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

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TOPICS

- Medical Decision Making Component Three: Risk of Complications and/or Morbidity or Mortality of Patient Management (RISK)
  - Biggest Changes
  - Moderate Risk and High Risk Examples
- MDM Leveling Summary
- Key Documentation Drivers
- 2023 E/M Coding for Emergency Medicine Services
- The GOOD News!

RISK OF COMPLICATIONS AND/OR MORBIDITY OR MORTALITY OF PATIENT MANAGEMENT (RISK)

COMPONENT 3: RISK OF COMPLICATIONS AND/OR MORBIDITY OR MORTALITY (RISK)

Risk of Complications and/or Morbidity or Mortality of Patient Management (Chart C)	
Minimal	• Minimal risk of morbidity associated with the Pt problem, diagnostic testing or treatment. *(Examples: rest, gargles, elastic bandages, superficial dressings)*
Low	• Low risk of morbidity associated with the Pt problem, diagnostic testing or treatment. *(Examples: OTC drugs, minor surgery w/o identified risk factors, PT OT therapy, IV fluids w/o additives)*
Moderate	• Moderate risk of morbidity associated with the Pt problem, diagnostic testing or treatment. *(Examples: prescription drug management; decision regarding minor surgery w/ identified pt or tx risk factors; decision regarding elective major surgery w/o identified pt or tx risk factors; diagnosis or tx significantly limited by social determinants or health)*
High	• High risk of morbidity associated with the Pt problem, diagnostic testing or treatment. *(Examples: drug therapy requiring intensive monitoring for toxicity; decision regarding elective major surgery w/identified pt or tx 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;* ***parental controlled substances)***

RISK OF COMPLICATIONS AND/OR MORBIDITY OR MORTALITY

- Includes decisions made during the encounter associated with diagnostic procedure(s) and treatment(s).
- Includes the possible management options selected and those considered but not selected after shared decision making with the patient and/or family.
- Examples: IV fluids, IV/IM or subcutaneous medications, oral, topical or rectal meds, nebulizers, in addition to dispositions including admission, transfer or discharge

RISK (1)

- The assessment of the level of risk is affected by the nature of the event under consideration.
- Trained clinicians apply common language usage meanings to terms such as high, medium, low, or minimal risk and do not require quantification for these definitions (though quantification may be provided when evidence-based medicine has established probabilities).

RISK (2*)

- For the purpose of MDM, level of risk is based upon consequences of the problem(s) addressed at the encounter when appropriately treated.
- Risk also includes MDM related to the need to initiate or forego further testing, treatment, and/or hospitalization.
- The risk of patient management criteria applies to the patient management decisions made by the reporting physician or other QHP as part of the reported encounter.

RISK: BIGGEST CHANGES

- Based on former Risk Table
  - Highest element of risk prevails
- Moderate risk
  - New – Diagnosis/Tx significantly limited by social determinants of health
- High risk
  - New – Decision regarding inpatient admission

RISK – STRAIGHTFORWARD AND LOW MDM EXAMPLES

- Minimal or low risk of morbidity from additional diagnostic testing or treatment
- No examples in CPT

RISK - MODERATE MDM EXAMPLES (1)

- Moderate risk of morbidity from additional diagnostic testing or treatment
- "Prescription drug management.": Can include review of patient current medications that are generally listed by triage nursing personnel, ordering medication in the ED, and generating Rx(s) at discharge.
- "Decision regarding minor surgery with identified patient or procedure risk factors.": Includes such surgeries as laceration repairs and I&Ds of abscess(es).

RISK - MODERATE MDM EXAMPLES (2*)

- "Decision regarding elective major surgery without identified patient or procedure risk factors.": Not applicable to emergency medicine practice.
- "Diagnosis or treatment significantly limited by social determinants of health.": Includes patients who are mentally challenged or psychiatrically or chemically impaired.

RISK - HIGH MDM EXAMPLES (1)

- High risk of morbidity from additional diagnostic testing or treatment“
- Drug therapy requiring intensive monitoring for toxicity.”: Monitoring is usually cardiac rhythm but also includes blood pressure monitoring. Many are Critical Care-type cases.
- “Decision regarding elective major surgery with identified patient or procedure risk factors.”: Not applicable to emergency medicine practice.

RISK - HIGH MDM EXAMPLES (2)

- "Decision regarding hospitalization or escalation of hospital-level care.": Initiated by the emergency provider with final approval by the admitting hospitalist and any inpatient consultant(s).

