

2023	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			

### "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.

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### 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





### 2023 MEDICAL DECISION MAKING

MDM is defined by three elements.

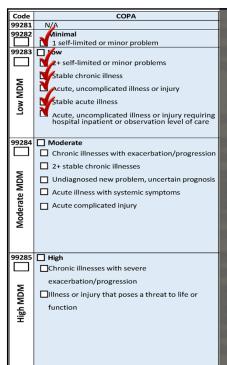
- The number and complexity of problem(s) that are addressed during the encounter.
- The amount and/or complexity of data to be reviewed and analyzed.
- The risk of complications, morbidity, and/or mortality of patient management decisions made at the visit, associated with the patient's problem(s),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

СОРА 99281 99282 Minimal Risk - No CPT examples, ED relevant examples: Minimal Minimal or none ☐ 1 self-limited or minor problem Rest, Gargles, Elastic bandages, Superficial dressings Low Risk - No CPT examples. ED relevant examples: 99283 Limited - Satisfy at least one category ☐ Low 2+ self-limited or minor problems Over-the-counter drugs Category 1: Tests and documents ☐ Stable chronic illness At least 2 from the following: ☐ Minor surgery w/o risk factors ☐ Acute, uncomplicated illness or injury Review of the result(s) of each unique test ☐ Stable acute illness Ordering of each unique test Acute, uncomplicated illness or injury requiring hospital inpatient or observation level of care Category 2: Assessment requiring an independent historian(s) 99284 Moderate ☐ Moderate Risk Moderate - Satisfy at least one category Examples only:

Prescription drug management ☐ Chronic illnesses with exacerbation/progression Category 1: Tests, documents, or independent historian(s) At least 3 from the following:

Review of prior external note 2+ stable chronic illnesses Decision re: minor surgery w/risk factors ☐ Undiagnosed new problem, uncertain prognosis Review of the result(s) of each unique test ☐ Decision re: elective major surgery w/o risk factors ☐ Acute illness with systemic symptoms Ordering of each unique test ☐ Care limited by social determinants of health Assessment requiring an independent historian ☐ Acute complicated injury ☐ Category 2: Independent interpretation of tests
☐ Interpretation billed, not counted for MDM
☐ Category 3: Discussion of management or test interpretation with external physician/source 99285 🔲 High Extensive - Satisfy at least two categories ☐Chronic illnesses with severe ☐ Drug therapy requiring intensive monitoring for toxicity exacerbation/progression At least 3 from the following: Review of prior external note Decision re: elective major surgery w/risk factors □Illness or injury that poses a threat to life or Review of the result(s) of each unique test ☐ Decision re: emergency major surgery Ordering of each unique test Decision re: hospitalization or escalation of care Assessment requiring an independent historian ☐ Decision for DNR or de-escalate care ☐ Category 2: Independent interpretation of tests
☐ Interpretation billed, not counted for MDM ☐ Parenteral controlled substances Category 3: Discussion of management or test

interpretation with external physician/source

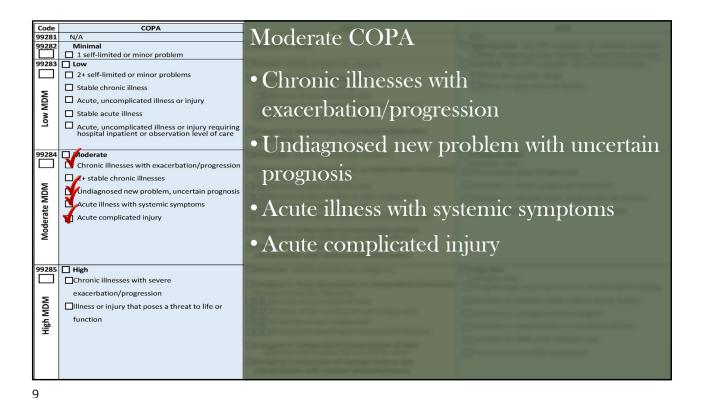


### Acute Uncomplicated Illness/Injury:

- 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
- Notabert-term threat to life on function. inpatient E&M codes. Not applicable to ED E&M codes.

COPA 99281 99282 Minimal ☐ 1 self-limited or minor problem 99283 🔲 Low 2+ self-limited or minor problems Stable chronic illness Acute, uncomplicated illness or injury ☐ Stable acute illness Acute, uncomplicated illness or injury requiring hospital inpatient or observation level of care 99284 Moderate ☐ Chronic illnesses with exacerbation/progression 2+ stable chronic illnesses ☐ Undiagnosed new problem, uncertain prognosis ☐ Acute illness with systemic symptoms ☐ Acute complicated injury 99285 🔲 High ☐Chronic illnesses with severe exacerbation/progression □Illness or injury that poses a threat to life or

### 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).



### COPA 99281 Moderate COPA 99282 Minimal ☐ 1 self-limited or minor problem 99283 🔲 Low • An illness that causes systemic symptoms 2+ self-limited or minor problems ☐ Stable chronic illness and has a high risk of morbidity without ☐ Acute, uncomplicated illness or injury ☐ Stable acute illness Acute, uncomplicated illness or injury requiring hospital inpatient or observation level of care treatment. 99284 Moderate ☐ Chronic illnesses with exacerbation/progression Undiagnosed new problem, uncertain prognosis • For systemic general symptoms, such as Acute illness with systemic symptoms ☐ Acute complicated injury fever, body aches, or fatigue in a minor illness that may be treated to alleviate 99285 🔲 High ☐Chronic illnesses with severe symptoms see the definitions for selfexacerbation/progression □Illness or injury that poses a threat to life or limited or minor problem or acute, uncomplicated illness or injury.

