2023 Documentation Guidelines: Physicians & Leaders

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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
“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).”
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
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!
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**

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>99281</td>
<td>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</td>
</tr>
<tr>
<td>99282</td>
<td>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</td>
</tr>
<tr>
<td>99283</td>
<td>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</td>
</tr>
<tr>
<td>99284</td>
<td>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</td>
</tr>
<tr>
<td>99285</td>
<td>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</td>
</tr>
</tbody>
</table>

**99285 2022**

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

<table>
<thead>
<tr>
<th>Code</th>
<th>Level of MDM (Based on 2 out of 3 Elements of MDM)</th>
<th>Number and Complexity of Problems Addressed</th>
<th>Amount and/or Complexity of Data to be Reviewed and Analyzed</th>
<th>Risk of Complications and/or Morbidity or Mortality of Patient Management</th>
</tr>
</thead>
<tbody>
<tr>
<td>99281</td>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
</tr>
<tr>
<td>99282</td>
<td>Straightforward</td>
<td>Minimal</td>
<td>Minimal or none</td>
<td>Minimal risk of morbidity from additional diagnostic testing or treatment</td>
</tr>
<tr>
<td>99283</td>
<td>Low</td>
<td>Low</td>
<td>Limited (Must meet the requirements of at least 1 of the 2 categories)</td>
<td>Low risk of morbidity from additional diagnostic testing or treatment</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Low</td>
<td>Category 1: Tests and documents</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>• 2 or more self-limited or minor problems;</td>
<td>• Any combination of 2 from the following:</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>or</td>
<td>• Review of prior external note(s) from each unique source*;</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>or</td>
<td>• review of the result(s) of each unique test*;</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>or</td>
<td>• ordering of each unique test*</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>or</td>
<td>or</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Category 2: Assessment requiring an independent historian(s)</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>(For the categories of Independent interpretation of tests and discussion of management or test interpretation, see moderate or high)</td>
<td></td>
</tr>
</tbody>
</table>
New ED Guidelines: Code Construct Detail
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

<table>
<thead>
<tr>
<th>Level</th>
<th>2022 MDM</th>
<th>2023 MDM</th>
</tr>
</thead>
<tbody>
<tr>
<td>99281</td>
<td>Straight Forward</td>
<td>None</td>
</tr>
<tr>
<td>99282</td>
<td>Low</td>
<td>Straight Forward</td>
</tr>
<tr>
<td>99283</td>
<td>Moderate</td>
<td>Low</td>
</tr>
<tr>
<td>99284</td>
<td>Moderate</td>
<td>Moderate</td>
</tr>
<tr>
<td>99285</td>
<td>High</td>
<td>High</td>
</tr>
</tbody>
</table>
2023 ED MDM Components
## Number of Diagnoses/Management Options

<table>
<thead>
<tr>
<th>Diagnosis/Management Options</th>
<th>Points</th>
</tr>
</thead>
<tbody>
<tr>
<td>Self-limited or minor (Stable, improved or worsened)</td>
<td>1 point</td>
</tr>
<tr>
<td>Established problem (to examining MD); stable or improved</td>
<td>1 point</td>
</tr>
<tr>
<td>Established problem (to examine MD); worsening</td>
<td>2 points</td>
</tr>
<tr>
<td>New problem (to examining MD); no additional work-up planned</td>
<td>3 points</td>
</tr>
<tr>
<td>New problem (to examining MD); additional work-up (e.g. admit/transfer)</td>
<td>4 points</td>
</tr>
</tbody>
</table>

### Notes:
- Maximum 2 points in this category.
- Maximum 3 points in this category.

## Amount and/or Complexity of Data Reviewed

<table>
<thead>
<tr>
<th>Data Reviewed</th>
<th>Points</th>
</tr>
</thead>
<tbody>
<tr>
<td>Lab ordered and/or reviewed (regardless of # ordered)</td>
<td>1 point</td>
</tr>
<tr>
<td>X-ray ordered and/or reviewed (regardless of # ordered)</td>
<td>1 point</td>
</tr>
<tr>
<td>Medicine section (90701-99199) ordered and/or reviewed</td>
<td>1 point</td>
</tr>
<tr>
<td>Discussion of test results with performing physician</td>
<td>1 point</td>
</tr>
<tr>
<td>Decision to obtain old record and/or obtain hx from someone other than patient</td>
<td>1 point</td>
</tr>
<tr>
<td>Review and summary of old records and/or obtaining hx from someone other than patient and/or discussion with other health provider</td>
<td>2 points</td>
</tr>
<tr>
<td>Independent visualization of image, tracing, or specimen (not simply review of report)</td>
<td>2 points</td>
</tr>
</tbody>
</table>
# The Old Way: ED MDM Components

## Risk of complications and/or Morbidity or Mortality

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

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

**Base Case**

**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
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
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
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
Silver Linings to the 2023 Guidelines
“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
“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.”

2023 CPT E/M Descriptors and Guidelines July Release
“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
“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.”
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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