

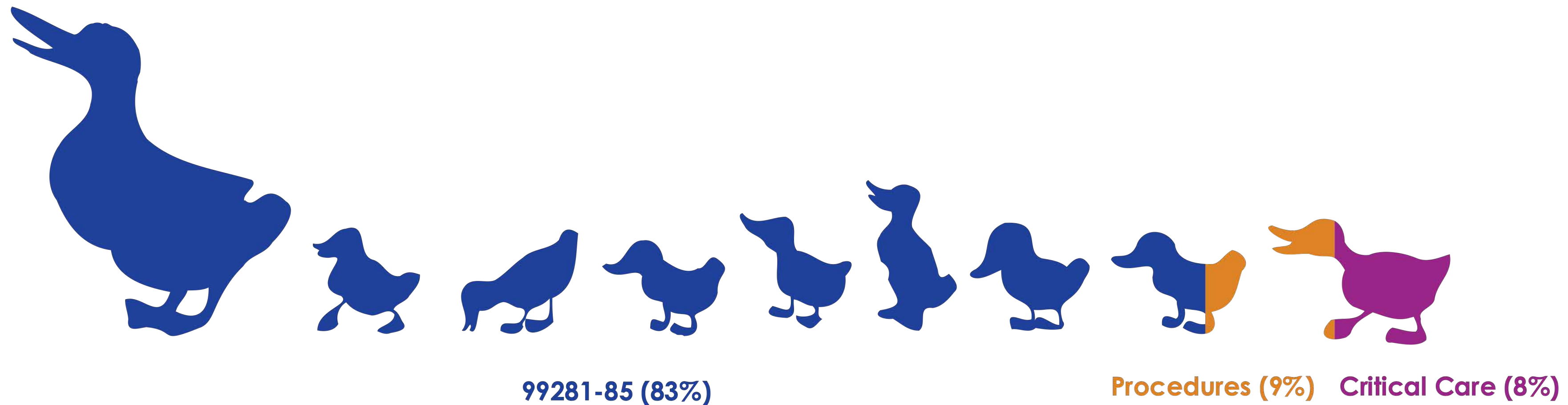
The background of the slide features a close-up photograph of bright yellow flowers, possibly tulips, in the upper left and bottom corners. A thin, pinkish branch with small buds extends from the right side into the frame. The central area of the slide is a solid white rectangle containing the title and author information.

# **2023 Documentation Guidelines: Physicians & Leaders**

Michael Granovsky MD, CPC, FACEP  
President, LogixHealth

# Where Are the RVUs?

- 83% of typical ED doc's RVUs from 99281-99285
- 8% from critical care
- 9% from procedures





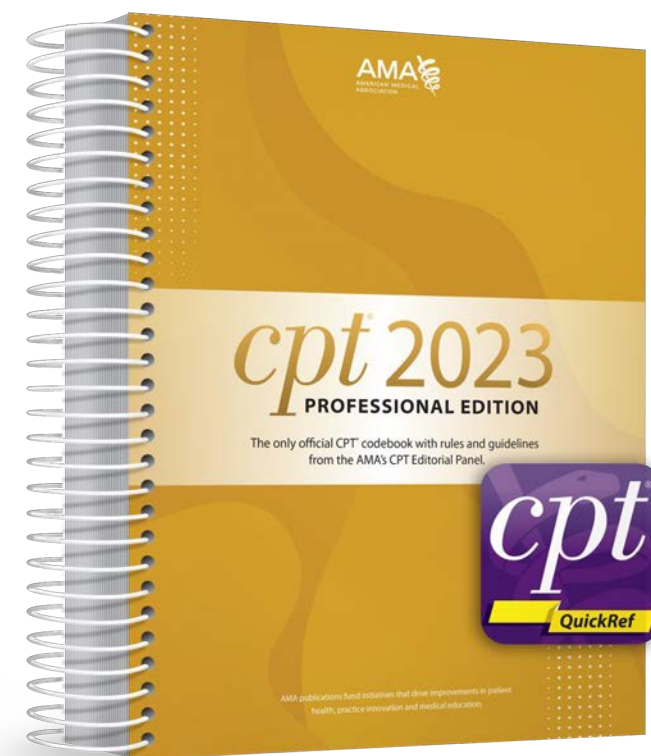
# Brand New 2023 CPT E/M Guidelines for the ED



