

2023 Documentation Guidelines Practical Coding Applications

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1

2023 ED E&M Codes

E&M	History and Exam	MDM
99282	Medically appropriate history and/or examination	Straightforward
99283	Medically appropriate history and/or examination	Low
99284	Medically appropriate history and/or examination	Moderate
99285	Medically appropriate history and/or examination	High

2

"Medically Appropriate History and/or Examination"

- The nature and extent of the history and/or examination are determined by the treating physician/QHP.
 - Document an HPI that accurately describes the circumstances of the presentation.
 - **No numerical requirements for HPI elements.**
 - No more counting ROS systems.
 - **"All other systems negative" obsolete as of 1/1/23.**
 - Clinically relevant Past, Family Social History.
 - Physical exam appropriate with presenting problem.

3

ASSIGNING E&M CODES IN 2023?

All E&M codes assigned based on MDM or Time.

Time is not a Factor in the Emergency Department Setting.

"Time is not a descriptive component for the emergency department levels of E/M services because emergency department services are typically provided on a variable intensity basis, often involving multiple encounters with several patients over an extended period of time".

- CPT 2023



4



2023 MEDICAL DECISION MAKING

MDM is defined by three elements.

- The number and complexity of problem(s) that are addressed during the encounter.
- The amount and/or complexity of data to be reviewed and analyzed.
- The risk of complications, morbidity, and/or mortality of patient management decisions made at the visit, associated with the patient’s problem(s), the diagnostic procedure(s), treatment (s).

5

Code	COPA	DATA	RISK
99281	N/A	N/A	N/A
99282	Minimal <input type="checkbox"/> 1 self-limited or minor problem	<input type="checkbox"/> Minimal or none	<input type="checkbox"/> Minimal Risk - No CPT examples. ED relevant examples: <input type="checkbox"/> Rest, Gargles, Elastic bandages, Superficial dressings
99283	Low <input type="checkbox"/> 2+ self-limited or minor problems <input type="checkbox"/> Stable chronic illness <input type="checkbox"/> Acute, uncomplicated illness or injury <input type="checkbox"/> Stable acute illness <input type="checkbox"/> Acute, uncomplicated illness or injury requiring hospital inpatient or observation level of care	<input type="checkbox"/> Limited - Satisfy at least one category <input type="checkbox"/> Category 1: Tests and documents At least 2 from the following: <input type="checkbox"/> Review of prior external note <input type="checkbox"/> Review of the result(s) of each unique test <input type="checkbox"/> Ordering of each unique test <input type="checkbox"/> Category 2: Assessment requiring an independent historian(s)	<input type="checkbox"/> Low Risk - No CPT examples. ED relevant examples: <input type="checkbox"/> Over-the-counter drugs <input type="checkbox"/> Minor surgery w/o risk factors
99284	Moderate <input type="checkbox"/> Chronic illnesses with exacerbation/progression <input type="checkbox"/> 2+ stable chronic illnesses <input type="checkbox"/> Undiagnosed new problem, uncertain prognosis <input type="checkbox"/> Acute illness with systemic symptoms <input type="checkbox"/> Acute complicated injury	<input type="checkbox"/> Moderate - Satisfy at least one category <input type="checkbox"/> Category 1: Tests, documents, or independent historian(s) At least 3 from the following: <input type="checkbox"/> Review of prior external note <input type="checkbox"/> Review of the result(s) of each unique test <input type="checkbox"/> Ordering of each unique test <input type="checkbox"/> Assessment requiring an independent historian <input type="checkbox"/> Category 2: Independent interpretation of tests <input type="checkbox"/> Interpretation billed, not counted for MDM <input type="checkbox"/> Category 3: Discussion of management or test interpretation with external physician/source	<input type="checkbox"/> Moderate Risk Examples only: <input type="checkbox"/> Prescription drug management <input type="checkbox"/> Decision re: minor surgery w/risk factors <input type="checkbox"/> Decision re: elective major surgery w/o risk factors <input type="checkbox"/> Care limited by social determinants of health
99285	High <input type="checkbox"/> Chronic illnesses with severe exacerbation/progression <input type="checkbox"/> Illness or injury that poses a threat to life or function	<input type="checkbox"/> Extensive - Satisfy at least two categories <input type="checkbox"/> Category 1: Tests, documents, or independent historian(s) At least 3 from the following: <input type="checkbox"/> Review of prior external note <input type="checkbox"/> Review of the result(s) of each unique test <input type="checkbox"/> Ordering of each unique test <input type="checkbox"/> Assessment requiring an independent historian <input type="checkbox"/> Category 2: Independent interpretation of tests <input type="checkbox"/> Interpretation billed, not counted for MDM <input type="checkbox"/> Category 3: Discussion of management or test interpretation with external physician/source	<input type="checkbox"/> High Risk Examples only: <input type="checkbox"/> Drug therapy requiring intensive monitoring for toxicity <input type="checkbox"/> Decision re: elective major surgery w/risk factors <input type="checkbox"/> Decision re: emergency major surgery <input type="checkbox"/> Decision re: hospitalization or escalation of care <input type="checkbox"/> Decision for DNR or de-escalate care <input type="checkbox"/> Parenteral controlled substances

6

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99285	High <input type="checkbox"/> Chronic illnesses with severe exacerbation/progression <input type="checkbox"/> Illness or injury that poses a threat to life or function

Acute Uncomplicated Illness/Injury:

- 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” for the purposes of categorizing MDM, 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.
- Added to address Low MDM for inpatient E&M codes. Not applicable to ED E&M codes.

7

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COPA - From the coder perspective...

