

**2023 EVALUATION AND MANAGEMENT
SERVICE GUIDELINES – EMERGENCY
MEDICINE CODER TRAINING – PART 2 OF 4**

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TOPICS

- ❑ **Medical Decisions Making Component One: Number and Complexity of Problems Addressed at the Encounter (COPA)**
 - How is problem defined and what does it include and not include?
 - Straightforward, Low, Moderate and High COPA

MEDICAL DECISION MAKING COMPONENTS

**NUMBER AND
COMPLEXITY OF
PROBLEMS
ADDRESSED AT THE
ENCOUNTER (COPA)**

MDM COMPONENT 1: NUMBER AND COMPLEXITY OF PROBLEMS ADDRESSED (COPA)

Number/Complexity of Problems Addressed – (Chart A)

Straightforward	<ul style="list-style-type: none"> • 1 Self-limited/minor problem
Low	<ul style="list-style-type: none"> • 2+ Self-limited/minor problem • 1 Stable chronic illness • 1 Acute uncomplicated illness/injury • 1 Stable acute illness • 1 Acute uncomplicated illness/injury requiring hospital inpatient or obs care
Moderate	<ul style="list-style-type: none"> • 1+ Chronic illness w/exacerbation, progression, or Tx side effects • 2+ Stable chronic illness • 1 Undiagnosed new problem w/uncertain prognosis • 1 Acute illness w/systemic symptoms • 1 Acute complicated injury
High	<ul style="list-style-type: none"> • 1+ Chronic illness w/severe exacerbation, progression, or Tx side effects • 1 Acute/chronic illness/injury that pose threat to life or bodily function

NUMBER AND COMPLEXITY OF PROBLEMS ADDRESSED (1)

- ❑ First column in the MDM Table
- ❑ Comorbidities and underlying diseases (like diabetes or HTN) are NOT considered in selecting a level of E/M service unless they are addressed, and their presence increases the amount and/or complexity to be reviewed and analyzed or the risk of complications and/or morbidity or mortality of patient management.

NUMBER AND COMPLEXITY OF PROBLEMS ADDRESSED (2*)

- ❑ A patient's final diagnosis 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.
- ❑ Presenting symptoms that are likely to represent a highly morbid condition may “drive” MDM even if the condition or conditions are ruled out during the course of the work-up (e.g., a severe headache that could be a “brain bleed”)

HOW IS “PROBLEM” DEFINED?

“A problem is a disease, condition, illness, injury, symptom, sign, finding, complaint, or other matter is addressed at the encounter, with or without a diagnosis being established at the time of the encounter.”

HOW IS “PROBLEM ADDRESSED” DEFINED?

“A problem is addressed or managed when it is evaluated or treated at the encounter by the physician or other qualified health care professional reporting the service.”

WHAT DOES PROBLEM ADDRESSED INCLUDE? (1)

- ❑ Includes consideration of further testing or treatment that may not be elected by virtue of risk/benefit analysis or patient/parent/guardian/surrogate choice.
- ❑ Notation in the patient's medical record that another professional is managing the problem without additional assessment or care coordination documented does not qualify as being addressed.
 - Example: Oncologist handling a prostate cancer that is not evaluated at the time of visit for chest pain.

WHAT DOES PROBLEM ADDRESSED NOT INCLUDE? (2*)

- ❑ Referral without evaluation (by history, examination, or diagnostic study[ies]) or consideration of treatment does not qualify as being addressed.

MDM LEVEL - STRAIGHTFORWARD

Elements of Medical Decision Making

Level of MDM (Based on 2 out of 3 Elements of MDM)	Number and Complexity of Problems Addressed at the Encounter	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
Straightforward	Minimal <ul style="list-style-type: none"> • 1 self-limited or minor problem 	Minimal or none	Minimal risk of morbidity from additional diagnostic testing or treatment

STRAIGHTFORWARD MDM LEVEL AND MINIMAL COPA

- 1 self-limited or minor problem
 - Example: Recheck visit with focus on the wound only

MDM LEVEL – LOW

Elements of Medical Decision Making

Level of MDM (Based on 2 out of 3 Elements of MDM)	Number and Complexity of Problems Addressed at the Encounter	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
<p>Low</p>	<p>Minimal</p> <ul style="list-style-type: none"> • 2 or more self-limited or minor problems; OR • 1 stable chronic illness; OR • 1 acute uncomplicated illness or injury; OR • 1 stable acute illness; OR • 1 acute, uncomplicated illness or injury requiring hospital inpatient or observation level of care. 	<p>Limited (Must meet the requirements of at least 1 out of 2 categories)</p> <p>Category 1: Tests and documents</p> <ul style="list-style-type: none"> • Any combination of 2 from the following: <ul style="list-style-type: none"> • Review of prior external note(s) from each unique source*: • Review of the result(s) of each unique test*: • Ordering of each unique test* OR <p>Category 2: Assessment requiring an independent historian(s)</p>	<p>Low risk of morbidity from additional diagnostic testing or treatment</p>

NUMBER AND COMPLEXITY OF PROBLEMS ADDRESSED (COPA) - **LOW**

Number/Complexity of Problems Addressed – (Chart A)