RISK - HIGH MDM EXAMPLES (3*)

- "Decision not to resuscitate or to de-escalate care because of poor prognosis.": Commonly decided by emergency providers in the ED or the admitting provider for inpatients.
- "Parenteral controlled substances.": Medications include narcotics and benzodiazepines including Ativan® and Valium® that are administered IV, IM, or subcutaneous.

MDM LEVELING: SUMMARY THOUGHTS (1)

- For proper code choice, providers need to document with special emphasis on the following areas:
  - Review of prior external note(s) from each unique source. Important to include what documents you have reviewed and what you found that impacts the present date and time of service.
  - Review of the result(s) of each unique test. Document if the test was normal and if not, then document what parts of each test were abnormal.

MDM LEVELING: SUMMARY THOUGHTS (2*)

- For proper code choice, providers need to document with special emphasis on the following areas:
  - Order of each unique test. Make sure that all orders are received by the coders. If not, then the provider needs to repeat all studies ordered in the MDM section of the chart.
  - Assessment requiring an independent historian(s). Providers must document who they spoke with and if the patient is unable to participate whether due to mental issues or extremes of age (i.e., under the age of 7 or over the age of 80).

KEY MDM DOCUMENTATION DRIVERS (1)

- Document consideration of admission or escalation of hospital level care
- Document review of external records
- Document discussion of patient management with other providers
- Document independent interpretations
  - EKG, x-rays, CT scans, Ultrasounds

KEY MDM DOCUMENTATION DRIVERS (2)

- Document consideration of appropriate diagnostic tests even if they aren't performed
- Document consideration of prescription medications even if they aren't given
- Document when patient history is given by an independent historian (e.g., parent, caregiver, EMS personnel, etc.)

KEY MDM DOCUMENTATION DRIVERS (3*)

- Document when care is affected by social determinants of health (SDOH) (e.g., income, literacy skills, homelessness)
- Document chronic illnesses that impact care (e.g., diabetes, hypertension)
- Document discussion of test results with external physician/provider

2023 E/M CODING FOR EMERGENCY MEDICINE SERVICES

E/M CODE 99281

1992 – 2022

- Problem Focused History
- Problem Focused Exam
- Straightfoward MDM

2023

- Emergency department visit for the evaluation and management of a patient that may not require the presence of a physician or other qualified healthcare professional.

E/M CODE 99282

1992 – 2022

- Expanded Problem Focused History
- Expanded Problem Focused Exam
- Low MDM
- Usually the presenting problems are of low to moderate severity.

2023

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

E/M CODE 99283

1992 – 2022

- Expanded Problem Focused History
- Expanded Problem Focused Exam
- Moderate MDM
- Usually the presenting problems are of moderate severity.

2023

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

E/M CODE 99284

1992 – 2022

- Detailed History
- Detailed Exam
- Moderate MDM
- Usually the presenting problem(s) are of high severity, and require urgent evaluation by the physician but do not pose an immediate significant threat to life or physiologic function.

2023

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

E/M CODE 99285

1992 – 2022

- Comprehensive History
- Comprehensive Exam
- High MDM
- Usually the presenting problem(s) are of high severity and pose an immediate significant threat to life or physiologic function.

2023

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

NEW VS. ESTABLISHED PATIENT AND ED SERVICES

- No distinction is made between new and established patients in the ED.
- E/M services may be reported for any new or established patient who presents for treatment in the ED.

CPT Coding Guidelines, Evaluation and Management, Classification of E/M Services, New and Established Patients

HOW DO WE ASSIGN CODES FOR ED SERVICES IN 2023? (1)

- All E/M codes are now based on time or MDM.
- Time is not a descriptive component for the emergency department levels of E/M services because emergency department services are typically provided on a variable intensity basis, often involving multiple encounters with several patients over an extended period.
- As time is not a factor in an Emergency Department Setting, ED coders must rely on MDM for ED E/M code choice.

HOW DO WE ASSIGN CODES FOR ED SERVICES IN 2023? (3*)

- MDM grid measures the complexity of problems with statements like:
  - 1 or more chronic illnesses with exacerbation, progression, or side effects of treatment
  - Undiagnosed new problem with uncertain prognosis
  - 1 acute or chronic illness or injury that poses a threat to life or bodily function
- A descriptive history and exam are still critical as they will help coders understand the complexity of problems addressed during the encounter.

WHAT DOES IT MEAN FOR EMERGENCY MEDICINE E/M CODE CHOICE? (1)

- E/M Code 99283 now low complexity in 2023
  - This will decrease the percentage of 99283 while potentially and significantly increasing the percentage of 99284.
  - Order and evaluation of any lab ancillary studies by the provider will now shift cases that were formerly coded at a low-moderate 99283 to the moderate level 99284.
- Coder use of the center column along with one other column will more than likely result in a decrease in the percentage of 99285 as the documentation requirements in the center column are extensive for 99285 code choice.