CPT 1992-2022 - Low MDM - Low NOPP

Acute, Uncomplicated Illness / Injury

- Painful sunburn with blister formation on the back.
- No imaging
- Red, swollen cystic lesion on back.
- No lab tests
- Rash on both legs after exposure to poison ivy.
- No Prescriptions
- Impetigo localized to the face with use of topical OTC treatment.
- Minor traumatic injury of an extremity with localized pain, swelling, and bruising (no imaging done).

8

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99285	High <input type="checkbox"/> Chronic illnesses with severe exacerbation/progression <input type="checkbox"/> Illness or injury that poses a threat to life or function

Moderate COPA

- Chronic illnesses with exacerbation/progression
- Undiagnosed new problem with uncertain prognosis
- Acute illness with systemic symptoms
- Acute complicated injury

9

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Moderate COPA

- 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.

10

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Moderate COPA

Acute, complicated injury:

An injury which requires treatment that includes:

- evaluation of body systems that are not directly part of the injured organ,
- the injury is extensive,
- the treatment options are multiple and/or associated with risk of morbidity.

11

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Acute Complicated Injury

- Injuries that require evaluation of organ systems or body areas beyond the site of the injury (e.g., musculoskeletal injuries where an assessment of distal neurovascular function is indicated).
- Mechanism of injury may indicate acute complicated injury, fall, MVA or any other accident require EDMD evaluate multiple organ systems or body areas to identify or rule out injuries.
- Accidents and/or injuries that necessitate diagnostic imaging to rule out clinical conditions such as fracture, dislocation, or foreign bodies are indicative of a potentially extensive injury with multiple treatment options and risk of morbidity.

12

Undiagnosed new problem with uncertain prognosis

- **Question:** When there is an “undiagnosed new problem with uncertain prognosis” what is the level of severity needed for the problem to be considered?
- This can be difficult to ascertain, especially when the physician/QHP does not list any differential diagnoses.
- For example, the physician/QHP may document vaginal irritation or abdominal pain with laboratory or other diagnostic tests ordered without any indication of the potential diagnoses or possible problem severity in the medical record.

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13

Undiagnosed new problem with uncertain prognosis

- **Answer:** The CPT E/M guidelines do not specify the severity level of a problem to be addressed for MDM selection.
- However, per the guidelines, an undiagnosed new problem with uncertain prognosis represents a condition likely to result in a high risk of morbidity without treatment.
- Although the physician may just note the symptom, such as abdominal pain, that **would likely represent at least a moderate element** in the category of Number and Complexity of Problems Addressed

CPT® Assistant June 2021 / Volume 31 Issue 6

14

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COPA - Moderate

Per CPT Assistant abdominal pain would likely represent “at least” Moderate COPA.

- Chronic abdominal pain = chronic illness with exacerbation.
- Patient w/o history of abdominal pain = undiagnosed new problem with uncertain prognosis.
- Abdominal pain w/ vomiting/diarrhea = acute illness with systemic symptoms.

15

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COPA - Moderate

Concept can be applied to many Moderate COPA complaints.

For example (not an all-inclusive list):

- Back pain
- Chest pain
- Diarrhea
- Headache
- Neck pain
- Psychiatric complaints
- Shortness of breath
- Systemic rash
- Vomiting
- Weakness

16

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COPA - Moderate

- Back pain
- Chest pain
- Diarrhea
- Headache
- Neck pain
- Psychiatric complaints
- Shortness of breath
- Systemic rash
- Vomiting
- Weakness

Presentations exist within a clinical spectrum of severity. At moderate COPA, diagnostic evaluations would be limited to simple testing, such as plain x-rays or basic lab tests.

17

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COPA - From the coder perspective...

Moderate COPA

- Basic labs
- Plain film X-rays
- Isolated advanced study
– i.e., CT scan or EKG (not both)
- IV Fluids
- IV/IM Medications
- Rx pain management
- Rx antibiotics

18

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High COPA

- The severe exacerbation of a chronic illness that has a significant risk of morbidity and
- **An illness or complicated injury that poses a threat to life or bodily function in the near term without treatment.**

Pre-2023 Examples may include acute myocardial infarction, pulmonary embolus, severe respiratory distress, progressive severe rheumatoid arthritis, psychiatric illness with potential threat to self or others, peritonitis, acute renal failure, or an abrupt change in neurologic status.

this degree of potential severity.

19

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Presenting symptoms that could potentially be indicative of :

Not an all-inclusive list!

- Active labor
- Ectopic pregnancy
- Acute intra-abdominal infection or inflammation
- Generalized body swelling
- Faster heart rate
- Reduced urine output
- Fever and chills
- Difficulty in breathing
- Hyperventilation
- CVA, acute neurological change
- DKA or other significant complication of diabetes
- Endocrine emergencies
- Epiglottitis
- Exacerbation of CHF
- Exacerbation of COPD
- Gastrointestinal obstruction
- Hypertensive crisis
- Intracranial hemorrhage
- Intra-thoracic or intra-abdominal injury due to blunt trauma
- Kidney stone with potential complications
- Missed/incomplete abortion
- Ocular emergencies
- Ovarian torsion
- Pulmonary embolism
- Seizure
- Sepsis
- Sickle cell crisis
- Significant blood loss
- Significant complication of pregnancy
- Significant eye injury
- Crampy abdominal pain
- Loss of appetite
- Constipation
- Vomiting
- Inability to move bowels
- Significant fracture or dislocations
- Significant infection
- Significant metabolic disturbance
- Significant penetrating trauma
- Significant aneurysm or injury
- Solid organ injury
- Testicular torsion
- Toxic ingestion

20

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COPA - High

- It is not necessary that a life-threatening condition is listed as the final diagnosis.
- An extensive evaluation to identify or rule out any condition that represents severe exacerbation or potential threat to life or bodily function is an indication of High COPA.