Low

- 2+ Self-limited/minor problem
- 1 Stable chronic illness
- 1 Acute uncomplicated illness/injury
- **1 Stable acute illness**
- **1 Acute uncomplicated illness/injury requiring hospital inpatient or observation care**

LOW COPA – DEFINITIONS AND EXAMPLES (1)

- ❑ **2 or more self-limited or minor problems:** A problem that runs a definite and prescribed course, is transient in nature, and is not likely to permanently alter health status
- ❑ **Example: Sore throat and earache with OTC treatment**

LOW COPA – DEFINITIONS AND EXAMPLES (2)

- ❑ **1 stable, chronic illness:** A problem with an expected duration of at least one year or until the death of the patient. For the purpose of defining chronicity, conditions are treated as chronic whether or not stage or severity changes (e.g., uncontrolled diabetes and controlled diabetes are a single chronic condition).
- ❑ **Example: Hypertension with ongoing treatment with no workup or tx in the ED**

LOW COPA – DEFINITIONS AND EXAMPLES (3)

- ❑ **1 stable, acute illness:** A problem that is new or recent for which treatment has been initiated. The patient is improved and, while resolution may not be complete, is stable with respect to this condition.
- ❑ **Example: Achiness or minor weakness associated with fever < 100.5 ° F**

HOW IS “STABLE” DEFINED?

- ❑ "Stable" for the purposes of categorizing MDM is defined by the specific treatment goals for an individual patient. 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.
- ❑ Example: A patient with persistently poorly controlled blood pressure for whom better control is a goal is not stable, even if the pressures are not changing and the patient is asymptomatic. The risk of morbidity without treatment is significant.

LOW COPA – DEFINITIONS AND EXAMPLES (4)

- ❑ **1 acute, uncomplicated illness or injury:** A recent or new short-term problem with low risk of morbidity for which treatment is considered. There is little to no risk of mortality with treatment, and full recovery without functional impairment is expected. A problem that is normally self-limited or minor but is not resolving consistent with a definite and prescribed course is an acute, uncomplicated illness.
- ❑ **Example: Viral pharyngitis or abrasion or minor contusion needing no x-rays or Rxs**

LOW COPA– DEFINITIONS AND EXAMPLES (5*)

- ❑ **1 acute, uncomplicated illness or injury requiring hospital inpatient or observation level of care:** A recent or new short-term problem with low risk of morbidity for which treatment is required. There is little to no risk of mortality with treatment, and full recovery without functional impairment is expected. The treatment required is delivered in a hospital inpatient or observation level setting.
- ❑ **Example: Child with head injury and headache but no LOC. Provider desires to observe child for increased headaches, dizziness, vomiting, or increased incoordination before ordering any CT**

MDM LEVEL – MODERATE (1)

Elements of Medical Decision Making

Level of MDM (Based on 2 out of 3 Elements of MDM)	Number and Complexity of Problems Addressed at the Encounter	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
Moderate	<p>Moderate</p> <ul style="list-style-type: none"> • 1 or more chronic illnesses with exacerbation, progression, or side effects of treatment; OR • 2 or more stable, chronic illnesses; OR • 1 undiagnosed new problem with uncertain prognosis; OR • 1 acute illness with systemic symptoms; OR • 1 acute, complicated injury 	<p>Moderate (Must meet the requirements of at least 1 out of 3 categories) Category 1: Tests and documents, or independent historian(s)</p> <ul style="list-style-type: none"> • Any combination of 3 from the following: <ul style="list-style-type: none"> • Review of prior external note(s) from each unique source*: • Review of the result(s) of each unique test*: • Ordering of each unique test* OR • Assessment requiring an independent historian(s) OR 	<p>Moderate risk of morbidity from additional diagnostic testing or treatment Examples only:</p> <ul style="list-style-type: none"> • 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

MDM LEVEL – MODERATE CONT. (2*)

Elements of Medical Decision Making

Level of MDM (Based on 2 out of 3 Elements of MDM)	Number and Complexity of Problems Addressed at the Encounter	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
Moderate		<p>Moderate (Must meet the requirements of at least 1 out of 3 categories) cont.</p> <p>Category 2: Independent interpretation of tests</p> <ul style="list-style-type: none"> Independent interpretation of a test performed by another physician/other qualified healthcare professional (not separately reported); OR <p>Category 3: Discussion of management or test interpretation</p> <ul style="list-style-type: none"> Discussion of management or test interpretation with external physician/other qualified healthcare professional/appropriate source (not separately reported) 	

NUMBER AND COMPLEXITY OF PROBLEMS ADDRESSED (COPA) - MODERATE

Number/Complexity of Problems Addressed – (Chart A)

Moderate

- 1+ Chronic illness w/exacerbation, progression, or Tx side effects
- 2+ Stable chronic illness
- 1 Undiagnosed new problem w/uncertain prognosis
- 1 Acute illness w/systemic symptoms
- 1 Acute complicated injury

MODERATE COPA – DEFINITIONS AND EXAMPLES (1)