WHAT DOES IT MEAN FOR EMERGENCY MEDICINE E/M CODE CHOICE? (2*)

- If the emergency medicine coder uses the first and third column for E/M code choice, the percentage of 99285 will stay relatively the same.
- Using the Risk column, a coder might rely on objective criteria along with statements from the first column that are consistent with historical and 2022 CPT manual statements like:
  a. 1 or more chronic illnesses with severe exacerbation, progression, or side effects of treatment
  b. 1 acute or chronic illness or injury that poses a threat to life or bodily function

E/M CODE 99284 – CRITICAL CHANGES

- 99283 now low complexity
- Low complexity usually equates to no ancillary studies, no meds in ED, and no Rx on discharge
- Means all past level three criteria are now considered level four in 2023

E/M CODE 99284 – SOME OBJECTIVE CRITERIA (1)

- All prior 99283 criteria
  - Multiple unrelated complaints
  - Neurological exam
  - Pelvic or rectal exam
  - 1-3 ancillary lab studies
  - Oral, eye, ear, topical or one nebulizer med in ED
  - IM med, non controlled
  - Rx on discharge

E/M CODE 99284 – SOME OBJECTIVE CRITERIA (2)

- Multiple IM meds non-controlled
- IM med, controlled
- IV meds
- 4 or > ancillary studies
- Urine or blood culture

E/M CODE 99284 – SOME OBJECTIVE CRITERIA (3)

- Three prior level three criteria
  - Rx
  - Meds in ED
  - 1-3 ancillary studies (labs usually)
  - Temp = or > 100.5°F
  - Nebulizers
  - History from someone other than patient
  - Old record review
  - Call made to another clinician

E/M CODE 99284 – SOME OBJECTIVE CRITERIA (4*)

- One Special Study (CT, US, MRI)
- Two to three x-ray series
- EKG
- Trauma via EMS
- Eye exam with the use of a slit lamp and/or tonometry

E/M CODE 99285 – SOME OBJECTIVE CRITERIA (1)

- Most admissions, transfers, and placement into observation
- 4 or > ancillary studies, IV med(s), IV fluids
- 4 or > ancillary studies, urine or blood culture, IV meds or IV fluids
- For abdominal pain, chest pain, or shortness of breath: Special Study plus 4 > ancillaries and either IV fluids or IV med(s) or multiple nebs

E/M CODE 99285 – SOME OBJECTIVE CRITERIA (2*)

- Cardiac workup with EKG and Troponin
- Multiple Special Studies (i.e., US, CT, MRI, Doppler for DVT {an US})
- Trauma alerts
- Type and cross for blood transfusion given on floor
- Extensive psych medical workups with drug levels and urine drug screens

SUMMARY THOUGHTS ON ED E/M CODING (1)

- Shift of 99283 to low complexity will lower the percentage of code 99283 while potentially and significantly increasing 99284 levels given credit for ordered ancillary studies and evaluation of ancillary studies by the provider
- 99285 levels may decrease given use of the center column in the MDM grid because documentation requirements are extensive for high MDM

SUMMARY THOUGHTS ON ED E/M CODING (2)

- ED coders should consider using the first and third columns in the grid
- The Risk column (right column) in the grid allows for pairing of current 99285 objective criteria with the patient descriptors in the Complexity of Problems Addressed column (left column)

SUMMARY THOUGHTS ON ED E/M CODING (3*)

- Code choice will be simpler because it is more consistent with former guidelines
- High MDM descriptors are as follows:
  - 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

SEPARATELY REPORTED SERVICES (1)

- Diagnostic tests/studies for which specific CPT codes are available may be reported separately, in addition to the appropriate E/M code.
- The interpretation of the results of diagnostic tests/studies (ie, professional component) with preparation of a separate distinctly identifiable signed written report may also be reported separately, using the appropriate CPT code and, if required, the -26 modifier (e.g., x-rays and Ultrasound interpretations)

SEPARATELY REPORTED SERVICES (2*)