21

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COPA - High

- Question: A patient presents with calf pain and the physician orders a STAT ultrasound to rule out deep vein thrombosis (DVT). Following the review of the test results, the physician later documents that the patient is stable enough that there is no concern for pulmonary embolism...
- Answer: The risk and complexity does not change with the outcome of a diagnostic test. The level of risk would be based on the physician's initial assessment of the patient during the visit. Based on that assessment, which described a potential high risk of morbidity or mortality requiring the STAT ultrasound to evaluate for potential DVT...

CPT Information Services

22

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COPA - High

- The final diagnosis for a condition does not, in and of itself, determine the complexity or risk, as extensive evaluation may be required to reach the conclusion that the signs or symptoms do not represent a highly morbid condition.
- Therefore, presenting symptoms that are likely to represent a highly morbid condition may “drive” MDM even when the ultimate diagnosis is not highly morbid.
- The evaluation and/or treatment should be consistent with the likely nature of the condition.

• -CPT 2023

23

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COPA - From the coder perspective...

COPA - High

- Multiple or repeat labs
- Multiple or repeat x-rays
- Complex Imaging, i.e., CT, MRI, EKG, US
- Consult w/specialist
- Extended observation in ED
- Multiple re-evaluations
- Admit / Transfer

24

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25

- Category 1: Tests, documents, orders, or independent historian.
- Category 2: Independent interpretation of tests
- Category 3: Discussion of management or test interpretation with external physician or other qualified health care professional or appropriate source.

DATA
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<input type="checkbox"/> Limited - Satisfy at least one category <input type="checkbox"/> Category 1: Tests and documents At least 2 from the following: <input type="checkbox"/> Review of prior external note <input type="checkbox"/> Review of the result(s) of each unique test <input type="checkbox"/> Ordering of each unique test <input type="checkbox"/> Category 2: Assessment requiring an independent historian(s)
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<input type="checkbox"/> Extensive - Satisfy at least two categories <input type="checkbox"/> Category 1: Tests, documents, or independent historian(s) At least 3 from the following: <input type="checkbox"/> Review of prior external note <input type="checkbox"/> Review of the result(s) of each unique test <input type="checkbox"/> Ordering of each unique test <input type="checkbox"/> Assessment requiring an independent historian <input type="checkbox"/> Category 2: Independent interpretation of tests <input type="checkbox"/> Interpretation billed, not counted for MDM <input type="checkbox"/> Category 3: Discussion of management or test interpretation with external physician/source

26

Category 1

- Review of Prior External Notes from each unique source.

Any notes or documents that originate from outside the emergency department,

- Inpatient charts
- Nursing home records
- EMS reports
- ED charts from another facility or ED group

DATA
N/A
<input type="checkbox"/> Minimal or none
<input type="checkbox"/> Limited - Satisfy at least one category
<input type="checkbox"/> Category 1: Tests and documents At least 2 from the following: <input checked="" type="checkbox"/> Review of prior external note <input type="checkbox"/> Review of the result(s) of each unique test <input type="checkbox"/> Ordering of each unique test
<input type="checkbox"/> Category 2: Assessment requiring an independent historian(s)
<input type="checkbox"/> Moderate - Satisfy at least one category
<input type="checkbox"/> Category 1: Tests, documents, or independent historian(s) At least 3 from the following: <input checked="" type="checkbox"/> Review of prior external note <input type="checkbox"/> Review of the result(s) of each unique test <input type="checkbox"/> Ordering of each unique test <input type="checkbox"/> Assessment requiring an independent historian
<input type="checkbox"/> Category 2: Independent interpretation of tests <input type="checkbox"/> Interpretation billed, not counted for MDM
<input type="checkbox"/> Category 3: Discussion of management or test interpretation with external physician/source
<input type="checkbox"/> Extensive - Satisfy at least two categories
<input type="checkbox"/> Category 1: Tests, documents, or independent historian(s) At least 3 from the following: <input checked="" type="checkbox"/> Review of prior external note <input type="checkbox"/> Review of the result(s) of each unique test <input type="checkbox"/> Ordering of each unique test <input type="checkbox"/> Assessment requiring an independent historian
<input type="checkbox"/> Category 2: Independent interpretation of tests <input type="checkbox"/> Interpretation billed, not counted for MDM
<input type="checkbox"/> Category 3: Discussion of management or test interpretation with external physician/source

27

Review of Prior External Notes - Documentation

Patient discharged from telemetry on 11/7/22 after evaluation for left-sided, chest pain to rule out acute coronary syndrome. Cardiac enzymes were less than 0.03. Had a negative exercise tolerance test.



DATA
N/A
<input type="checkbox"/> Minimal or none
<input type="checkbox"/> Limited - Satisfy at least one category
<input type="checkbox"/> Category 1: Tests and documents At least 2 from the following: <input checked="" type="checkbox"/> Review of prior external note <input type="checkbox"/> Review of the result(s) of each unique test <input type="checkbox"/> Ordering of each unique test
<input type="checkbox"/> Category 2: Assessment requiring an independent historian(s)
<input type="checkbox"/> Moderate - Satisfy at least one category
<input checked="" type="checkbox"/> Category 1: Tests, documents, or independent historian(s) At least 3 from the following: <input checked="" type="checkbox"/> Review of prior external note <input type="checkbox"/> Review of the result(s) of each unique test <input type="checkbox"/> Ordering of each unique test <input type="checkbox"/> Assessment requiring an independent historian
<input type="checkbox"/> Category 2: Independent interpretation of tests <input type="checkbox"/> Interpretation billed, not counted for MDM
<input type="checkbox"/> Category 3: Discussion of management or test interpretation with external physician/source
<input type="checkbox"/> Extensive - Satisfy at least two categories
<input checked="" type="checkbox"/> Category 1: Tests, documents, or independent historian(s) At least 3 from the following: <input checked="" type="checkbox"/> Review of prior external note <input type="checkbox"/> Review of the result(s) of each unique test <input type="checkbox"/> Ordering of each unique test <input type="checkbox"/> Assessment requiring an independent historian
<input type="checkbox"/> Category 2: Independent interpretation of tests <input type="checkbox"/> Interpretation billed, not counted for MDM
<input type="checkbox"/> Category 3: Discussion of management or test interpretation with external physician/source

28

Review of Prior External Notes - Documentation

Reviewed inpatient discharge summary from 11/7/22.

