



ERCODER

## E/M DOCUMENTATION AUDITORS' WORKSHEET

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ACEP 2023 E&M FAQs - <https://www.acep.org/administration/reimbursement/reimbursement-faqs/2023-ed-em-guidelines-faqs/>

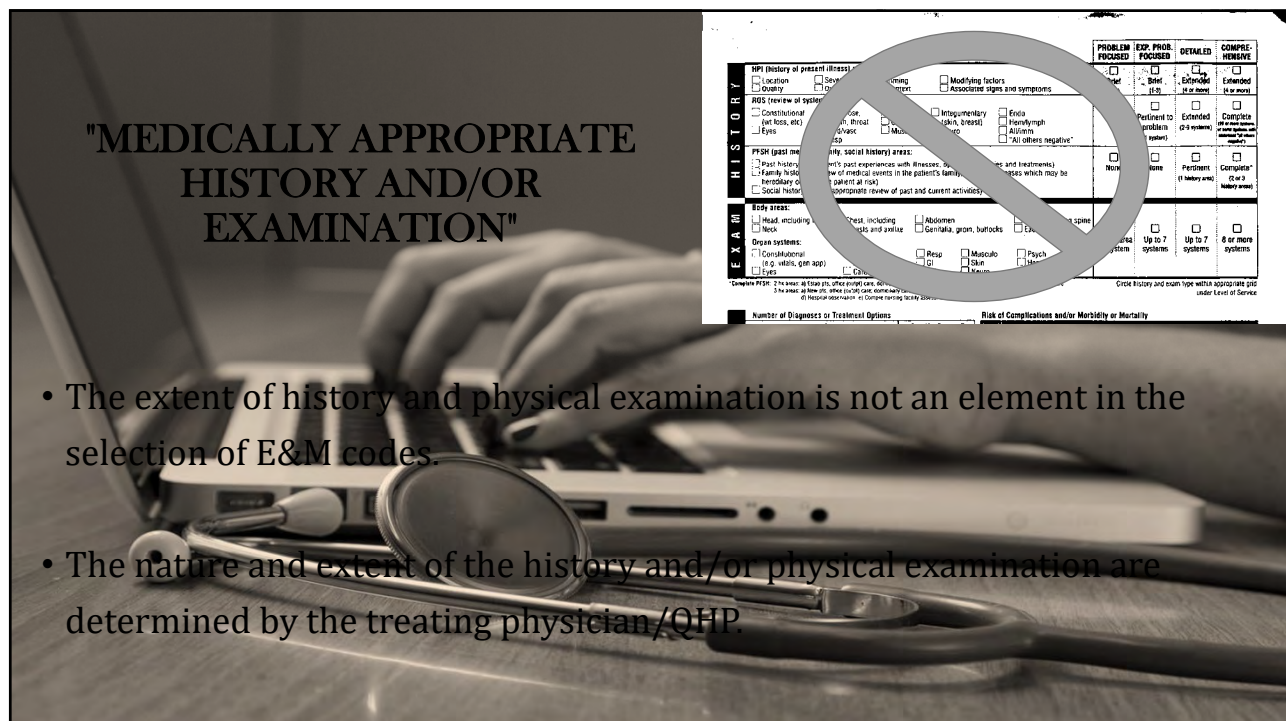
		PROBLEM FOCUSED	EXP. PROB. FOCUSED	DETAILED	COMPREHENSIVE
HISTORY	<b>HPI (history of present illness) elements:</b>	<input checked="" type="checkbox"/> Location <input type="checkbox"/> Quality	<input checked="" type="checkbox"/> Severity <input type="checkbox"/> Duration	<input checked="" type="checkbox"/> Timing <input type="checkbox"/> Context	<input checked="" type="checkbox"/> Modifying factors <input type="checkbox"/> Associated signs and symptoms
	<b>ROS (review of systems):</b>	<input checked="" type="checkbox"/> Constitutional (wt loss, etc) <input checked="" type="checkbox"/> Eyes	<input checked="" type="checkbox"/> Ears, nose, mouth, throat <input checked="" type="checkbox"/> Card/vasc Resp	<input checked="" type="checkbox"/> GI <input type="checkbox"/> GU <input checked="" type="checkbox"/> Musculo	<input checked="" type="checkbox"/> Integumentary (Skin, breast) <input checked="" type="checkbox"/> Neuro <input type="checkbox"/> Psych <input type="checkbox"/> Endo <input type="checkbox"/> Hem/lymph <input type="checkbox"/> All/imm <input type="checkbox"/> "All others negative"
	<b>PFSH (past medical, family, social history) areas:</b>	<input checked="" type="checkbox"/> Past history (the patient's past experiences with illnesses, operations, injuries and treatments) <input type="checkbox"/> Family history (a review of medical events in the patient's family, including diseases which may be hereditary or place the patient at risk) <input checked="" type="checkbox"/> Social history (an age appropriate review of past and current activities)	<input type="checkbox"/> None	<input type="checkbox"/> None	<input type="checkbox"/> Pertinent (1 history area)
EXAM	<b>Body areas:</b>	<input type="checkbox"/> Head, including face <input type="checkbox"/> Neck	<input type="checkbox"/> Chest, including breasts and axillae	<input type="checkbox"/> Abdomen <input type="checkbox"/> Genitalia, groin, buttocks	<input type="checkbox"/> Back, including spine <input type="checkbox"/> Each extremity
	<b>Organ systems:</b>	<input checked="" type="checkbox"/> Constitutional (e.g. vitals, gen app) <input checked="" type="checkbox"/> Eyes	<input checked="" type="checkbox"/> Ears, nose, mouth, throat <input checked="" type="checkbox"/> Cardiovascular	<input checked="" type="checkbox"/> Resp <input checked="" type="checkbox"/> GI <input checked="" type="checkbox"/> GU	<input checked="" type="checkbox"/> Musculo <input checked="" type="checkbox"/> Skin <input checked="" type="checkbox"/> Neuro <input type="checkbox"/> Psych <input type="checkbox"/> Hem/lymph/imm
		1 body area or system	Up to 7 systems	Up to 7 systems	8 or more systems