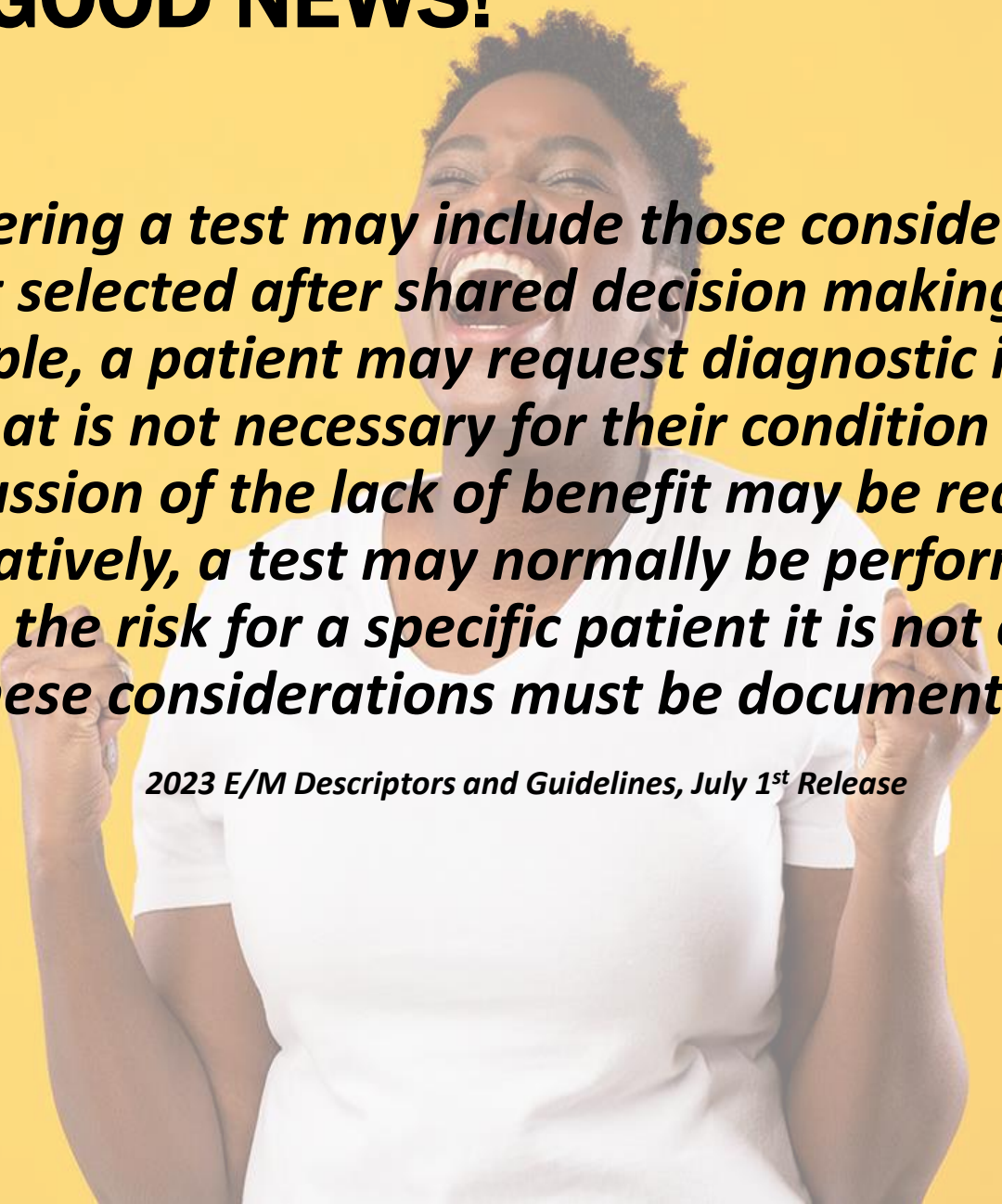
- When a procedure or service is identified by a CPT code (e.g., laceration repairs, incision and drainage of an abscess), report a separate CPT code and add modifier -25 to the appropriate E/M code.
- Differential diagnoses are not required for reporting of the procedure and the E/M services on the same date.

THE GOOD NEWS!

"Multiple problems of low severity may, in the aggregate, create higher risk due to interaction."

2023 E/M Descriptors and Guidelines, July 1st Release

THE GOOD NEWS!



"Ordering a test may include those considered but not selected after shared decision making. For example, a patient may request diagnostic imaging that is not necessary for their condition and discussion of the lack of benefit may be required. Alternatively, a test may normally be performed, but due to the risk for a specific patient it is not ordered. These considerations must be documented."

2023 E/M Descriptors and Guidelines, July 1st Release

THE GOOD NEWS!

"Ordering a test is included in the category of test result(s) and the review of the test result is part of the encounter and not a subsequent encounter."

2023 E/M Descriptors and Guidelines, July 1st Release

THE GOOD NEWS!

"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."

2023 E/M Descriptors and Guidelines, July 1st Release

QUESTIONS:

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REFERENCES

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