Total Practitioner Time on the date of the encounter. No counseling threshold is required to bill on time.

CHOOSE MDM WHEN...	CHOOSE TOTAL TIME WHEN...
The visit required high cognitive effort, but the total time spent was standard or brief.	Extensive counseling, education, or coordination of care dominated the visit.
You managed high-risk medications or navigated complex diagnostic uncertainty.	You spent significant time reviewing records or coordinating care *on the same day*, before or after seeing the patient.
You addressed multiple chronic conditions, even if the face-to-face portion was highly efficient.	The clinical narrative is relatively simple, but the time required to manage the patient was unusually high.
The complexity of the patient's problems, data reviewed, and management risk clearly support a higher level than the time spent.	The time spent clearly meets the threshold for a higher level, but the MDM elements (Problems, Data, Risk) are borderline.

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Documenting total time

If you select the level based on total time, your note must explicitly support it. Do not rely on automated EHR time stamps alone. Include all three:

- **The specific total time** spent by the billing practitioner on the date of the encounter. For example: “Total time spent: 45 minutes.”
- **The date** the time was spent, which must be the date of the encounter.
- **A summary of the activities** that comprised that time. For example: “Time included face-to-face evaluation, review of extensive outside records prior to the visit, and care coordination with the specialist following the visit.”

WARNING

Do not count

Separately billable services, such as an EKG interpretation billed separately, or time spent by clinical staff.

Educational use only. Verify current CPT® and payer requirements.