\*Complete PFSH: 2 hx areas: a) Estab pts, office (outpt) care, domiciliary care; home care b) Emergency dept c) Subseq nursing facility care

Circle history and exam type within appropriate grid

3

**"MEDICALLY APPROPRIATE HISTORY AND/OR EXAMINATION"**



- The extent of history and physical examination is not an element in the selection of E&M codes.
- The nature and extent of the history and/or physical examination are determined by the treating physician/QHP.

4



COMPLEXITY	Number of Diagnoses or Treatment Options			
	A	B	X	C = D
	Problems to Exam Physician	Number	Points	Result
	Self-limited or minor (stable, improved or worsening)	Max = 2	1	
	Est. problem (to examiner); stable, improved		1	
	Est. problem (to examiner); worsening		2	
	New problem (to examiner); no additional workup planned	Max = 1	3	✓
	New prob. (to examiner); add. workup planned		4	
	TOTAL			3
	Bring total to line A in Final Result for Complexity			
	Amount and/or Complexity of Data to Be Reviewed			
	Data to Be Reviewed		Points	
	Review and/or order of clinical lab tests		1	
	Review and/or order of tests in the radiology section of CPT		1	
	Review and/or order of tests in the medicine section of CPT		1	
	Discussion of test results with performing physician		1	
	Decision to obtain old records and/or obtain history from someone other than patient		1	
	Review and summarization of old records and/or obtaining history from someone other than patient and/or discussion of case with another health care provider		2	
	Independent visualization of image, tracing or specimen itself (not simply review of report)		2	
	TOTAL			3

What is Additional Work-Up Planned?!?!?

5

COMPLEXITY	Number of Diagnoses or Treatment Options			
	A	B	X	C = D
	Problems to Exam Physician	Number	Points	Result
	Self-limited or minor (stable, improved or worsening)	Max = 2	1	
	Est. problem (to examiner); stable, improved		1	
	Est. problem (to examiner); worsening		2	
	New problem (to examiner); no additional workup planned	Max = 1	3	✓
	New prob. (to examiner); add. workup planned		4	
	TOTAL			3
	Bring total to line A in Final Result for Complexity			
	Amount and/or Complexity of Data to Be Reviewed			
	Data to Be Reviewed		Points	
	Review and/or order of clinical lab tests		1	
	Review and/or order of tests in the radiology section of CPT		1	
	Review and/or order of tests in the medicine section of CPT		1	
	Discussion of test results with performing physician		1	
	Decision to obtain old records and/or obtain history from someone other than patient		1	
	Review and summarization of old records and/or obtaining history from someone other than patient and/or discussion of case with another health care provider		2	
	Independent visualization of image, tracing or specimen itself (not simply review of report)		2	
	TOTAL			3

- Established Problem vs New Problem
- Points vs Pay for interpretations
- 1 point for 1 lab, also 1 point for 5 labs
- Is review of old records 1, 2 or 3 points


6

Bring result to line B in Final Result for Complexity[illegible]