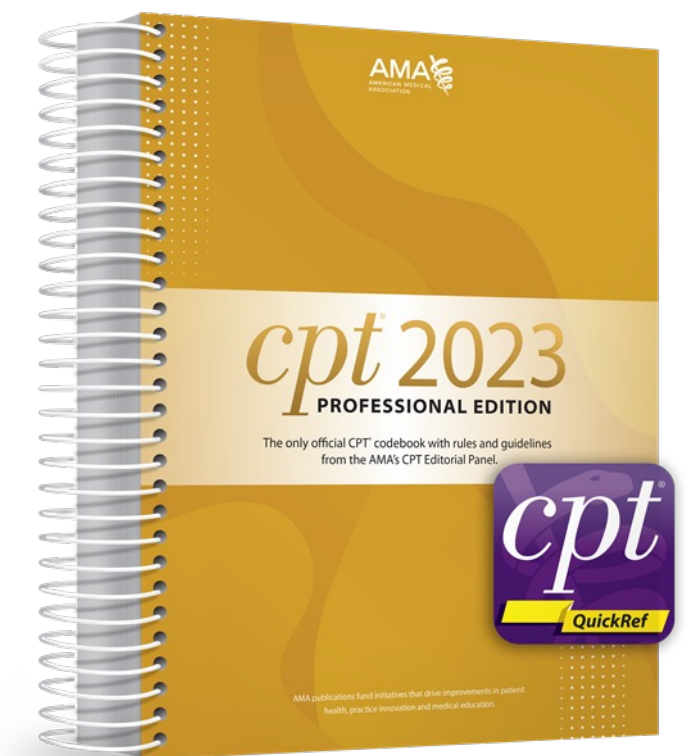
## CPT® Evaluation and Management (E/M) Code and Guideline Changes effective January 1, 2023:



- Revision of Emergency Department Services E/M codes 99281-99285 and guidelines

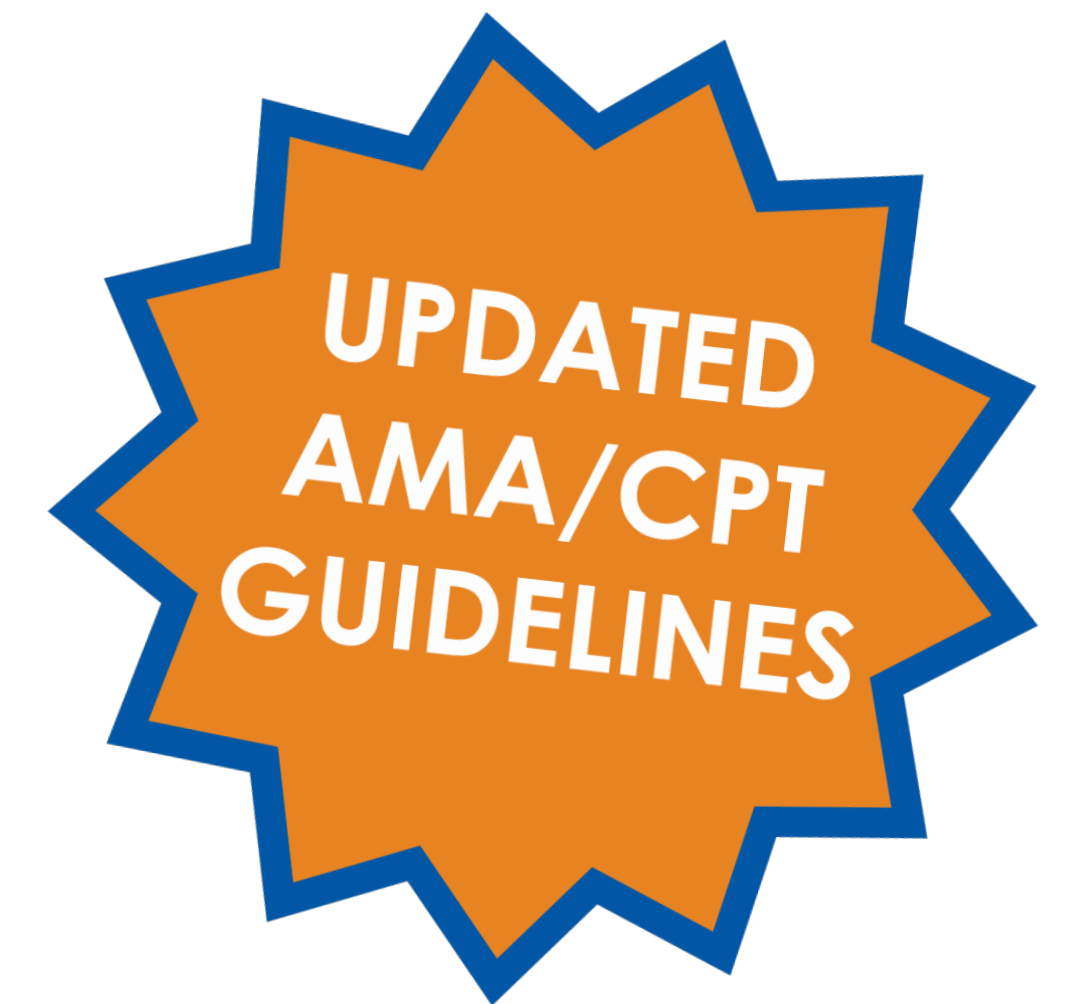


**Released July 2023**



# 2023 ED: History and Physical Exam Don't Score

- “The nature and extent of the history and/or physical examination is determined by the treating physician reporting the service.”
- “The extent of history and physical examination is NOT an element in selection of codes.”
- “The main purpose of documentation is to support care of the patient by current and future health care team(s).”



**2023 CPT E/M Descriptors and Guidelines July Release**

# How Is the ED Scored?

## For the Office: MDM or Time Determined Code Choice

### Office Visit Code Scoring

*“The CPT code changes allow clinicians to choose the Office visit level based on either medical decision making or time.”*

CMS Physician Final Rule Press Release



1. Requires performance of history and exam only as medically appropriate

2. Allows clinicians to choose the E/M visit level:

- Medical Decision Making; OR
- Time





# ED and Time: Long Standing AMA CPT Principle

Time noted **NOT** to apply in the ED!

*“Time is not a descriptive component for the **emergency department levels of E/M services (99281-99285)** because emergency department services are typically provided on a variable intensity basis, involving multiple encounters with several patients over an extended period of time.”*

AMA CPT 2023 Descriptors and Guidelines July Release



Leaves the ED with MDM!



A small, round bird with a yellow belly and greenish-brown back is perched on a thin, brown branch. Its beak is wide open, as if it is singing or calling. The background is a solid, warm yellow-orange color. To the right of the bird, there are some green leaves and branches, slightly out of focus. A white horizontal band with a thin yellow border runs across the middle of the image, containing the text.

2023 ED 9928X Codes Will Be Based on MDM Alone!



# 2023 ED: It Really Is All About the MDM

## 2023 CPT E/M Descriptors and Guidelines July Release

▲99281

**Emergency department visit** for the evaluation and management of a patient that may not require the presence of a physician or other qualified health care professional

▲99282

**Emergency department visit** for the evaluation and management of a patient, which requires a medically appropriate history and/or examination and straightforward medical decision making

▲99283

**Emergency department visit** for the evaluation and management of a patient, which requires a medically appropriate history and/or examination and low level of medical decision making

▲99284

**Emergency department visit** for the evaluation and management of a patient, which requires a medically appropriate history and/or examination and moderate level of medical decision making

▲99285

**Emergency department visit** for the evaluation and management of a patient, which requires a medically appropriate history and/or examination and high level of medical decision making

## 99285 2022

99285

**Emergency department visit** for the evaluation and management of a patient, which requires these 3 key components within the constraints imposed by the urgency of the patient's clinical condition and/or mental status:

- **A comprehensive history;**
- **A comprehensive examination; and**
- **Medical decision making of high complexity.**

Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs.

Usually, the presenting problem(s) are of high severity and pose an immediate significant threat to life or physiologic function.



# 2023 New ED MDM Grid



Code	Level of MDM (Based on 2 out of 3 Elements of MDM)	Elements of Medical Decision Making		
		Number and Complexity of Problems Addressed	Amount and/or Complexity of Data to be Reviewed and Analyzed <i>*Each unique test, order, or document contributes to the combination of 2 or combination of 3 in Category 1 below.</i>	Risk of Complications and/or Morbidity or Mortality of Patient Management
99281	N/A	N/A	N/A	N/A
99282	Straightforward	Minimal • 1 self-limited or minor problem	Minimal or none	Minimal risk of morbidity from additional diagnostic testing or treatment
99283	Low	Low • 2 or more self-limited or minor problems; or • 1 stable chronic illness; or • 1 acute, uncomplicated illness or injury	Limited (Must meet the requirements of at least 1 of the 2 categories) <b>Category 1: Tests and documents</b> • Any combination of 2 from the following: • Review of prior external note(s) from each unique source*; • review of the result(s) of each unique test*; • ordering of each unique test* or <b>Category 2: Assessment requiring an independent historian(s)</b> (For the categories of independent interpretation of tests and discussion of management or test interpretation, see moderate or high)	Low risk of morbidity from additional diagnostic testing or treatment