Code	COPA	_
99281	N/A	Moderate COPA
99282	Minimal	Moderale COFA
ш	1 self-limited or minor problem	
99283	Low	
	2+ self-limited or minor problems	Acute, complicated injury:
l _	☐ Stable chronic illness	reduc, complicated figury.
Low MDM	☐ Acute, uncomplicated illness or injury	Discourance and the second sec
Σ	, , ,	An injury relaids no grings treates out that
≥	☐ Stable acute illness	An injury which requires treatment that
=	Acute, uncomplicated illness or injury requiring hospital inpatient or observation level of care	J
	hospital inpatient or observation level of care	includes:
		includes:
99284	Moderate	The state of the s
	☐ Chronic illnesses with exacerbation/progression	
_	2+ stable chronic illnesses	<ul> <li>evaluation of body systems that are not</li> </ul>
Moderate MDM	Undiagnosed new problem, uncertain prognosis	
Σ	☐ Acute illness with systemic symptoms	directly part of the injured organ,
#		directly part of the injured organ,
e e	Acute complicated injury	3 1
မြို့		
2		• the injury is extensive,
		the figury is extensive,
99285	☐ High	• the treatment entires are multiple
	Chronic illnesses with severe	• the treatment options are multiple
	exacerbation/progression	•
High MDM	□Illness or injury that poses a threat to life or	and/or associated with risk of morbidity.
I⊠		and/or associated with risk of morbidity.
띪	function	
<del>"</del>		The state of the s
		Total State of the Control of the Co
		A CONTRACT OF THE PARTY OF THE

Code	COPA	
99281 99282	N/A  Minimal  1 self-limited or minor problem	Acute Complicated Injury
Low MDM	□ Low □ 2+ self-limited or minor problems □ Stable chronic illness □ Acute, uncomplicated illness or injury □ Stable acute illness □ Acute, uncomplicated illness or injury requiring hospital inpatient or observation level of care	• 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).
Moderate MDM 58866	Mechanism of injury may indicate acute complicated injury indicate acute of injury fall, MVA or any other accident required evaluate multiple organ systems or body are identify or rule out injuries.	
High MDM	☐ High ☐ Chronic illnesses with severe exacerbation/progression ☐ Illness or injury that poses a threat to life or function	<ul> <li>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.</li> </ul>

### 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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### Undiagnosed new problem with uncertain prognosis

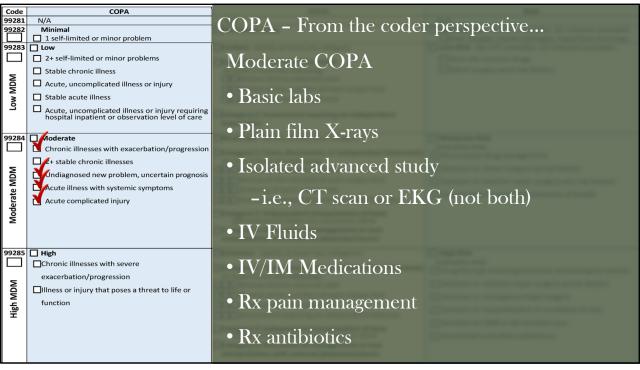
- Answer: The CPT E/M guidelines do not specify the severity level of a problem to be addressed for MDM selection.
- However, per the guidelines, an undiagnosed new problem with uncertain prognosis represents a condition likely to result in a high risk of morbidity without treatment.
- Although the physician 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

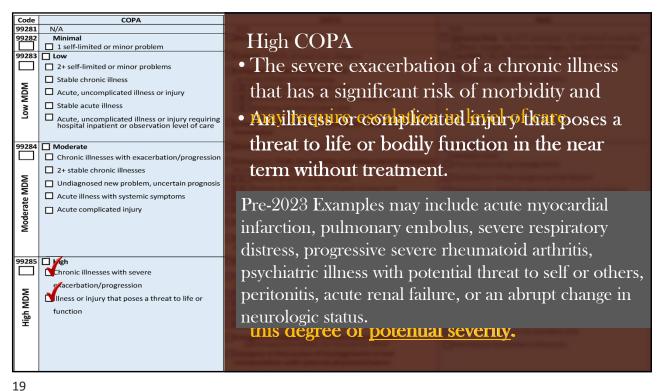
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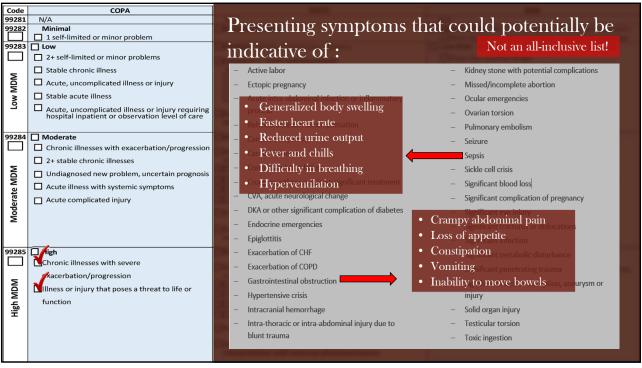
Code	COPA	
99281	N/A	COPA Madamata
99282	Minimal	COPA - Moderate
ш	1 self-limited or minor problem	
99283		
IШ	2+ self-limited or minor problems	Per CPT Assistant abdominal pain would likely
I _	☐ Stable chronic illness	1 Ci Ci i Assistant abdominal pain would likely
Low MDM	☐ Acute, uncomplicated illness or injury	13
Σ		represent "at least" Moderate COPA.
}	Stable acute illness	represent at least winderate CO171.
-	Acute, uncomplicated illness or injury requiring hospital inpatient or observation level of care	Total Control of the
1	nospital inpatient or observation level of care	
99284	Moderate	• Chronic abdominal pain = chronic illness with
99284		
ושו	Chronic illnesses with exacerbation/progression	Company of the Compan
I _	+ stable chronic illnesses	exacerbation.
I≧	Undiagnosed new problem, uncertain prognosis	5.1.1.5 5.7 S.1.1.5 5.1.1
Σ	Acute illness with systemic symptoms	
ᄩ	/ / /	• Patient w/a history of abdominal pain -
l ë	☐ Acute complicated injury	<ul> <li>Patient w/o history of abdominal pain =</li> </ul>
Moderate MDM		
-		undiagnosed now problem with uncertain
1		undiagnosed new problem with uncertain
L		
99285	High	promosis
${ m I}$	Chronic illnesses with severe	prognosis.
I _	exacerbation/progression	
High MDM	□Illness or injury that poses a threat to life or	
≥		<ul> <li>Abdominal pain w/ vomiting/diarrhea = acute</li> </ul>
듄	function	110domina pam w/ vomanig/diarriea acute
l ≖		
		illness with systemic symptoms.
I		initess with systemic symptoms.