Reviewed inpatient discharge summary.

Old records reviewed.



DATA
N/A
<input type="checkbox"/> Minimal or none
<input type="checkbox"/> Limited - Satisfy at least one category
<input type="checkbox"/> Category 1: Tests and documents At least 2 from the following: <input checked="" type="checkbox"/> Review of prior external note <input type="checkbox"/> Review of the result(s) of each unique test <input type="checkbox"/> Ordering of each unique test
<input type="checkbox"/> Category 2: Assessment requiring an independent historian(s)
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<input checked="" type="checkbox"/> Category 1: Tests, documents, or independent historian(s) At least 3 from the following: <input checked="" type="checkbox"/> Review of prior external note <input type="checkbox"/> Review of the result(s) of each unique test <input type="checkbox"/> Ordering of each unique test <input type="checkbox"/> Assessment requiring an independent historian
<input type="checkbox"/> Category 2: Independent interpretation of tests <input type="checkbox"/> Interpretation billed, not counted for MDM
<input type="checkbox"/> Category 3: Discussion of management or test interpretation with external physician/source

29

Category 1

- Review results of each unique test
- Ordering of each unique test
- Ordering a test is included in reviewing the results
- Each unique test gets a checkmark.
- CBC, CMP, BNP, Troponin

DATA
N/A
<input type="checkbox"/> Minimal or none
<input type="checkbox"/> Limited - Satisfy at least one category
<input type="checkbox"/> Category 1: Tests and documents At least 2 from the following: <input type="checkbox"/> Review of prior external note <input type="checkbox"/> Review of the result(s) of each unique test <input type="checkbox"/> Ordering of each unique test
<input type="checkbox"/> Category 2: Assessment requiring an independent historian(s)
<input type="checkbox"/> Moderate - Satisfy at least one category
<input type="checkbox"/> Category 1: Tests, documents, or independent historian(s) At least 3 from the following: <input checked="" type="checkbox"/> Review of prior external note <input checked="" type="checkbox"/> Review of the result(s) of each unique test <input checked="" type="checkbox"/> Ordering of each unique test <input type="checkbox"/> Assessment requiring an independent historian
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<input type="checkbox"/> Category 2: Independent interpretation of tests <input type="checkbox"/> Interpretation billed, not counted for MDM
<input type="checkbox"/> Category 3: Discussion of management or test interpretation with external physician/source

30

Data to be Reviewed and Analyzed

Question: Does ordering a diagnostic test applied toward the MDM level mean that the physician/QHP will also review the test ordered, and receive MDM credit for both ordering and reviewing the same test?

Answer: It is assumed that the physician/QHP would review the results of the test ordered; therefore, the physician/QHP would not receive dual credit toward MDM for both ordering and reviewing the test.

- CPT® Assistant November 2020 / Volume 30 Issue 11

DATA
N/A
<input type="checkbox"/> Minimal or none
<input type="checkbox"/> Limited - Satisfy at least one category
<input type="checkbox"/> Category 1: Tests and documents At least 2 from the following: <input type="checkbox"/> Review of prior external note <input checked="" type="checkbox"/> Review of the result(s) of each unique test <input checked="" type="checkbox"/> Ordering of each unique test
<input type="checkbox"/> Category 2: Assessment requiring an independent historian(s)
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<input type="checkbox"/> Category 1: Tests, documents, or independent historian(s) At least 3 from the following: <input type="checkbox"/> Review of prior external note <input checked="" type="checkbox"/> Review of the result(s) of each unique test <input checked="" type="checkbox"/> Ordering of each unique test <input type="checkbox"/> Assessment requiring an independent historian
<input type="checkbox"/> Category 2: Independent interpretation of tests <input type="checkbox"/> Interpretation billed, not counted for MDM <input type="checkbox"/> Category 3: Discussion of management or test interpretation with external physician/source

31

Ordering a test may include those considered, but not selected.

- A test may normally be performed, but due to the risk for a specific patient it is not ordered.
- A patient may request diagnostic imaging that is not necessary for their condition and discussion of the lack of benefit may be required.
- Rationale: *Very low risk for intracranial injury (no LOC, normal GCS, no non-frontal scalp hematoma, acting normal to parent) will defer head CT with parents agreement as unnecessary radiation.*

DATA
N/A
<input type="checkbox"/> Minimal or none
<input type="checkbox"/> Limited - Satisfy at least one category
<input type="checkbox"/> Category 1: Tests and documents At least 2 from the following: <input type="checkbox"/> Review of prior external note <input checked="" type="checkbox"/> Review of the result(s) of each unique test <input checked="" type="checkbox"/> Ordering of each unique test
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<input type="checkbox"/> Moderate - Satisfy at least one category
<input type="checkbox"/> Category 1: Tests, documents, or independent historian(s) At least 3 from the following: <input type="checkbox"/> Review of prior external note <input checked="" type="checkbox"/> Review of the result(s) of each unique test <input checked="" type="checkbox"/> Ordering of each unique test <input type="checkbox"/> Assessment requiring an independent historian
<input type="checkbox"/> Category 2: Independent interpretation of tests <input type="checkbox"/> Interpretation billed, not counted for MDM <input type="checkbox"/> Category 3: Discussion of management or test interpretation with external physician/source
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<input type="checkbox"/> Category 2: Independent interpretation of tests <input type="checkbox"/> Interpretation billed, not counted for MDM <input type="checkbox"/> Category 3: Discussion of management or test interpretation with external physician/source

32

Assessment requiring an independent historian .
 Any individual who provides a history in addition to a history provided by the patient.