## New ED Guidelines: Code Construct Detail





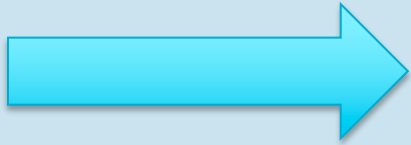
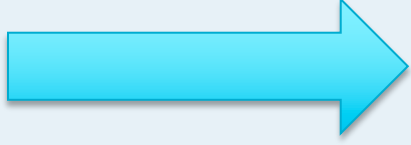
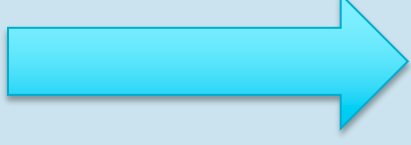
# Office Code MDM Construct Drove the ED Construct

## 2023 Overview of Office and ED MDM

■ No MDM	Office Level 1	99281
■ Straight forward	Office level 2	99282
■ Low	Office level 3	99283
■ Moderate	Office level 4	99284
■ High	Office level 5	99285



# 2023 New ED MDM Requirements by Level

Level	2022 MDM	2023 MDM
99281	Straight Forward 	None
99282	Low 	Straight Forward
99283	Moderate 	Low
99284	Moderate	Moderate
99285	High	High



A photograph of a yellow and black butterfly perched on a cluster of small purple flowers. The background is a soft-focus green and blue. A semi-transparent white banner with a yellow border is at the bottom.

# 2023 ED MDM Components



# The Old Way: ED MDM Components



## Number of Diagnoses/Management Options

Self-limited or minor (Stable, improved or worsened)	➔ <i>Maximum 2 points in this category.</i>	1 point
Established problem (to examining MD); stable or improved		1 point
Established problem (to examine MD); worsening		2 points
New problem (to examining MD); no additional work-up planned	➔ <i>Maximum 3 points in this category.</i>	3 points
New problem (to examining MD); additional work-up (e.g. admit/transfer)		4 points

## Amount and/or Complexity of Data Reviewed

Lab ordered and/or reviewed (regardless of # ordered)	1 point
X-ray ordered and/or reviewed (regardless of # ordered)	1 point
Medicine section (90701-99199) ordered and/or reviewed	1 point
Discussion of test results with performing physician	1 point
Decision to obtain old record and/or obtain hx from someone other than patient	1 point
Review and summary of old records and/or obtaining hx from someone other than patient and/or discussion with other health provider	2 points
Independent visualization of image, tracing, or specimen (not simply review of report)	2 points



# The Old Way: ED MDM Components

Risk of complications and/or Morbidity or Mortality

<b>Presenting Problem</b>	<b>Diagnostic Tests</b>	<b>Management Options</b>	<b>Risk</b>
1 self-limited/minor problem	Lab w/venipuncture, CXR, EKG, U/A	Rest, Gargle, Ace, superficial dressing	Minimal
2 or more self-limited/minor 1 stable chronic illness, acute uncomplicated	Lab w/arterial puncture Superficial needle biopsies	OTC drugs, IV w/o additives	Low
1 chronic illness w/exacerbation, 2 or more stable chronic illnesses, new problem w/ uncertain progress, acute problem	LP, thoracentesis, culdocentesis	Rx, IV w/ additives Tx of Fx w/o manipulation Minor surgery w/identified risk factors	Moderate
1 or more chronic illnesses w/severe exacerbation, life threatening illness/injury, suicide/homicidal ideation, neurostatus change	Endoscopy with identified risk factors	Parenteral controlled drug therapy with monitoring Emergency Major surgery	High

# The New Way: 2023 ED MDM Components

- MDM still has 3 components
- MDM still scored by the highest two of three components
- Some of the MDM component detail has changed significantly