### COPA - Moderate 99282 Minimal ☐ 1 self-limited or minor problem Concept can be applied to many Moderate 2+ self-limited or minor problems ☐ Stable chronic illness ☐ Acute, uncomplicated illness or injury COPA complaints. ☐ Stable acute illness Acute, uncomplicated illness or injury requiring hospital inpatient or observation level of care For example (not an all-inclusive list): Moderate Chronic illnesses with exacerbation/progression • Back pain • Psychiatric complaints Z+ stable chronic illnesses Undiagnosed new problem, uncertain prognosis Acute illness with systemic symptoms • Chest pain • Shortness of breath ☐ Acute complicated injury • Diarrhea • Systemic rash • Headache ☐ Chronic illnesses with severe Vomiting exacerbation/progression □Illness or injury that poses a threat to life or • Neck pain • Weakness

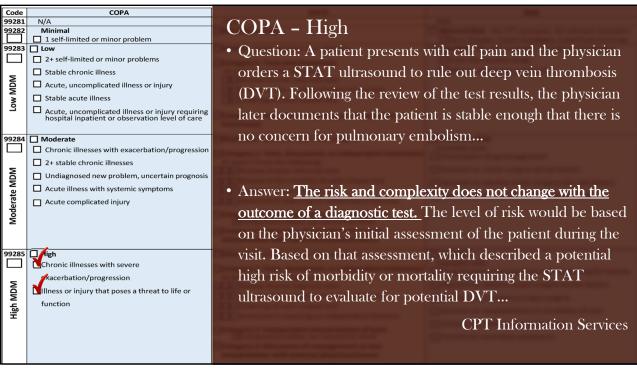
Code	COPA		-
99281	N/A	COPA - Moderate	
99282	Minimal	COPA - Moderate	
	1 self-limited or minor problem		
99283	Low		
IШ	2+ self-limited or minor problems	• Back pain	• Psychiatric complaints
_	Stable chronic illness	Dack pain	1 Sychiatric Complaints
Low MDM	☐ Acute, uncomplicated illness or injury		
Σ	☐ Stable acute illness	01	01
8		• Chest pain	<ul> <li>Shortness of breath</li> </ul>
-	Acute, uncomplicated illness or injury requiring hospital inpatient or observation level of care	CIIOSC P CCIII	51101111000 01 51 01111
	nospital inpatient or observation level of care		
00204	Moderate	• Diambas	· Crystamia mada
99284		• Diarrhea	• Systemic rash
ושו	Chronic illnesses with exacerbation/progression		•
I _	+ stable chronic illnesses		
Moderate MDM	Undiagnosed new problem, uncertain prognosis	• Headache	• Vomiting
ĮΣ	Acute illness with systemic symptoms	Treadactic	Vomiting
l at			On the latest and the
er.	☐ Acute complicated injury	NT 1 .	XXX 1
ĕ		• Neck pain	• Weakness
2		r v o ozz p eszzz	
99285	☐ High	Presentations exist within a clinical spectrum of	
	Chronic illnesses with severe	resentations exist within a chinear spectrum of	
I _ I	exacerbation/progression	severity. At moderate COPA, diagnostic evaluations	
High MDM	□Illness or injury that poses a threat to life or	severity. At modera	ie COLA, diagnostic evaluations
ĮΣ		would be limited to simple testing, such as plain a pare	
lg.	function	would be limited to simple testing, such as plain x-rays	
<del>'</del>		1 111	
		or basic lab tests.	