- EMS
 - Parent
 - Guardian
 - Surrogate
 - Spouse
 - Witness
- Due to:
- Developmental stage
 - Dementia
 - Psychosis
 - Etc...

An interpreter is not an independent historian.

DATA
N/A
<input type="checkbox"/> Minimal or none
<input type="checkbox"/> Limited - Satisfy at least one category
<input type="checkbox"/> Category 1: Tests and documents At least 2 from the following: <input type="checkbox"/> Review of prior external note <input type="checkbox"/> Review of the result(s) of each unique test <input type="checkbox"/> Ordering of each unique test
<input checked="" type="checkbox"/> Category 2: Assessment requiring an independent historian(s)
<input type="checkbox"/> Moderate - Satisfy at least one category
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<input type="checkbox"/> Category 2: Independent interpretation of tests <input type="checkbox"/> Interpretation billed, not counted for MDM
<input type="checkbox"/> Category 3: Discussion of management or test interpretation with external physician/source

33

Independent Historian

Question: Would a qualifying example be a pediatric patient's parent or guardian who provides the child's history?

Answer: Yes, per the new MDM definitions, the term "independent historian" is defined in the CPT code set as:

- *An individual (e.g., parent, guardian, surrogate, spouse, witness) 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 developmental stage, dementia, or psychosis) or because a confirmatory history is judged to be necessary.*

Key to this definition is that the independent historian should provide additional information and not merely restate information that may have already been provided by the patient. In cases in which the patient cannot provide any information (e.g., developmental age), the independent historian may provide all of the required information.

- CPT® Assistant November 2020 / Volume 30 Issue 11

34

Category 2:
Independent interpretation of tests

A test for which there is a CPT code, and an interpretation or report is customary.

- X-rays
- EKGs
- Ultrasounds
- Rhythm Strips

A form of interpretation should be documented but need not conform to the usual standards of a complete report for the test.

DATA
N/A
<input type="checkbox"/> Minimal or none
<input type="checkbox"/> Limited - Satisfy at least one category
<input type="checkbox"/> Category 1: Tests and documents At least 2 from the following: <input type="checkbox"/> Review of prior external note <input type="checkbox"/> Review of the result(s) of each unique test <input type="checkbox"/> Ordering of each unique test
<input type="checkbox"/> Category 2: Assessment requiring an independent historian(s)
<input type="checkbox"/> Moderate - Satisfy at least one category
<input type="checkbox"/> Category 1: Tests, documents, or independent historian(s) At least 3 from the following: <input type="checkbox"/> Review of prior external note <input type="checkbox"/> Review of the result(s) of each unique test <input type="checkbox"/> Ordering of each unique test <input checked="" type="checkbox"/> Assessment requiring an independent historian
<input checked="" type="checkbox"/> Category 2: Independent interpretation of tests <input type="checkbox"/> Interpretation billed, not counted for MDM <input type="checkbox"/> Category 3: Discussion of management or test interpretation with external physician/source
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<input checked="" type="checkbox"/> Category 2: Independent interpretation of tests <input type="checkbox"/> Interpretation billed, not counted for MDM <input type="checkbox"/> Category 3: Discussion of management or test interpretation with external physician/source

35

CATEGORY 2: INDEPENDENT INTERPRETATION OF A TEST (NOT SEPARATELY REPORTED)

- Ordering & performance of interpretation of a test for which there is a CPT code and an interpretation is customary is reported on the part of the ordering and determining the professional. This denotes the E/M services, history and/or additional tests ordered, reviewed, analyzed, or E/M time ... independently interpreting results (not separately reported) for the purposes of determining the level of MDM.

36

Category 3 - Discussion of management or test interpretation with external physician or another appropriate source.

Any Non-ED staff discussion Appropriate source -

- | | |
|-----------------------|------------------|
| • Consultant | • Lawyer |
| • PCP | • Parole officer |
| • Surgeon | • Case manager |
| • Admitting Physician | • Teacher |
| • Radiologist | • Social Worker |

May also be organization:

- | | |
|---------------------------|--------------------------|
| • Hospital | Attending & Attending |
| • Nursing Facility | Attending & Resident |
| • Home health care agency | Attending & PA/NP |
| | Pt Family or Interpreter |

DATA
N/A
<input type="checkbox"/> Minimal or none
<input type="checkbox"/> Limited - Satisfy at least one category
<input type="checkbox"/> Category 1: Tests and documents At least 2 from the following: <input type="checkbox"/> Review of prior external note <input type="checkbox"/> Review of the result(s) of each unique test <input type="checkbox"/> Ordering of each unique test
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<input checked="" type="checkbox"/> Category 2: Independent interpretation of tests <input type="checkbox"/> Interpretation billed, not counted for MDM <input checked="" type="checkbox"/> Category 3: Discussion of management or test interpretation with external physician/source
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<input checked="" type="checkbox"/> Category 2: Independent interpretation of tests <input type="checkbox"/> Interpretation billed, not counted for MDM <input checked="" type="checkbox"/> Category 3: Discussion of management or test interpretation with external physician/source

Category 3 - Discussion of management or test interpretation with external physician or another appropriate source.