## 1. Number and Complexity of **Problems** Addressed

- Previously – the Number of diagnoses or management options

## 2. Amount and/or Complexity of **Data** to be Reviewed and Analyzed

- Very quantitative

## 3. **Risk** of Complications and/or Morbidity of Patient Management

- Incorporates components of the risk table as examples



# 2023 ED MDM Component 1: Problems Addressed

## Number and Complexity of **Problems** Addressed

- Previously – The number of diagnoses or management options
- No longer a major distinction made for additional work up planned
  - No longer: “new problem to the examiner”
    - No longer 3 points vs 4 points
- Actually less numeric now and more qualitative
- Draws from the Presenting Problem Column of the old Risk Table
  - Acute, uncomplicated illness or injury
  - Acute illness with systemic symptoms
  - Chronic illnesses with severe exacerbation



# 2023 ED MDM Component 1: Problems Addressed

## Number and Complexity of **Problems** Addressed

- Multiple new or established conditions may be addressed at the same time and may affect medical decision making
  - Elevated blood sugar and elevated BP
- Document comorbidities impacting treatment
  - Diabetes and cellulitis



# 2023 ED MDM Component 2: Data

## Amount and Complexity of **Data** Reviewed/Analyzed

- Component with the most changes and clarifications
  - Dependent on physician documentation
- Key changes:
  - Scoring for ordering or reviewing each unique test
  - “Old record review” changed to “Review of prior external notes”
  - Independent historian updated to include parents and caregivers



# MDM Component 2 Data: Dependent on Physician Documentation

## Moderate Medical Decision Making

### Category 1: Tests, documents, or independent historian(s)

**Any combination of 3 from the following:**

- ✓ Review of prior external note(s) from each unique source
- Review of the result(s) of each unique test
- Ordering of each unique test
- ✓ Assessment requiring an independent historian(s)

### Category 2: Independent interpretation of tests

- ✓ Independent interpretation of a test performed by another qualified health care professional (not separately reported)

### Category 3: Discussion of management or test interpretation

- ✓ External health care professional/appropriate source



# MDM Component 3: Risk

## **Risk** of Complications and Morbidity/Mortality

- Based on previous table of risk – Highest element of risk prevails
- Key new changes
  - Moderate Risk:
    - Diagnosis/Tx significantly limited by social determinants of health
    - Prescription drug management appropriately considered
  - High Risk:
    - Parenteral controlled substances continues as well as separate bullet drug therapy requiring intensive monitoring for toxicity



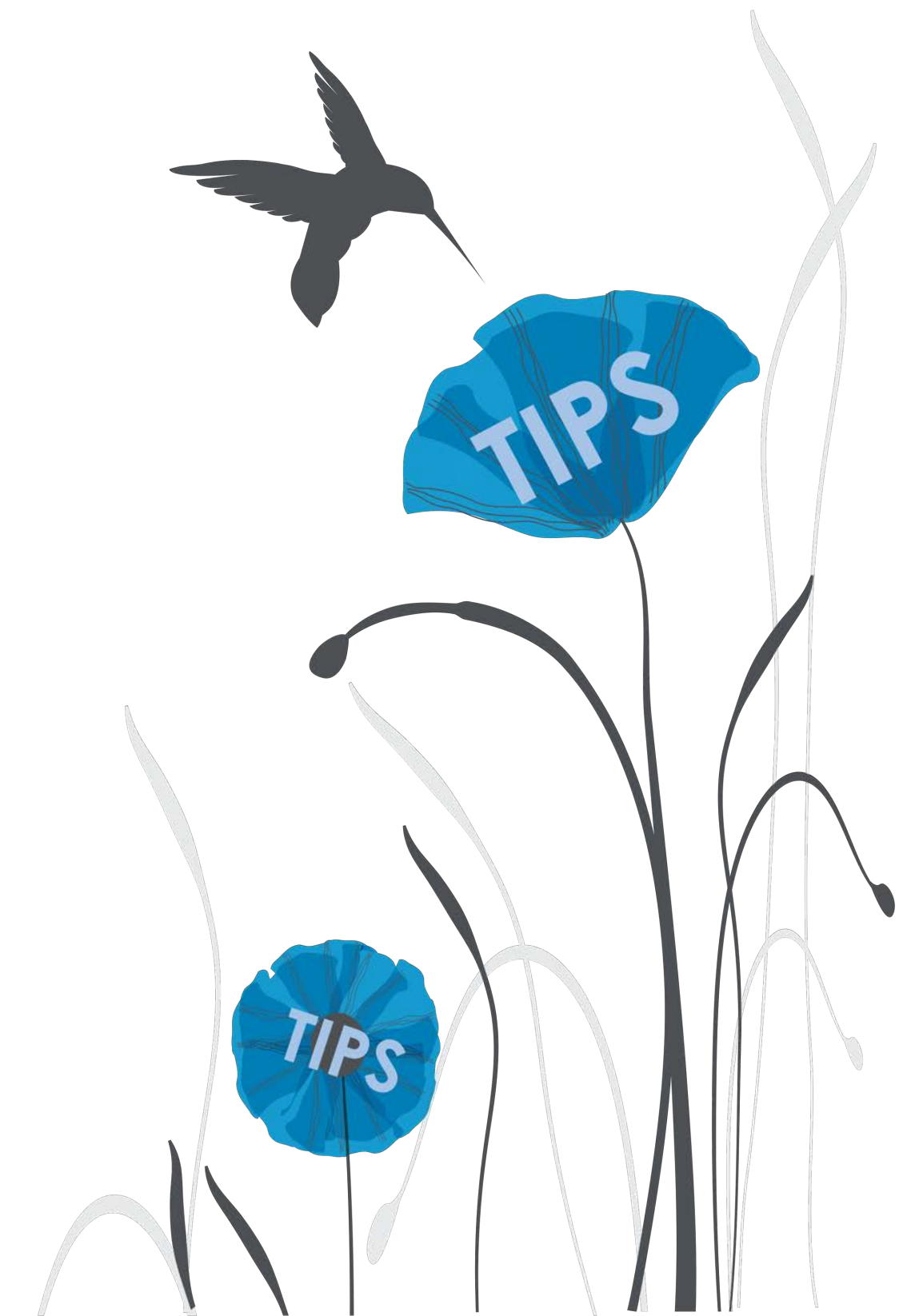
# Social Determinants of Health Sample Detail