Bring result to line 8, or Final Result for Completion

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Level of MDM (Based on 2 of 3 Elements of MDM)	Number and Complexity of Problems Addressed	Amount and/or Complexity of Data to be Reviewed and Analyzed *Each unique test, order, or document contributes to the combination of 2 or combination of 3 in Category 1 below.	Risk of Complications and/or Morbidity or Mortality of Patient Management
99281	N/A	N/A	N/A
99282	<b>Straightforward</b> • 1 self-limited or minor problem	Minimal or none	Minimal risk of morbidity from additional diagnostic testing or treatment
99283	<b>Low</b> • 2 or more self-limited or minor problems • 1 stable chronic illness • 1 acute, uncomplicated illness or injury • 1 stable, acute illness • 1 acute, uncomplicated illness or injury requiring hospital inpatient or observation level of care	<b>Limited</b> (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* <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
99284	<b>Moderate</b> • 1 or more chronic illnesses with exacerbation, progression, or side effects of treatment • 2 or more stable chronic illnesses • 1 undiagnosed new problem with uncertain prognosis • 1 acute illness with systemic symptoms • 1 acute complicated injury	<b>Moderate</b> (Must meet the requirements of at least 1 out of 3 categories) <b>Category 1: Tests, documents, or independent historian(s)</b> • 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) <b>Category 2: Independent interpretation of tests</b> • Independent interpretation of a test performed by another physician/other qualified health care professional (not separately reported); <b>Category 3: Discussion of management or test interpretation</b> • Discussion of management or test interpretation with external physician/other qualified health care professional/appropriate source (not separately reported)	Moderate risk of morbidity from additional diagnostic testing or treatment  Examples only: • Prescription drug management • Decision regarding minor surgery with identified patient or procedure risk factors • Decision regarding elective major surgery without identified patient or procedure risk factors • Diagnosis or treatment significantly limited by social determinants of health
99285	<b>High</b> • 1 or more chronic illnesses with severe exacerbation, progression, or side effects of treatment • 1 acute or chronic illness or injury that poses a threat to life or bodily function  	<b>Extensive</b> (Must meet the requirements of at least 2 out of 3 categories) <b>Category 1: Tests, documents, or independent historian(s)</b> • 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) <b>Category 2: Independent interpretation of tests</b> • Independent interpretation of a test performed by another physician/other qualified health care professional (not separately reported); <b>Category 3: Discussion of management or test interpretation</b> • Discussion of management or test interpretation with external physician/other qualified health care professional/appropriate source (not separately reported)	High risk of morbidity from additional diagnostic testing or treatment  Examples only: • Drug therapy requiring intensive monitoring for toxicity • Decision regarding elective major surgery with identified patient or procedure risk factors • Decision regarding emergency major surgery • Decision regarding hospitalization or escalation of hospital-level of care • Decision not to resuscitate or to de-escalate care because of poor prognosis • Parenteral controlled substances

9

## 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

10

Level of MDM (Based on 2 of 3 Elements of MDM)	Number and Complexity of Problems Addressed	Amount and/or Complexity of Data to be Reviewed and Analyzed *Each unique test, order, or document contributes to the combination of 2 or combination of 3 in Category 1 below.	Risk of Complications and/or Morbidity or Mortality of Patient Management
99281	N/A	N/A	N/A
99282	<b>Straightforward</b> • 1 self-limited or minor problem	Minimal or none	Minimal risk of morbidity from additional diagnostic testing or treatment
99283	<b>Low</b> • 2 or more self-limited or minor problems • 1 stable chronic illness • 1 acute, uncomplicated illness or injury • 1 stable, acute illness • 1 acute, uncomplicated illness or injury requiring hospital inpatient or observation level of care	<b>Limited</b> (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* <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
99284	<b>Moderate</b> • 1 or more chronic illnesses with exacerbation, progression, or side effects of treatment • 2 or more stable chronic illnesses • 1 undiagnosed new problem with uncertain prognosis • 1 acute illness with systemic symptoms • 1 acute complicated injury	<b>Moderate</b> (Must meet the requirements of at least 1 out of 3 categories) <b>Category 1: Tests, documents, or independent historian(s)</b> • 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) <b>Category 2: Independent interpretation of tests</b> • Independent interpretation of a test performed by another physician/other qualified health care professional (not separately reported); <b>Category 3: Discussion of management or test interpretation</b> • Discussion of management or test interpretation with external physician/other qualified health care professional/appropriate source (not separately reported)	Moderate risk of morbidity from additional diagnostic testing or treatment  Examples only: • Prescription drug management • Decision regarding minor surgery with identified patient or procedure risk factors • Decision regarding elective major surgery without identified patient or procedure risk factors • Diagnosis or treatment significantly limited by social determinants of health
99285	<b>High</b> • 1 or more chronic illnesses with severe exacerbation, progression, or side effects of treatment • 1 acute or chronic illness or injury that poses a threat to life or bodily function	<b>Extensive</b> (Must meet the requirements of at least 2 out of 3 categories) <b>Category 1: Tests, documents, or independent historian(s)</b> • 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) <b>Category 2: Independent interpretation of tests</b> • Independent interpretation of a test performed by another physician/other qualified health care professional (not separately reported); <b>Category 3: Discussion of management or test interpretation</b> • Discussion of management or test interpretation with external physician/other qualified health care professional/appropriate source (not separately reported)	High risk of morbidity from additional diagnostic testing or treatment  Examples only: • Drug therapy requiring intensive monitoring for toxicity • Decision regarding elective major surgery with identified patient or procedure risk factors • Decision regarding emergency major surgery • Decision regarding hospitalization or escalation of hospital-level of care • Decision not to resuscitate or to de-escalate care because of poor prognosis • Parenteral controlled substances