Discussed with Dr. Jacobs from cardiology. She recommended cardioversion in the ED and contact her office for an appointment.

Discussed with cardiology.

Discussed with Dr. Jacobs.



DATA
N/A
<input type="checkbox"/> Minimal or none
<input type="checkbox"/> Limited - Satisfy at least one category
<input type="checkbox"/> Category 1: Tests and documents At least 2 from the following: <input type="checkbox"/> Review of prior external note <input type="checkbox"/> Review of the result(s) of each unique test <input type="checkbox"/> Ordering of each unique test
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<input type="checkbox"/> Moderate - Satisfy at least one category
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<input checked="" type="checkbox"/> Category 2: Independent interpretation of tests <input type="checkbox"/> Interpretation billed, not counted for MDM <input checked="" type="checkbox"/> Category 3: Discussion of management or test interpretation with external physician/source

Risk of Complications and/or Morbidity or Mortality of Patient Management

- No published definitions for Minimal or Low Risk.

1995 DGs Risk Table

Management Options Selected
<ul style="list-style-type: none"> • Rest • Gargles • Elastic bandages • Superficial dressings
<ul style="list-style-type: none"> • Over-the-counter drugs • Minor surgery with no identified risk factors • Physical therapy • Occupational therapy • IV fluids without additives

RISK
N/A
<input type="checkbox"/> Minimal Risk - No CPT examples. ED relevant examples: <input type="checkbox"/> Rest, Gargles, Elastic bandages, Superficial dressings
<input checked="" type="checkbox"/> Low Risk - No CPT examples. ED relevant examples: <input type="checkbox"/> Over-the-counter drugs <input checked="" type="checkbox"/> Minor surgery w/o risk factors
<input type="checkbox"/> Moderate Risk Examples only: <input type="checkbox"/> Prescription drug management <input type="checkbox"/> Decision re: minor surgery w/risk factors <input type="checkbox"/> Decision re: elective major surgery w/o risk factors <input type="checkbox"/> Care limited by social determinants of health
<input type="checkbox"/> High Risk Examples only: <input type="checkbox"/> Drug therapy requiring intensive monitoring for toxicity <input type="checkbox"/> Decision re: elective major surgery w/risk factors <input type="checkbox"/> Decision re: emergency major surgery <input type="checkbox"/> Decision re: hospitalization or escalation of care <input type="checkbox"/> Decision for DNR or de-escalate care <input type="checkbox"/> Parenteral controlled substances

39

Prescription drug management

E/M FAQ -- Q. What constitutes "prescription drug management?"

A. "Prescription drug management" is based on documented evidence that the provider has evaluated the patient's medications as part of a service. This may be a prescription being written or discontinued, or a decision to maintain a current medication/dosage.

Note: Simply listing current medications is not considered "prescription drug management."

RISK
N/A
<input type="checkbox"/> Minimal Risk - No CPT examples. ED relevant examples: <input type="checkbox"/> Rest, Gargles, Elastic bandages, Superficial dressings
<input type="checkbox"/> Low Risk - No CPT examples. ED relevant examples: <input type="checkbox"/> Over-the-counter drugs <input type="checkbox"/> Minor surgery w/o risk factors
<input checked="" type="checkbox"/> Moderate Risk Examples only: <input checked="" type="checkbox"/> Prescription drug management <input type="checkbox"/> Decision re: minor surgery w/risk factors <input type="checkbox"/> Decision re: elective major surgery w/o risk factors <input type="checkbox"/> Care limited by social determinants of health
<input type="checkbox"/> High Risk Examples only: <input type="checkbox"/> Drug therapy requiring intensive monitoring for toxicity <input type="checkbox"/> Decision re: elective major surgery w/risk factors <input type="checkbox"/> Decision re: emergency major surgery <input type="checkbox"/> Decision re: hospitalization or escalation of care <input type="checkbox"/> Decision for DNR or de-escalate care <input type="checkbox"/> Parenteral controlled substances

40

Surgery (minor vs major)

Minor or Major: Based on the common meaning of such terms when used by trained clinicians, similar to the use of the term “risk.”

- These terms are not defined by a surgical package classification.

RISK
N/A
<input type="checkbox"/> Minimal Risk - No CPT examples. ED relevant examples: <input type="checkbox"/> Rest, Gargles, Elastic bandages, Superficial dressings
<input type="checkbox"/> Low Risk - No CPT examples. ED relevant examples: <input type="checkbox"/> Over-the-counter drugs <input checked="" type="checkbox"/> Minor surgery w/o risk factors
<input type="checkbox"/> Moderate Risk Examples only: <input type="checkbox"/> Prescription drug management <input checked="" type="checkbox"/> Decision re: minor surgery w/risk factors <input checked="" type="checkbox"/> Decision re: elective major surgery w/o risk factors <input type="checkbox"/> Care limited by social determinants of health
<input type="checkbox"/> High Risk Examples only: <input type="checkbox"/> Drug therapy requiring intensive monitoring for toxicity <input type="checkbox"/> Decision re: elective major surgery w/risk factors <input checked="" type="checkbox"/> Decision re: emergency major surgery <input checked="" type="checkbox"/> Decision re: hospitalization or escalation of care <input type="checkbox"/> Decision for DNR or de-escalate care <input type="checkbox"/> Parenteral controlled substances

41

Risk Factors

Risk factors are those that are relevant to the patient and procedure.

- Treatment of epistaxis for patient on blood thinners.
- Repair of foot laceration for non-compliant diabetic.
- Repair of dirty or contaminated wound.