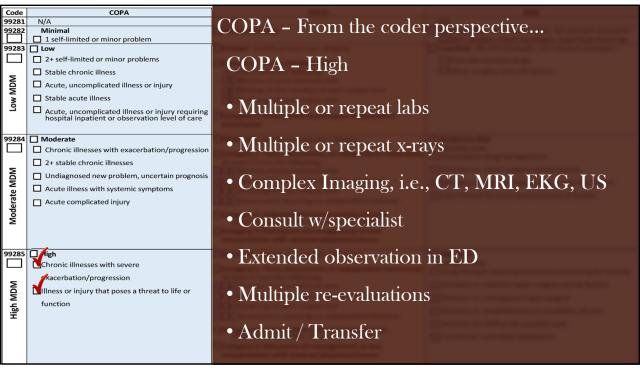




Code	COPA	
99281	N/A	CODA
99282	Minimal	COPA - High
	☐ 1 self-limited or minor problem	
99283	Low	1 110 1
	2+ self-limited or minor problems	• It is not necessary that a life-threatening
	☐ Stable chronic illness	
Low MDM		
I₿	Acute, uncomplicated illness or injury	condition is listed as the final diagnosis.
	☐ Stable acute illness	
l S	Acute, uncomplicated illness or injury requiring	
	Acute, uncomplicated illness or injury requiring hospital inpatient or observation level of care	
99284	☐ Moderate	AND DESCRIPTION OF THE PARTY OF
	☐ Chronic illnesses with exacerbation/progression	The state of the s
	2+ stable chronic illnesses	• An extensive evaluation to identify or rule out
Σ	Undiagnosed new problem, uncertain prognosis	The extensive evaluation to identify of the out
Moderate MDM		Marie Control of the
<u> </u>	Acute illness with systemic symptoms	any condition that represents severe
z e	☐ Acute complicated injury	any condition that represents severe
Ιğ		Change I stranger on the stranger of the
Σ		exacerbation or potential threat to life or
		exactribation of potential uncar to me of
99285	☐ <b>/</b> ligh	bodily function is an indication of High
	Chronic illnesses with severe	bodily function is all indication of High
Σ		COPA.
€	Illness or injury that poses a threat to life or	CO111.
High MDM	function	Harris and the same of the sam
I∺≌		House was a series of the latest and
		The state of the s
		The same of the sa
		Company of Street, Str
		The state of the s