- ❑ **1 or more chronic illnesses with exacerbation, progression, or side effects of treatment:** A chronic illness that is acutely worsening, poorly controlled, or progressing with an intent to control progression and requiring additional supportive care or requiring attention to treatment for side effects.
- ❑ **Example: Hypertension not under control needing oral medication in ED or Diabetes with glucose at 250 to 400 requiring IV fluids and 1 – 4 lab ancillary studies**

MODERATE COPA – DEFINITIONS AND EXAMPLES (2)

- **2 or more stable, chronic illnesses:** Problem with an expected duration of at least one year or until the death of the patient. For the purpose of defining chronicity, conditions are treated as chronic whether or not stage or severity changes (e.g., uncontrolled diabetes and controlled diabetes are a single chronic condition).
- **Example: Patient with diabetes and hypertension with controlled blood sugar level and controlled BP**

MODERATE COPA – DEFINITIONS AND EXAMPLES (3)

- ❑ **Undiagnosed new problem with uncertain prognosis:** A problem in the differential diagnosis that represents a condition likely to result in a high risk of morbidity without treatment.
- ❑ **Example:** Patient with some weakness found to have renal insufficiency with increased BUN and creatinine

MODERATE COPA – DEFINITIONS AND EXAMPLES (4)

- ❑ **Acute illness with systemic symptoms:** An illness that causes systemic symptoms and has a high risk of morbidity without treatment. For systemic general symptoms, such as fever, body aches, or fatigue in a minor illness that may be treated to alleviate symptoms, see the definitions for self-limited or minor problem or acute, uncomplicated illness or injury. Systemic symptoms may not be general but may be single system.
- ❑ **Example: Patient with influenza A with sore throat and fever > or = to 100.5 °F**

MODERATE COPA – DEFINITIONS AND EXAMPLES (5*)

- ❑ **1 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, or the treatment options are multiple and/or associated with risk of morbidity.
- ❑ **Example: Fracture proximal humerus with sling and swath sling applied by provider or nursing personnel**

MDM LEVEL – HIGH (1)

Elements of Medical Decision Making

Level of MDM (Based on 2 out of 3 Elements of MDM)	Number and Complexity of Problems Addressed at the Encounter	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
High	<p>High</p> <ul style="list-style-type: none"> • 1 or more chronic illnesses with severe exacerbation, progression, or side effects of treatment; OR • 1 acute or chronic illness or injury that poses a threat to life or bodily function 	<p>Extensive (Must meet the requirements of at least 2 out of 3 categories) Category 1: Tests and documents</p> <ul style="list-style-type: none"> • Any combination of 3 from the following: <ul style="list-style-type: none"> • 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) OR 	<p>High risk of morbidity from additional diagnostic testing or treatment Examples only:</p> <ul style="list-style-type: none"> • Drug therapy requiring extensive 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 care • Decision not to resuscitate or to de-escalate care because of poor prognosis • Parenteral controlled substances

MDM LEVEL – HIGH CONT. (2*)

Elements of Medical Decision Making

Level of MDM (Based on 2 out of 3 Elements of MDM)	Number and Complexity of Problems Addressed at the Encounter	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
High		<p>Moderate (Must meet the requirements of at least 2 out of 3 categories) cont.</p> <p>Category 2: Independent interpretation of tests</p> <ul style="list-style-type: none"> Independent interpretation of a test performed by another physician/other qualified healthcare professional (not separately reported); OR <p>Category 3: Discussion of management or test interpretation</p> <ul style="list-style-type: none"> Discussion of management or test interpretation with external physician/other qualified healthcare professional/appropriate source (not separately reported) 	

NUMBER AND COMPLEXITY OF PROBLEMS ADDRESSED (COPA) - HIGH

Number/Complexity of Problems Addressed – (Chart A)

High

- 1+ Chronic illness w/severe exacerbation, progression, or Tx side effects
- 1 Acute/chronic illness/injury that pose threat to life or bodily function

HIGH COPA – DEFINITIONS AND EXAMPLES (1)

- ❑ **1 or more chronic illnesses with severe exacerbation, progression, or side effects of treatment:** The severe exacerbation or progression of a chronic illness or severe side effects of treatment that have significant risk of morbidity and may require escalation in level of care.
- ❑ **Example: Diabetes mellitus patient with high glucose without acidosis requiring IV fluids and IV or subcutaneous insulin**

HIGH COPA – DEFINITIONS AND EXAMPLES (2*)

- ❑ **1 acute or chronic illness or injury that poses a threat to life or bodily function:** An acute illness with systemic symptoms, an acute complicated injury, or a chronic illness or injury with exacerbation and/or progression or side effects of treatment, that poses a threat to life or bodily function in the **near term** without treatment.
- ❑ **Example:** Most patients who are admitted or placed in observation; either medical or trauma related

SO HOW DOES CPT® DEFINE NEAR TERM?

- **New in 2023:** “Some symptoms may represent a condition that is significantly probable and poses a potential threat to life or bodily function. These may be included in this category when the evaluation and treatment are consistent with this degree of potential severity.”

QUESTIONS:

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REFERENCES

- *AMA CPT[®] Evaluation and Management (E/M) Code and Guideline Changes. July 1, 2022. American Medical Association.*