RISK
N/A
<input type="checkbox"/> Minimal Risk - No CPT examples. ED relevant examples: <input type="checkbox"/> Rest, Gargles, Elastic bandages, Superficial dressings
<input type="checkbox"/> Low Risk - No CPT examples. ED relevant examples: <input type="checkbox"/> Over-the-counter drugs <input type="checkbox"/> Minor surgery w/o risk factors
<input type="checkbox"/> Moderate Risk Examples only: <input type="checkbox"/> Prescription drug management <input checked="" type="checkbox"/> Decision re: minor surgery w/risk factors <input type="checkbox"/> Decision re: elective major surgery w/o risk factors <input type="checkbox"/> Care limited by social determinants of health
<input type="checkbox"/> High Risk Examples only: <input type="checkbox"/> Drug therapy requiring intensive monitoring for toxicity <input checked="" type="checkbox"/> Decision re: elective major surgery w/risk factors <input type="checkbox"/> Decision re: emergency major surgery <input type="checkbox"/> Decision re: hospitalization or escalation of care <input type="checkbox"/> Decision for DNR or de-escalate care <input type="checkbox"/> Parenteral controlled substances

42

Diagnosis or treatment significantly limited by social determinants of health (SDOH)

SDOH refer to the conditions of a patient’s living environments or circumstances that affect their health risks and outcomes.

Documentation should show any SDOH have “significantly limited” patients’ diagnosis or treatment.

- Living conditions
- Home environments
- Poverty
- Access to healthcare

RISK
N/A
<input type="checkbox"/> Minimal Risk - No CPT examples. ED relevant examples: <input type="checkbox"/> Rest, Gargles, Elastic bandages, Superficial dressings
<input type="checkbox"/> Low Risk - No CPT examples. ED relevant examples: <input type="checkbox"/> Over-the-counter drugs <input type="checkbox"/> Minor surgery w/o risk factors
<input type="checkbox"/> Moderate Risk Examples only: <input type="checkbox"/> Prescription drug management <input type="checkbox"/> Decision re: minor surgery w/risk factors <input type="checkbox"/> Decision re: elective major surgery w/o risk factors <input checked="" type="checkbox"/> Care limited by social determinants of health
<input type="checkbox"/> High Risk Examples only: <input type="checkbox"/> Drug therapy requiring intensive monitoring for toxicity <input type="checkbox"/> Decision re: elective major surgery w/risk factors <input type="checkbox"/> Decision re: emergency major surgery <input type="checkbox"/> Decision re: hospitalization or escalation of care <input type="checkbox"/> Decision for DNR or de-escalate care <input type="checkbox"/> Parenteral controlled substances

43

Drug Therapy Requiring Intensive Monitoring For Toxicity

- A drug that requires intensive monitoring is a therapeutic agent that has the potential to cause serious morbidity or death.
- The monitoring is performed for assessment of adverse effects and not primarily for assessment of therapeutic efficacy.
- The monitoring may be performed with a laboratory test, physiologic test, or imaging.
- Monitoring by history or examination does not qualify.

RISK
N/A
<input type="checkbox"/> Minimal Risk - No CPT examples. ED relevant examples: <input type="checkbox"/> Rest, Gargles, Elastic bandages, Superficial dressings
<input type="checkbox"/> Low Risk - No CPT examples. ED relevant examples: <input type="checkbox"/> Over-the-counter drugs <input type="checkbox"/> Minor surgery w/o risk factors
<input type="checkbox"/> Moderate Risk Examples only: <input type="checkbox"/> Prescription drug management <input type="checkbox"/> Decision re: minor surgery w/risk factors <input type="checkbox"/> Decision re: elective major surgery w/o risk factors <input type="checkbox"/> Care limited by social determinants of health
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44

Drug therapy w/monitoring - ED relevant meds

Not an all inclusive list

Adenosine	Dobutamine	Isoproterenol	Potassium IV
Amiodarone IV	Dopamine	Labetalol IV	Precedex
Amrinone	Droperidol	Lidocaine IV	Procainamide
Atropine	Enalapril IV	Magnesium IV	Propofol
Bicarb IV	Ephedrine	Metoprolol IV	Sodium
Blood Products	Epinephrine IV, IM, SQ	Milrinone	Nitroprusside
Coumadin	Esmolol	Nicardipine IV	Thrombolytics
D50/Glucagon	Etomidate	Nitroglycerin IV	Vasopressin
Dexmedetomidine	Haldol IV	Nitroprusside	Verapamil IV

45

Surgery (Elective vs Emergency)

Elective or Emergency: Describe the timing of a procedure when the timing is related to the patient's condition.

- An elective procedure is typically planned in advance (e.g., scheduled for weeks later),
- An emergent procedure is typically performed immediately or with minimal delay to allow for patient stabilization.

RISK
N/A
<input type="checkbox"/> Minimal Risk - No CPT examples. ED relevant examples: <input type="checkbox"/> Rest, Gargles, Elastic bandages, Superficial dressings
<input type="checkbox"/> Low Risk - No CPT examples. ED relevant examples: <input type="checkbox"/> Over-the-counter drugs <input type="checkbox"/> Minor surgery w/o risk factors
<input type="checkbox"/> Moderate Risk Examples only: <input type="checkbox"/> Prescription drug management <input type="checkbox"/> Decision re: minor surgery w/risk factors <input type="checkbox"/> Decision re: elective major surgery w/o risk factors <input type="checkbox"/> Care limited by social determinants of health
<input type="checkbox"/> High Risk Examples only: <input type="checkbox"/> Drug therapy requiring intensive monitoring for toxicity <input checked="" type="checkbox"/> Decision re: elective major surgery w/risk factors <input checked="" type="checkbox"/> Decision re: emergency major surgery <input type="checkbox"/> Decision re: hospitalization or escalation of care <input type="checkbox"/> Decision for DNR or de-escalate care <input type="checkbox"/> Parenteral controlled substances

46

Decision regarding hospitalization or escalation of hospital-level of care

- “Decision Regarding Hospitalization” **NOT** “Decision to Hospitalize the Patient”.
- Can be high risk if result is something other than the patient being hospitalized.
- Is hospital admission an appropriate outcome based on the patient’s presentation and diagnosis?
- Does ED chart reflect the decision-making process around hospitalization?
 - Benefits of admission vs. risk of discharge
 - EDMD recommends admission, patient declines.