- Z55 Problems related to education and literacy
  - Not literate or low level literacy
- Z56 Problems related to employment and unemployment
  - Unemployed
- Z59 Problems related to housing and economic circumstances
  - Homeless or inadequate housing
- Z64/65 Problems related to psychosocial circumstances (Appendix)



# Overview 2023 ED Medical Decision Making Elements

- Independent interpretation of test:
  - EKG, X-ray, CT Scan
- Review of external notes (NH, EMS, DC Summary)
- Decision regarding escalation of care/hospitalization
- Independent historian (parent, guardian, spouse)





# Low Acuity Vignette

## Base Case

- 14 year old with temp. 100.5 wet cough. Covid negative. Influenza negative.
- Final diagnosis: Acute Bronchitis

## Using All The Tools

- 14 year old with temp 100.5...
- History gathered from patient and **independent historian**: (Mother)
- **Consideration of prescription for antiviral/antibiotics**: Testing negative patient looks well, lungs clear. D/W mother not indicated.



# High Acuity Vignette

## Base Case

- 52 y.o. with COPD presents with wheezing and tachypnea. Receives several rounds of nebs. CBC, chem 7, CXR negative. Patient ultimately improves.
- Disposition: Discharged home with PCP follow up.

## Using All The Tools

- 52 y.o. with COPD...
- **CXR Independent interpretation:** Chronic changes no infiltrate
- **External note reviewed:**  
Prior admission baseline O2 sats 92%
- **Consideration regarding hospitalization:**  
Patient reassessed; still with moderate wheeze, may require admission. Continue nebs and reassess.
- Disposition: DC home and PCP follow up

# Key 2023 MDM Drivers



1. Document discussion of management with other providers
  - Hospitalist (admission), consultant (GI, neuro, social work), PMD
2. Document independent interpretations
  - EKGs, plain X-rays, CT scans, ultrasounds



# Key 2023 MDM Drivers



3. Document review of external records
  - Inpatient hospital, office records, nursing home
4. Document if history is obtained from an independent historian
  - Parent, caregiver, EMS

# Key 2023 MDM Drivers



5. Document prescription medications or testing appropriately considered
  - Antibiotics, antivirals
  - X Ray, CT Scan
6. Document if care is affected by social determinants of health
  - Homeless, literacy, access to medical care
7. Document appropriate consideration of hospitalization
  - Chest pain, COPD, asthma, hyperglycemia



# Key 2023 MDM Drivers



8. Document chronic illnesses impacting care
  - DM, hypertension, chemotherapy
9. Document discussion of test interpretation with external physician/provider
  - D/W radiology re abdominal CT



A Red-crested Flycatcher is perched on a branch with green leaves and clusters of small, round, orange berries. The bird has a dark brown body, a white throat, and a prominent black crest. It is holding one of the orange berries in its beak. The background is a soft, out-of-focus green and yellow.