11

Code	COPA
99281	N/A
99282	<input checked="" type="checkbox"/> Minimal • 1 self-limited or minor problem
99283	<input checked="" type="checkbox"/> Low • 2+ self-limited or minor problems • 1 stable chronic illness • 1 acute, uncomplicated illness or injury • 1 stable acute illness • 1 acute, uncomplicated illness or injury requiring hospital inpatient or observation level of care
99284	<input type="checkbox"/> Moderate • Chronic illnesses with exacerbation/progression • 2+ stable chronic illnesses • Undiagnosed new problem, uncertain prognosis • Acute illness with systemic symptoms • Acute complicated injury
99285	<input type="checkbox"/> High • Chronic illnesses with severe exacerbation/progression • Illness or injury that poses a threat to life or function

## Low COPA

~~Acute Uncomplicated Illness/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.

12



Code	COPA
99281	N/A
99282	<b>Minimal</b> <input type="checkbox"/> 1 self-limited or minor problem
99283	<b>Low</b> <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
99284	<b>Moderate</b> <input checked="" type="checkbox"/> Chronic illnesses with exacerbation/progression <input type="checkbox"/> 2+ stable chronic illnesses <input checked="" type="checkbox"/> Undiagnosed new problem, uncertain prognosis <input checked="" type="checkbox"/> Acute illness with systemic symptoms <input checked="" type="checkbox"/> Acute complicated injury
99285	<b>High</b> <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

13

Code	COPA
99281	N/A
99282	<b>Minimal</b> <input type="checkbox"/> 1 self-limited or minor problem
99283	<b>Low</b> <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
99284	<b>Moderate</b> <input type="checkbox"/> Chronic illnesses with exacerbation/progression <input type="checkbox"/> 2+ stable chronic illnesses <input type="checkbox"/> Undiagnosed new problem, uncertain prognosis <input checked="" type="checkbox"/> Acute illness with systemic symptoms <input checked="" type="checkbox"/> Acute complicated injury
99285	<b>High</b> <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

**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.

14

Code	COPA
99281	N/A
99282	<b>Minimal</b>
<input type="checkbox"/>	<input type="checkbox"/> 1 self-limited or minor problem
99283	<b>Low</b>
<input type="checkbox"/>	<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
99284	<b>Moderate</b>
<input type="checkbox"/>	<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
99285	<b>High</b>
<input type="checkbox"/>	<input checked="" type="checkbox"/> Chronic illnesses with severe exacerbation/progression
	<input checked="" type="checkbox"/> Illness or injury that poses a threat to life or function

### High COPA

- The severe exacerbation of a chronic illness that has a significant risk of morbidity and
- ~~may require escalation in level of care~~ 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.

15

Code	COPA
99281	N/A
99282	<b>Minimal</b>
<input type="checkbox"/>	<input type="checkbox"/> 1 self-limited or minor problem
99283	<b>Low</b>
<input type="checkbox"/>	<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
99284	<b>Moderate</b>
<input type="checkbox"/>	<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
99285	<b>High</b>
<input type="checkbox"/>	<input type="checkbox"/> Chronic illnesses with severe exacerbation/progression
	<input type="checkbox"/> Illness or injury that poses a threat to life or function

### High COPA

- 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

16



	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 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 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	

17

	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 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 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	

- 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.