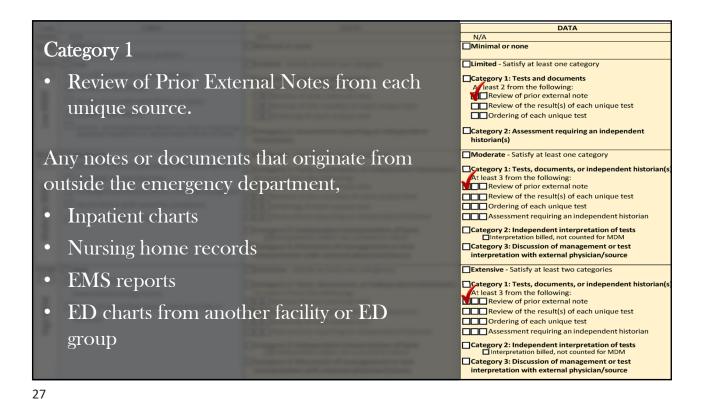


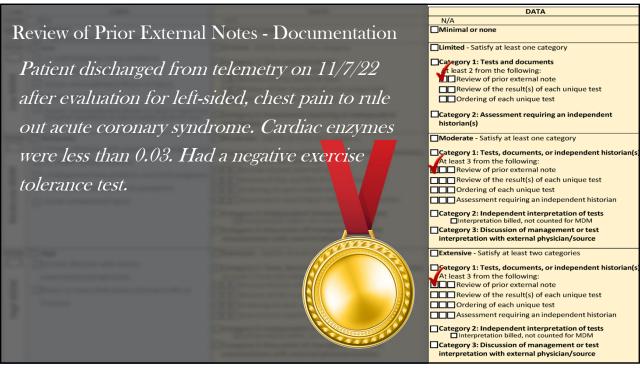
Code	COPA	
99281	N/A	COPA - High
99282	Minimal ☐ 1 self-limited or minor problem	
99283		• The final diagnosis for a condition does not, in and of
	2+ self-limited or minor problems	The final diagnosis for a condition does not, in and of
ľ		itself determine the complexity on pick as extensive
Σ	Stable chronic illness	itself, determine the complexity or risk, as extensive
Low MDM	Acute, uncomplicated illness or injury	
	☐ Stable acute illness	evaluation may be required to reach the conclusion
۱ ۵	Acute, uncomplicated illness or injury requiring hospital inpatient or observation level of care	
	hospital inpatient or observation level of care	that the signs or symptoms do not represent a highly
00284	☐ Moderate	
99284	☐ Chronic illnesses with exacerbation/progression	morbid condition.
ľ		
5	2+ stable chronic illnesses	• Therefore continuous that are libely to
Moderate MDM	☐ Undiagnosed new problem, uncertain prognosis	• Therefore, presenting symptoms that are likely to
e	☐ Acute illness with systemic symptoms	
rat	☐ Acute complicated injury	represent a highly morbid condition may "drive"
ĕ		
Ž		MDM even when the ultimate diagnosis is not highly
		morbid.
99285	<del>-                                    </del>	
	Chronic illnesses with severe	
I _	/kacerbation/progression	• The evaluation and/or treatment should be consistent
High MDM	Illness or injury that poses a threat to life or	
Σ	function	with the likely nature of the condition.
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1 -		- CDT 0009
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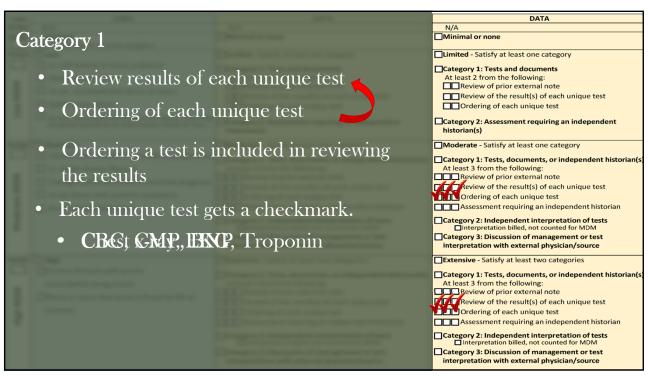
Code	COPA	DATA	RISK
99281	N/A	N/A	N/A
99282	Minimal	☐Minimal or none	Minimal Risk - No CPT examples. ED relevant examples:
Щ	1 self-limited or minor problem		Rest, Gargles, Elastic bandages, Superficial dressings
99283	Low	Limited - Satisfy at least one category	Low Risk - No CPT examples. ED relevant examples:
	2+ self-limited or minor problems	Category 1: Tests and documents	Over-the-counter drugs
l .	☐ Stable chronic illness	At least 2 from the following:	☐ Minor surgery w/o risk factors
Σ		Review of prior external note	
Low MDM	Acute, uncomplicated illness or injury	Review of the result(s) of each unique test	
=	☐ Stable acute illness	☐☐Ordering of each unique test	
اگ ا	Asuta uncomplicated illness or injury requiring		
	Acute, uncomplicated illness or injury requiring hospital inpatient or observation level of care	Category 2: Assessment requiring an independent	
l .		historian(s)	
99284	☐ Moderate	■ Moderate - Satisfy at least one category	☐ Moderate Risk
	Chronic illnesses with exacerbation/progression		Examples only:
1		Category 1: Tests, documents, or independent historian(s)	Prescription drug management
I _	2+ stable chronic illnesses	At least 3 from the following:	☐ Decision re: minor surgery w/risk factors
	☐ Undiagnosed new problem, uncertain prognosis	Review of prior external note	
Σ	☐ Acute illness with systemic symptoms	Review of the result(s) of each unique test	Decision re: elective major surgery w/o risk factors
뫋	Acute limess with systemic symptoms	Ordering of each unique test	☐ Care limited by social determinants of health
er.	Acute complicated injury	Assessment requiring an independent historian	
Moderate MDM		Category 2: Independent interpretation of tests	
2		Interpretation billed, not counted for MDM	
l .		Category 3: Discussion of management or test interpretation with external physician/source	
l .		interpretation with external physician/source	
99285	High	Extensive - Satisfy at least two categories	☐ High Risk
	Chronic illnesses with severe	Category 1: Tests, documents, or independent historian(s)	Examples only:
l .	exacerbation/progression	At least 3 from the following:	☐ Drug therapy requiring intensive monitoring for toxicity
Σ		Review of prior external note	Decision re: elective major surgery w/risk factors
High MDM	□Illness or injury that poses a threat to life or	Review of the result(s) of each unique test	☐ Decision re: emergency major surgery
Ę.	function	Ordering of each unique test	
I∺≌		Assessment requiring an independent historian	Decision re: hospitalization or escalation of care
			☐ Decision for DNR or de-escalate care
		□Category 2: Independent interpretation of tests □ Interpretation billed, not counted for MDM	☐ Parenteral controlled substances
		Category 3: Discussion of management or test	
		interpretation with external physician/source	

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









### 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.

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

Ordering a test may include those considered,

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

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but not selected.

DATA Assessment requiring an independent historian. Minimal or none Limited - Satisfy at least one category Any individual who provides a history in Category 1: Tests and documents At least 2 from the following: Review of prior external note addition to a history provided by the Review of the result(s) of each unique test Ordering of each unique test patient. Category 2: Assessment requiring an independent Due to: **EMS** ■ Moderate - Satisfy at least one category Category 1: Tests, documents, or independent his At least 3 from the following: Developmental stage Review of prior external note Parent Review of the result(s) of each unique test Ordering of each unique test Assessment requiring an independent historian **Dementia** Guardian ☐Category 2: Independent interpretation of tests
☐Interpretation billed, not counted for MDM Category 3: Discussion of management or test **Psychosis** Surrogate interpretation with external physician/source Extensive - Satisfy at least two categories Etc... Spouse Category 1: Tests, documents, or independent historia At least 3 from the following: Review of prior external note Review of the result(s) of each unique test Witness Ordering of each unique test Assessment requiring an independent historian ☐ Category 2: Independent interpretation of tests
☐ Interpretation billed, not counted for MDM An interpreter is not an independent historian. Category 3: Discussion of management or test interpretation with external physician/source

### - m

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

### DATA Category 2: Independent interpretation of tests Limited - Satisfy at least one category Category 1: Tests and documents A test for which there is a CPT code, and an At least 2 from the following: Review of prior external note Review of the result(s) of each unique test Ordering of each unique test interpretation or report is customary. Category 2: Assessment requiring an independent • X-rays ■ Moderate - Satisfy at least one category EKGs Category 1: Tests, documents, or independent historian( At least 3 from the following: Review of prior external note Ultrasounds Review of the result(s) of each unique test Ordering of each unique test Assessment requiring an independent historian Rhythm Strips Category 2: Independent interpretation of tests Category 3: Discussion of management or test interpretation with external physician/source Extensive - Satisfy at least two categories A form of interpretation should be documented Category 1: Tests, documents, or independent historian( At least 3 from the following: but need not conform to the usual standards of Review of the result(s) of each unique test Ordering of each unique test a complete report for the test. Assessment requiring an independent historian Category 2: Independent interpretation of tests Category 3: Discussion of management or test interpretation with external physician/source