# Silver Linings to the 2023 Guidelines



# Silver Lining: Prudent Layperson Support Re Final Diagnosis

*“The final diagnosis for a condition does not in 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.”*

**2023 CPT E/M Descriptors and Guidelines July Release**



# Silver Lining: Testing or Treatment Considered

*“A problem is addressed or managed when it is evaluated or treated at the encounter by the physician reporting the service. This includes consideration of further testing or treatment that may not be elected by virtue of risk/benefit analysis.”*

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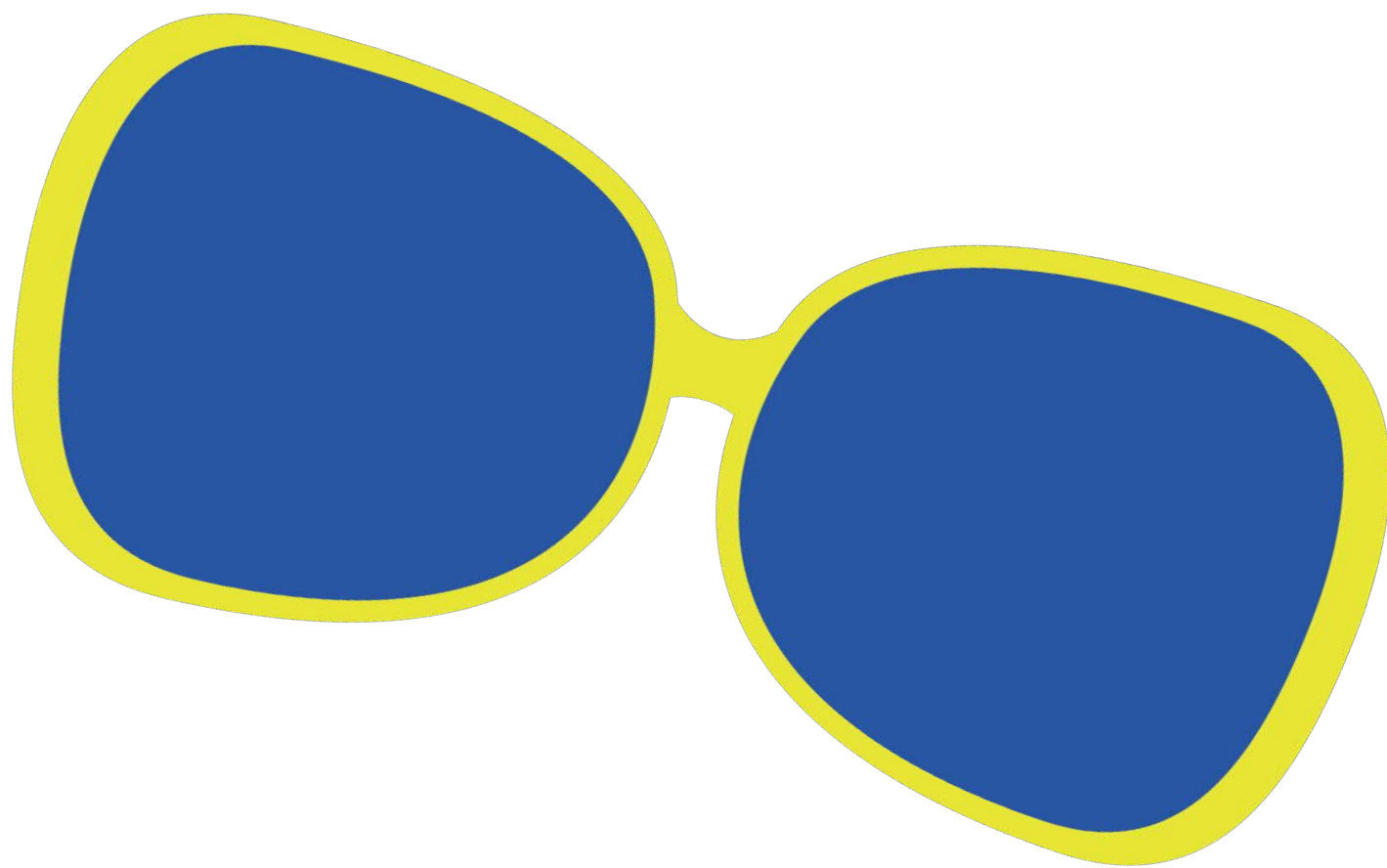