18

<p><b>Limited Data</b></p> <p>Category 1</p> <p>Any combination of 2 check boxes</p>	<input type="checkbox"/> <b>Limited</b> - Satisfy at least one category
	<input type="checkbox"/> <b>Category 1: Tests and documents</b> 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"/> <b>Category 2: Assessment requiring an independent historian(s)</b>
<p><b>Moderate &amp; Extensive Data</b></p> <p>Category 1</p> <p>Any combination of 3 check boxes</p>	<input type="checkbox"/> <b>Moderate</b> - Satisfy at least one category
	<input type="checkbox"/> <b>Category 1: Tests, documents, or independent historian(s)</b> 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"/> <b>Category 2: Independent interpretation of tests</b> <input type="checkbox"/> Interpretation billed, not counted for MDM <input type="checkbox"/> <b>Category 3: Discussion of management or test interpretation with external physician/source</b>
	<input type="checkbox"/> <b>Extensive</b> - Satisfy at least two categories
	<input type="checkbox"/> <b>Category 1: Tests, documents, or independent historian(s)</b> 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

19

<p><b>Category 1</b></p> <ul style="list-style-type: none"> <li>Review of Prior External Notes from each unique source.</li> </ul> <p>Any notes or documents that originate from outside the emergency department,</p> <ul style="list-style-type: none"> <li>Inpatient charts</li> <li>Nursing home records</li> <li>EMS reports</li> <li>ED charts from another facility or ED group</li> </ul>	<p><b>DATA</b></p> <p>N/A</p> <p><input type="checkbox"/> <b>Minimal or none</b></p> <p><input type="checkbox"/> <b>Limited</b> - Satisfy at least one category</p> <p><input type="checkbox"/> <b>Category 1: Tests and documents</b>          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       </p> <p><input type="checkbox"/> <b>Category 2: Assessment requiring an independent historian(s)</b></p> <p><input type="checkbox"/> <b>Moderate</b> - Satisfy at least one category</p> <p><input type="checkbox"/> <b>Category 1: Tests, documents, or independent historian(s)</b>          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       </p> <p><input type="checkbox"/> <b>Category 2: Independent interpretation of tests</b>  <input type="checkbox"/> Interpretation billed, not counted for MDM  <input type="checkbox"/> <b>Category 3: Discussion of management or test interpretation with external physician/source</b> </p> <p><input type="checkbox"/> <b>Extensive</b> - Satisfy at least two categories</p> <p><input type="checkbox"/> <b>Category 1: Tests, documents, or independent historian(s)</b>          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       </p> <p><input type="checkbox"/> <b>Category 2: Independent interpretation of tests</b>  <input type="checkbox"/> Interpretation billed, not counted for MDM  <input type="checkbox"/> <b>Category 3: Discussion of management or test interpretation with external physician/source</b> </p>
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20



## Review of Prior External Notes from each unique source.

- Review of a discharge summary from a prior inpatient stay
- and
- Review of nursing home records

Each source document = checkmark.

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

21

## 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"/> <b>Category 1: Tests and documents</b> 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"/> <b>Category 2: Assessment requiring an independent historian(s)</b>
<input type="checkbox"/> Moderate - Satisfy at least one category
<input type="checkbox"/> <b>Category 1: Tests, documents, or independent historian(s)</b> 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"/> <b>Category 2: Independent interpretation of tests</b> <input type="checkbox"/> Interpretation billed, not counted for MDM
<input type="checkbox"/> <b>Category 3: Discussion of management or test interpretation with external physician/source</b>
<input type="checkbox"/> Extensive - Satisfy at least two categories
<input type="checkbox"/> <b>Category 1: Tests, documents, or independent historian(s)</b> 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
<input type="checkbox"/> <b>Category 2: Independent interpretation of tests</b> <input type="checkbox"/> Interpretation billed, not counted for MDM
<input type="checkbox"/> <b>Category 3: Discussion of management or test interpretation with external physician/source</b>

22

## Category 1

- Unique Test: Defined by the CPT code set.
- A clinical laboratory panel, i.e., BMP (80047), is a single test.
- When the same test is performed multiple times during an ED visit (e.g., serial blood glucose, repeat EKG), count it as one unique test.

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

23

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.

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

24



		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
		<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 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
		<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 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

Assessment requiring an independent historian .

Any individual who provides a history in addition to a history provided by the patient.

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

An interpreter is not an independent historian.

25

		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 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
		<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 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

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.

26

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

- Any service for which the professional component is **separately reported by the physician** or other qualified health care professional reporting the E/M services is **not counted as a data element ordered, reviewed, analyzed, or independently interpreted** for the purposes of determining the level of MDM.