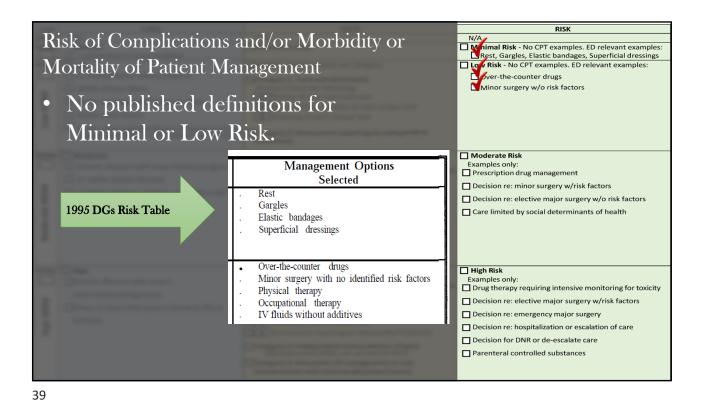
# CATEGORY 2: INDEPENDENT INTERPRETATION OF A TEST (NOT SEPARATELY REPORTED) • Ondependent production of the level of MDM.

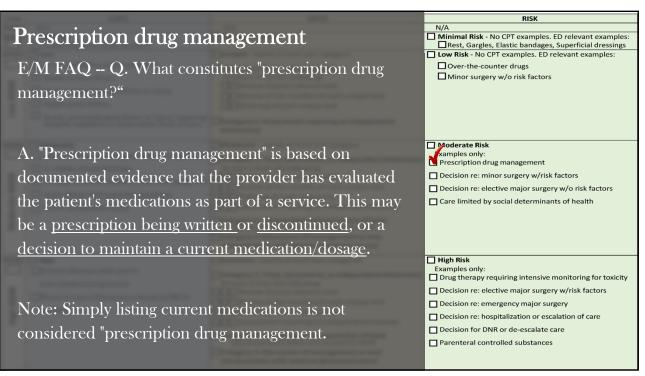
DATA Category 3 - Discussion of management or test Minimal or none interpretation with external physician or another Limited - Satisfy at least one category appropriate source. Category 1: Tests and documents At least 2 from the following: Review of prior external note Any Non-ED staff discussion Appropriate source -Review of the result(s) of each unique test
Ordering of each unique test Consultant Lawyer Category 2: Assessment requiring an independent historian(s) ■ Moderate - Satisfy at least one category Parole officer **PCP** Category 1: Tests, documents, or independent historia At least 3 from the following: Case manager Review of prior external note Surgeon Review of the result(s) of each unique test Ordering of each unique test Admitting Physician Teacher Assessment requiring an independent historian Category 2: Independent interpretation of tests Social Worker Radiologist Category 3: Discussion of management or test interpretation with external physician/source Extensive - Satisfy at least two categories May also be organization: Attending & Attending Category 1: Tests, documents, or independent historian( At least 3 from the following: Attending & Resident Hospital Review of the result(s) of each unique test Attending & PA/NP Ordering of each unique test **Nursing Facility** Assessment requiring an independent historian Pt Family or Interpreter Category 2: Independent interpretation of tests
☐ Interpretation billed, not counted for MDM Home health care agency Category 3: Discussion of management or test interpretation with external physician/source 37

Category 3 - Discussion of management or test Minimal or none interpretation with external physician or another Limited - Satisfy at least one category appropriate source. Category 1: Tests and documents At least 2 from the following: Review of the result(s) of each unique test Discussed with Dr. Jacobs from cardiology. She Ordering of each unique test Category 2: Assessment requiring an independent historian(s) recommended cardioversion in the ED and Moderate - Satisfy at least one category contact her office for an appointment. Category 1: Tests, documents, or independent historian(s At least 3 from the following:

Review of prior external note Review of the result(s) of each unique test Ordering of each unique test Assessment requiring an independent historian Discussed with cardiology. Category 2: Independent interpretation of tests
Interpretation billed, not counted for MDM
Category 3: Discussion of management or test interpretation with external physician/source Extensive - Satisfy at least two categorie Category 1: Tests, documents, or independent historia Discussed with Dr. Jacobs. At least 3 from the following:

Review of prior external note Review of the result(s) of each unique test Ordering of each unique test Assessment requiring an independent historian Category 2: Independent interpretation of tests
☐ Interpretation billed, not counted for MDM Category 3: Discussion of management or test interpretation with external physician/source





### 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.

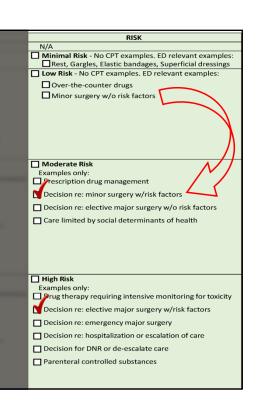
## RISK N/A | Minimal Risk - No CPT examples. ED relevant examples: | Rest, Gargles, Elastic bandages, Superficial dressings | Low Risk - No CPT examples. ED relevant examples: | Over-the-counter drugs | Minor surgery w/o risk factors | Prescription drug management | Decision re: minor surgery w/risk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

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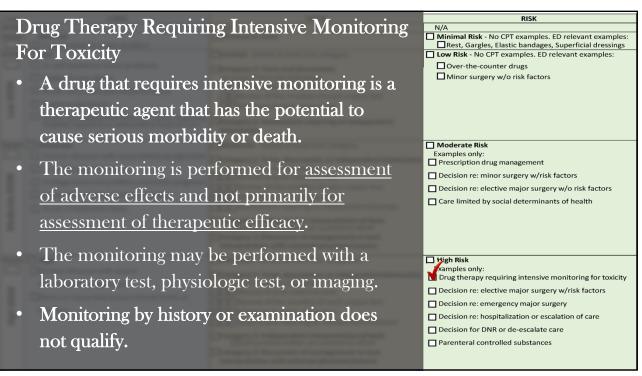
### Risk Factors

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 noncompliant diabetic.
- Repair of dirty or contaminated wound.