RISK
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47

High Risk

Discussions or considerations for DNR:

- Discuss DNR with patient / family
- De-escalate care due to poor prognosis
- Compliance with an existing DNR

RISK
N/A
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48

- **Parenteral** – administered by means other than through the alimentary tract (intramuscular or intravenous injection)
- **Controlled Substance** – usually schedule II or III drug.
- **This list is not all-inclusive**, but ED-relevant parenteral controlled substances may include:
 - Buprenorphine (Suboxone)
 - Clonazepam (Klonopin)
 - Diazepam (Valium)
 - Fentanyl (Sublimaze, Duragesic)
 - Hydromorphone (Dilaudid)
 - Ketamine
 - Lorazepam (Ativan)
 - Meperidine (Demerol)
 - Methadone (Dolophine)
 - Methohexital
 - Midazolam (Versed)
 - Morphine
 - Naloxone (Narcan)
 - Nubain (Nalbuphine)
 - Oxycodone
 - Pentobarbital
 - Phenobarbital
 - Stadol (Butorphanol)
 - Sufentanyl
 - Talwin (Pentazocine)
 - Thiopental
 - Versed (Midazolam)

RISK
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49

Code	COPA	DATA	RISK
99281	N/A	N/A	N/A
99282	<input type="checkbox"/> Minimal <input type="checkbox"/> 1 self-limited or minor problem	<input type="checkbox"/> Minimal or none	<input type="checkbox"/> Minimal Risk - No CPT examples. ED relevant examples: <input type="checkbox"/> Rest, Gargles, Elastic bandages, Superficial dressings
99283	<input type="checkbox"/> Low <input type="checkbox"/> 2+ self-limited or minor problems <input type="checkbox"/> Stable chronic illness <input type="checkbox"/> Acute, uncomplicated illness or injury <input type="checkbox"/> Stable acute illness <input type="checkbox"/> Acute, uncomplicated illness or injury requiring hospital inpatient or observation level of care	<input type="checkbox"/> Limited - Satisfy at least one category <input type="checkbox"/> Category 1: Tests and documents At least 2 from the following: <input type="checkbox"/> Review of prior external note <input type="checkbox"/> Review of the result(s) of each unique test <input type="checkbox"/> Ordering of each unique test <input type="checkbox"/> Category 2: Assessment requiring an independent historian(s)	<input type="checkbox"/> Low Risk - No CPT examples. ED relevant examples: <input type="checkbox"/> Over-the-counter drugs <input type="checkbox"/> Minor surgery w/o risk factors
99284	<input type="checkbox"/> Moderate <input type="checkbox"/> Chronic illnesses with exacerbation/progression <input type="checkbox"/> 2+ stable chronic illnesses <input type="checkbox"/> Undiagnosed new problem, uncertain prognosis <input type="checkbox"/> Acute illness with systemic symptoms <input type="checkbox"/> Acute complicated injury	<input type="checkbox"/> Moderate - Satisfy at least one category <input type="checkbox"/> Category 1: Tests, documents, or independent historian(s) At least 3 from the following: <input type="checkbox"/> Review of prior external note <input type="checkbox"/> Review of the result(s) of each unique test <input type="checkbox"/> Ordering of each unique test <input type="checkbox"/> Assessment requiring an independent historian <input type="checkbox"/> Category 2: Independent interpretation of tests <input type="checkbox"/> Interpretation billed, not counted for MDM <input type="checkbox"/> Category 3: Discussion of management or test interpretation with external physician/source	<input type="checkbox"/> Moderate Risk Examples only: <input type="checkbox"/> Prescription drug management <input type="checkbox"/> Decision re: minor surgery w/risk factors <input type="checkbox"/> Decision re: elective major surgery w/o risk factors <input type="checkbox"/> Care limited by social determinants of health
99285	<input type="checkbox"/> High <input type="checkbox"/> Chronic illnesses with severe exacerbation/progression <input type="checkbox"/> Illness or injury that poses a threat to life or function	<input type="checkbox"/> Extensive - Satisfy at least two categories <input type="checkbox"/> Category 1: Tests, documents, or independent historian(s) At least 3 from the following: <input type="checkbox"/> Review of prior external note <input type="checkbox"/> Review of the result(s) of each unique test <input type="checkbox"/> Ordering of each unique test <input type="checkbox"/> Assessment requiring an independent historian <input type="checkbox"/> Category 2: Independent interpretation of tests <input type="checkbox"/> Interpretation billed, not counted for MDM <input type="checkbox"/> Category 3: Discussion of management or test interpretation with external physician/source	<input type="checkbox"/> High Risk Examples only: <input type="checkbox"/> Drug therapy requiring intensive monitoring for toxicity <input type="checkbox"/> Decision re: elective major surgery w/risk factors <input type="checkbox"/> Decision re: emergency major surgery <input type="checkbox"/> Decision re: hospitalization or escalation of care <input type="checkbox"/> Decision for DNR or de-escalate care <input type="checkbox"/> Parenteral controlled substances

50

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51

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52