27

		DATA
Category 3 - Discussion of management or test interpretation with external physician or another appropriate source.		N/A
Any Non-ED staff discussion		<input type="checkbox"/> Minimal or none
<ul style="list-style-type: none"> <li>Consultant</li> <li>PCP</li> <li>Surgeon</li> <li>Admitting Physician</li> <li>Radiologist</li> </ul>		<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)
Appropriate source - <ul style="list-style-type: none"> <li>Lawyer</li> <li>Parole officer</li> <li>Case manager</li> <li>Teacher</li> <li>Social Worker</li> </ul>		<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 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
May also be organization: <ul style="list-style-type: none"> <li>Hospital</li> <li>Nursing Facility</li> <li>Home health care agency</li> </ul>		<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 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

28



Code	COPA	DATA	RISK
99281	N/A	N/A	N/A
99282	<b>Minimal</b> <input type="checkbox"/> 1 self-limited or minor problem	<input type="checkbox"/> Minimal or none	<input type="checkbox"/> <b>Minimal Risk</b> - No CPT examples. ED relevant examples: <input type="checkbox"/> Rest, Gargles, Elastic bandages, Superficial dressings
99283	<b>Low</b> <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"/> <b>Limited</b> - Satisfy at least one category <input type="checkbox"/> <b>Category 1: Tests and documents</b> 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"/> <b>Category 2: Assessment requiring an independent historian(s)</b>	<input type="checkbox"/> <b>Low Risk</b> - No CPT examples. ED relevant examples: <input type="checkbox"/> Over-the-counter drugs <input type="checkbox"/> Minor surgery w/o risk factors
99284	<b>Moderate</b> <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"/> <b>Moderate</b> - Satisfy at least one category <input type="checkbox"/> <b>Category 1: Tests, documents, or independent historian(s)</b> 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"/> <b>Category 2: Independent interpretation of tests</b> <input type="checkbox"/> Interpretation billed, not counted for MDM <input type="checkbox"/> <b>Category 3: Discussion of management or test interpretation with external physician/source</b>	<input type="checkbox"/> <b>Moderate Risk</b> 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	<b>High</b> <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"/> <b>Extensive</b> - Satisfy at least two categories <input type="checkbox"/> <b>Category 1: Tests, documents, or independent historian(s)</b> 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"/> <b>Category 2: Independent interpretation of tests</b> <input type="checkbox"/> Interpretation billed, not counted for MDM <input type="checkbox"/> <b>Category 3: Discussion of management or test interpretation with external physician/source</b>	<input type="checkbox"/> <b>High Risk</b> 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

29

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

RISK
N/A
<input type="checkbox"/> <b>Minimal Risk</b> - No CPT examples. ED relevant examples: <ul style="list-style-type: none"> <li><input checked="" type="checkbox"/> Rest, Gargles, Elastic bandages, Superficial dressings</li> </ul>
<input type="checkbox"/> <b>Low Risk</b> - No CPT examples. ED relevant examples: <ul style="list-style-type: none"> <li><input checked="" type="checkbox"/> Over-the-counter drugs</li> <li><input checked="" type="checkbox"/> Minor surgery w/o risk factors</li> </ul>
<input type="checkbox"/> <b>Moderate Risk</b> Examples only: <ul style="list-style-type: none"> <li><input type="checkbox"/> Prescription drug management</li> <li><input type="checkbox"/> Decision re: minor surgery w/risk factors</li> <li><input type="checkbox"/> Decision re: elective major surgery w/o risk factors</li> <li><input type="checkbox"/> Care limited by social determinants of health</li> </ul>
<input type="checkbox"/> <b>High Risk</b> Examples only: <ul style="list-style-type: none"> <li><input type="checkbox"/> Drug therapy requiring intensive monitoring for toxicity</li> <li><input type="checkbox"/> Decision re: elective major surgery w/risk factors</li> <li><input type="checkbox"/> Decision re: emergency major surgery</li> <li><input type="checkbox"/> Decision re: hospitalization or escalation of care</li> <li><input type="checkbox"/> Decision for DNR or de-escalate care</li> <li><input type="checkbox"/> Parenteral controlled substances</li> </ul>

30

## 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

31

## 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 checked="" 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 checked="" 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

32



## 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

33

## 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

34

## 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"/> <b>Minimal Risk</b> - No CPT examples. ED relevant examples: <input type="checkbox"/> Rest, Gargles, Elastic bandages, Superficial dressings
<input type="checkbox"/> <b>Low Risk</b> - 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"/> <b>Moderate Risk</b> 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 checked="" type="checkbox"/> <b>High Risk</b> Examples only: <input checked="" 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

35

## 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
Digoxin IV	Heparin	Nitrous oxide	3% Normal Saline
Dilantin IV	Hydralazine IV	Norepinephrine	
Diltiazem IV	Insulin IV drip	Phenylephrine	