### Diagnosis or treatment significantly limited by Rest, Gargles, Elastic bandages, Superficial dressings Low Risk - No CPT examples. ED relevant examples: social determinants of health (SDOH) Over-the-counter drugs ☐ Minor surgery w/o risk factors SDOH refer to the conditions of a patient's living environments or circumstances that affect their health risks and outcomes. ☐ Moderate Risk Documentation should how any SDOH have Examples only: Prescription drug management Decision re: minor surgery w/risk factors "significantly limited" patients' diagnosis or Decision re: elective major surgery w/o risk factors Care limited by social determinants of health treatment. Living conditions ☐ High Risk Examples only: Drug therapy requiring intensive monitoring for toxicity Home environments ☐ Decision re: elective major surgery w/risk factors Decision re: emergency major surgery Poverty ☐ Decision re: hospitalization or escalation of care Decision for DNR or de-escalate care Access to healthcare ■ Parenteral controlled substances



Drug thera	oy w/monitor		evant meds
	Not an all in	nclusive 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
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### Surgery (Elective vs Emergency) Minimal Risk - No CPT examples. ED relevant examples: Rest, Gargles, Elastic bandages, Superficial dressings ☐ Low Risk - No CPT examples. ED relevant examples: Over-the-counter drugs ☐ Minor surgery w/o risk factors Elective or Emergency: Describe the timing of a procedure when the timing is related to the patient's condition. ☐ Moderate Risk Examples only: Prescription drug management An elective procedure is typically planned ☐ Decision re: minor surgery w/risk factors ☐ Decision re: elective major surgery w/o risk factors in advance (e.g., scheduled for weeks ☐ Care limited by social determinants of health later), An emergent procedure is typically Examples only: performed immediately or with minimal ecision re: elective major surgery w/risk factors Decision re: emergency major surgery $\hfill\square$ Decision for DNR or de-escalate care ☐ Parenteral controlled substances

### Decision regarding hospitalization or escalation of hospital-level of care Rest, Gargles, Elastic bandages, Superficial dressings Low Risk - No CPT examples. ED relevant examples: Over-the-counter drugs ☐ Minor surgery w/o risk factors • "Decision Regarding Hospitalization" NOT "Decision" to Hospitalize the Patient". • Can be high risk if result is something other than the ☐ Moderate Risk Examples only: Prescription drug management patient being hospitalized. Decision re: minor surgery w/risk factors ☐ Decision re: elective major surgery w/o risk factors Is hospital admission an appropriate outcome based ☐ Care limited by social determinants of health on the patient's presentation and diagnosis? Does ED chart reflect the decision-making process High Risk around hospitalization? Examples only: Drug therapy requiring intensive monitoring for toxicity Decision re: elective major surgery w/risk factors Benefits of admission vs. risk of discharge ecision re: emergency major surgery Decision re: hospitalization or escalation of care - EDMD recommends admission, patient Decision for DNR or de-escalate care ■ Parenteral controlled substances

High Risk Minimal Risk - No CPT examples, ED relevant examples Rest, Gargles, Elastic bandages, Superficial dressings Low Risk - No CPT examples. ED relevant examples: Over-the-counter drugs Discussions or considerations for DNR: ☐ Minor surgery w/o risk factors • Discuss DNR with patient / family ■ Moderate Risk • De-escalate care due to poor prognosis Examples only:

Prescription drug management Decision re: minor surgery w/risk factors • Compliance with an existing DNR ☐ Decision re: elective major surgery w/o risk factors ☐ Care limited by social determinants of health ☐ Decision re: elective major surgery w/risk factors ☐ Decision re: emergency major surgery ecision re: hospitalization or escalation of care Decision for DNR or de-escalate care

☐ Parenteral controlled substances

declines.

<ul> <li>Parenteral – administered the alimentary tract (intramu injection)</li> <li>Controlled Substance – use</li> <li>This list is not all-inclusive,</li> </ul>	N/A    Minimal Risk - No CPT examples. ED relevant examples:   Rest, Gargles, Elastic bandages, Superficial dressings    Low Risk - No CPT examples. ED relevant examples:   Over-the-counter drugs   Minor surgery w/o risk factors	
<ul> <li>controlled substances may in</li> <li>Buprenorphine (Suboxone)</li> <li>Clonazepam (Klonopin)</li> <li>Diazepam (Valium)</li> <li>Fentanyl (Sublimaze, Duragesic</li> <li>Hydromorphone (Dilaudid)</li> <li>Ketamine</li> </ul>	<ul><li>Naloxone (Narcan)</li><li>Nubain (Nalbuphine)</li><li>Oxycodone</li></ul>	
<ul> <li>Lorazepam (Ativan)</li> <li>Meperidine (Demerol)</li> <li>Methadone (Dolophine)</li> <li>Methohexital</li> <li>Midazolam (Versed)</li> <li>Morphine</li> </ul>	<ul> <li>Sufentanyl</li> <li>Talwin (Pentazocine)</li> <li>Thiopental</li> <li>Versed (Midazolam)</li> </ul>	