# Silver Lining: Don't Make Me Re-copy Every Last Lab

*“Tests ordered are presumed to be analyzed when the results are reported. Therefore, when they are ordered during an encounter, they are counted in that encounter.”*

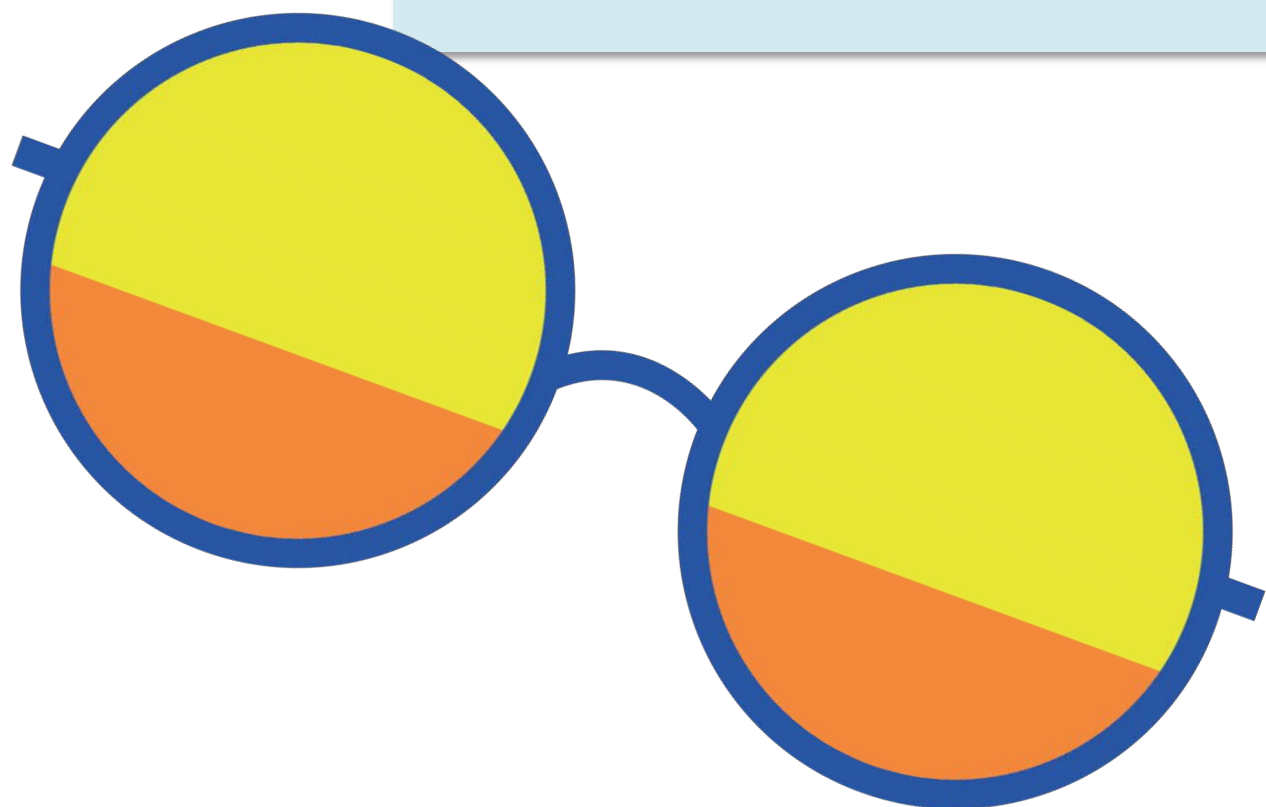
**2023 CPT E/M Descriptors and Guidelines July Release**



# Silver Lining: I Want a Head CT Now, Please

*“Ordering a test may include those considered, but not selected after shared decision making.  
A patient may request diagnostic imaging that is not necessary for their condition.  
Discussion of the lack of benefit may be required.”*

**2023 CPT E/M Descriptors and Guidelines July Release**





# Conclusions

- Brand new Documentation Guidelines 2023
- Hx/PE only as medically appropriate
- MDM will drive code selection
- Brand new MDM process
- Provider documentation matters!

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