36



	RISK
	N/A
<h3>Surgery (Elective vs Emergency)</h3> <p>Elective or Emergency: Describe the timing of a procedure when the timing is related to the patient's condition.</p> <ul style="list-style-type: none"> <li>An elective procedure is typically planned in advance (e.g., scheduled for weeks later),</li> <li>An emergent procedure is typically performed immediately or with minimal delay to allow for patient stabilization.</li> </ul>	<input type="checkbox"/> <b>Minimal Risk</b> - No CPT examples. ED relevant examples: <input type="checkbox"/> Rest, Gargles, Elastic bandages, Superficial dressings
	<input type="checkbox"/> <b>Low Risk</b> - 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"/> <b>Moderate Risk</b> 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"/> <b>High Risk</b> 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 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

37

	RISK
	N/A
<h3>Decision regarding hospitalization or escalation of hospital-level of care</h3> <ul style="list-style-type: none"> <li>“Decision Regarding Hospitalization” <u>NOT</u> “Decision to Hospitalize the Patient”.</li> <li>Can be high risk if result is something other than the patient being hospitalized.</li> <li>Is hospital admission an appropriate outcome based on the patient's presentation and diagnosis?</li> <li>Does ED chart reflect the decision-making process around hospitalization?               <ul style="list-style-type: none"> <li>Benefits of admission vs. risk of discharge</li> <li>EDMD recommends admission, patient declines.</li> </ul> </li> </ul>	<input type="checkbox"/> <b>Minimal Risk</b> - No CPT examples. ED relevant examples: <input type="checkbox"/> Rest, Gargles, Elastic bandages, Superficial dressings
	<input type="checkbox"/> <b>Low Risk</b> - 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"/> <b>Moderate Risk</b> 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"/> <b>High Risk</b> 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

38

		RISK
<b>High Risk</b>		N/A
Discussions or considerations for DNR:		<input type="checkbox"/> <b>Minimal Risk</b> - No CPT examples. ED relevant examples: <input type="checkbox"/> Rest, Gargles, Elastic bandages, Superficial dressings
<ul style="list-style-type: none"> <li>• Discuss DNR with patient / family</li> <li>• De-escalate care due to poor prognosis</li> <li>• Compliance with an existing DNR</li> </ul>		<input type="checkbox"/> <b>Low Risk</b> - 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"/> <b>Moderate Risk</b> 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"/> <b>High Risk</b> 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 checked="" type="checkbox"/> Decision re: hospitalization or escalation of care <input checked="" type="checkbox"/> Decision for DNR or de-escalate care <input type="checkbox"/> Parenteral controlled substances

39

		RISK
		N/A
<ul style="list-style-type: none"> <li>• <b>Parenteral</b> – administered by means other than through the alimentary tract (intramuscular or intravenous injection)</li> <li>• <b>Controlled Substance</b> – usually schedule II or III drug.</li> <li>• <b>This list is not all-inclusive, but ED-relevant parenteral controlled substances may include:</b> <ul style="list-style-type: none"> <li>• Buprenorphine (Suboxone)</li> <li>• Clonazepam (Klonopin)</li> <li>• Diazepam (Valium)</li> <li>• Fentanyl (Sublimaze, Duragesic)</li> <li>• Hydromorphone (Dilaudid)</li> <li>• Ketamine</li> <li>• Lorazepam (Ativan)</li> <li>• Meperidine (Demerol)</li> <li>• Methadone (Dolophine)</li> <li>• Methohexital</li> <li>• Midazolam (Versed)</li> <li>• Morphine</li> <li>• Naloxone (Narcan)</li> <li>• Nubain (Nalbuphine)</li> <li>• Oxycodone</li> <li>• Pentobarbital</li> <li>• Phenobarbital</li> <li>• Stadol (Butorphanol)</li> <li>• Sufentanyl</li> <li>• Talwin (Pentazocine)</li> <li>• Thiopental</li> <li>• Versed (Midazolam)</li> </ul> </li> </ul>		<input type="checkbox"/> <b>Minimal Risk</b> - No CPT examples. ED relevant examples: <input type="checkbox"/> Rest, Gargles, Elastic bandages, Superficial dressings
		<input type="checkbox"/> <b>Low Risk</b> - 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"/> <b>Moderate Risk</b> 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"/> <b>High Risk</b> 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 checked="" type="checkbox"/> Decision for DNR or de-escalate care <input checked="" type="checkbox"/> Parenteral controlled substances