Code	COPA	DATA	RISK
99281	N/A	N/A	N/A
9 <u>928</u> 2	Minimal	☐Minimal or none	☐ Minimal Risk - No CPT examples. ED relevant examples:
Ш	☐ 1 self-limited or minor problem		Rest, Gargles, Elastic bandages, Superficial dressings
99283 MDW won	□ Low □ 2+ self-limited or minor problems □ Stable chronic illness □ Acute, uncomplicated illness or injury □ Stable acute illness □ Acute, uncomplicated illness or injury requiring hospital inpatient or observation level of care	□ Limited - Satisfy at least one category □ Category 1: Tests and documents At least 2 from the following: □ Review of prior external note □ Review of the result(s) of each unique test □ Ordering of each unique test □ Category 2: Assessment requiring an independent historian(s)	□ Low Risk - No CPT examples. ED relevant examples: □ Over-the-counter drugs □ Minor surgery w/o risk factors
Moderate MDM MDM Moderate MDM Moderate MDM MDM MDM MDM MDM MDM MDM MDM MDM MD	☐ Moderate         ☐ Chronic illnesses with exacerbation/progression         ☐ 2+ stable chronic illnesses         ☐ Undiagnosed new problem, uncertain prognosis         ☐ Acute illness with systemic symptoms         ☐ Acute complicated injury	Moderate - Satisfy at least one category   Category 1: Tests, documents, or independent historian(s)   At least 3 from the following:   Review of prior external note   Review of the result(s) of each unique test   Ordering of each unique test   Assessment requiring an independent historian   Category 2: Independent interpretation of tests   Interpretation billed, not counted for MDM   Category 3: Discussion of management or test   interpretation with external physician/source	□ Moderate Risk     Examples only:     □ Prescription drug management     □ Decision re: minor surgery w/risk factors     □ Decision re: elective major surgery w/o risk factors     □ Care limited by social determinants of health
High MDM High	☐ High ☐Chronic illnesses with severe exacerbation/progression ☐Illness or injury that poses a threat to life or function	□ Extensive - Satisfy at least two categories □ Category 1: Tests, documents, or independent historian(s) At least 3 from the following: □ □ Review of prior external note □ □ Ordering of each unique test □ □ Ordering of each unique test □ □ Assessment requiring an independent historian □ Category 2: Independent interpretation of tests □ Interpretation billed, not counted for MDM □ Category 3: Discussion of management or test interpretation with external physician/source	☐ High Risk Examples only: ☐ Drug therapy requiring intensive monitoring for toxicity ☐ Decision re: elective major surgery w/risk factors ☐ Decision re: emergency major surgery ☐ Decision re: hospitalization or escalation of care ☐ Decision for DNR or de-escalate care ☐ Parenteral controlled substances

Code	COPA	DATA	RISK
99281	N/A	N/A	N/A
99282	Minimal	Minimal or none	Minimal Risk - No CPT examples. ED relevant examples:
ш	1 self-limited or minor problem		Rest, Gargles, Elastic bandages, Superficial dressings
99283	Low	Limited - Satisfy at least one category	Low Risk - No CPT examples. ED relevant examples:
	2+ self-limited or minor problems	Category 1: Tests and documents	Over-the-counter drugs
	☐ Stable chronic illness	At least 2 from the following:	☐ Minor surgery w/o risk factors
ĮΣ		Review of prior external note	
Low MDM	☐ Acute, uncomplicated illness or injury	Review of the result(s) of each unique test	
	☐ Stable acute illness	Ordering of each unique test	
으	☐ Acute_uncomplicated illness or injury requiring		
	<ul> <li>Acute, uncomplicated illness or injury requiring hospital inpatient or observation level of care</li> </ul>	Category 2: Assessment requiring an independent	
		historian(s)	
9928/	☐ Moderate	Moderate - Satisfy at least one category	Moderate Risk
	☐ Chronic illnesses with exacerbation/progression	<b>5</b>	Kamples only:
•	2+ stable chronic illnesses	Category 1: Tests, documents, or independent historian(s) At least 3 from the following:	Prescription drug management
5		Review of prior external note	Decision re: minor surgery w/risk factors
Iè	Undiagnosed new problem, uncertain prognosis	Review of the result(s) of each unique test	☐ Decision re: elective major surgery w/o risk factors
<u>ح</u>	☐ Acute illness with systemic symptoms	Ordering of each unique test	
ate	☐ Acute complicated injury	Assessment requiring an independent historian	Care limited by social determinants of health
l e	Acute complicated injury		
Moderate MDM		□Category 2: Independent interpretation of tests □Interpretation billed, not counted for MDM	
-		Category 3: Discussion of management or test	
		interpretation with external physician/source	
99285	High	■Extensive - Satisfy at least two categories	High Risk
lШ	Chronic illnesses with severe	Category 1: Tests, documents, or independent historian(s)	Examples only:  Drug therapy requiring intensive monitoring for toxicity
	/xacerbation/progression	At least 3 from the following:	_ , , , , , , , , , , , , , , , , , , ,
I≅	Illness or injury that poses a threat to life or	Review of prior external note	☐ Decision re: elective major surgery w/risk factors
ĮΣ		Review of the result(s) of each unique test	Decision re: emergency major surgery
High MDM	function	Ordering of each unique test	Decision re: hospitalization or escalation of care
<del>'</del>		Assessment requiring an independent historian	_
		Category 2: Independent interpretation of tests	Decision for DNR or de-escalate care
		☐ Category 2: Independent interpretation of tests ☐ Interpretation billed, not counted for MDM	☐ Parenteral controlled substances
		Category 3: Discussion of management or test	
		interpretation with external physician/source	