40



Code	COPA	DATA	RISK
99281	N/A	N/A	N/A
99282	<b>Minimal</b> <input type="checkbox"/> 1 self-limited or minor problem	<input type="checkbox"/> <b>Minimal or none</b>	<input type="checkbox"/> <b>Minimal Risk</b> - No CPT examples. ED relevant examples: <input type="checkbox"/> Rest, Gargles, Elastic bandages, Superficial dressings
99283	<b>Low</b> <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"/> <b>Limited</b> - Satisfy at least one category <input type="checkbox"/> <b>Category 1: Tests and documents</b> 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"/> <b>Category 2: Assessment requiring an independent historian(s)</b>	<input type="checkbox"/> <b>Low Risk</b> - No CPT examples. ED relevant examples: <input type="checkbox"/> Over-the-counter drugs <input type="checkbox"/> Minor surgery w/o risk factors
99284	<b>Moderate</b> <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"/> <b>Moderate</b> - Satisfy at least one category <input type="checkbox"/> <b>Category 1: Tests, documents, or independent historian(s)</b> 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"/> <b>Category 2: Independent interpretation of tests</b> <input type="checkbox"/> Interpretation billed, not counted for MDM <input type="checkbox"/> <b>Category 3: Discussion of management or test interpretation with external physician/source</b>	<input type="checkbox"/> <b>Moderate Risk</b> 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	<b>High</b> <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"/> <b>Extensive</b> - Satisfy at least two categories <input type="checkbox"/> <b>Category 1: Tests, documents, or independent historian(s)</b> 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"/> <b>Category 2: Independent interpretation of tests</b> <input type="checkbox"/> Interpretation billed, not counted for MDM <input type="checkbox"/> <b>Category 3: Discussion of management or test interpretation with external physician/source</b>	<input type="checkbox"/> <b>High Risk</b> 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

41

Code	COPA	DATA	RISK
99281	N/A	N/A	N/A
99282	<b>Minimal</b> <input type="checkbox"/> 1 self-limited or minor problem	<input type="checkbox"/> <b>Minimal or none</b>	<input type="checkbox"/> <b>Minimal Risk</b> - No CPT examples. ED relevant examples: <input type="checkbox"/> Rest, Gargles, Elastic bandages, Superficial dressings
99283	<b>Low</b> <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"/> <b>Limited</b> - Satisfy at least one category <input type="checkbox"/> <b>Category 1: Tests and documents</b> 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"/> <b>Category 2: Assessment requiring an independent historian(s)</b>	<input type="checkbox"/> <b>Low Risk</b> - No CPT examples. ED relevant examples: <input type="checkbox"/> Over-the-counter drugs <input type="checkbox"/> Minor surgery w/o risk factors
99284	<b>Moderate</b> <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 checked="" type="checkbox"/> <b>Moderate</b> - Satisfy at least one category <input checked="" type="checkbox"/> <b>Category 1: Tests, documents, or independent historian(s)</b> 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 checked="" type="checkbox"/> Assessment requiring an independent historian <input type="checkbox"/> <b>Category 2: Independent interpretation of tests</b> <input type="checkbox"/> Interpretation billed, not counted for MDM <input type="checkbox"/> <b>Category 3: Discussion of management or test interpretation with external physician/source</b>	<input checked="" type="checkbox"/> <b>Moderate Risk</b> 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
99285	<b>High</b> <input type="checkbox"/> Chronic illnesses with severe exacerbation/progression <input checked="" type="checkbox"/> Illness or injury that poses a threat to life or function	<input checked="" type="checkbox"/> <b>Extensive</b> - Satisfy at least two categories <input checked="" type="checkbox"/> <b>Category 1: Tests, documents, or independent historian(s)</b> 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 checked="" type="checkbox"/> Assessment requiring an independent historian <input type="checkbox"/> <b>Category 2: Independent interpretation of tests</b> <input type="checkbox"/> Interpretation billed, not counted for MDM <input type="checkbox"/> <b>Category 3: Discussion of management or test interpretation with external physician/source</b>	<input type="checkbox"/> <b>High Risk</b> 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

42



Code	COPA	DATA	RISK
99281	N/A	N/A	N/A
99282	Minimal <input type="checkbox"/> 1 self-limited or minor problem	<input checked="" 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 checked="" 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 checked="" type="checkbox"/> Ordering of each unique test <input type="checkbox"/> Category 2: Assessment requiring an independent historian(s)	<input checked="" 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 checked="" 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

43

Code	COPA	DATA	RISK
99281	N/A	N/A	N/A
99282	Minimal	<input type="checkbox"/> Minimal or none	<input type="checkbox"/> Minimal Risk - No CPT examples. ED relevant examples:
99283	Low MDM		
99284	Moderate MDM		
99285	High MDM		
		interpretation with external physician/source	

44