PATIENTS OVER PAPERWORK

Understanding the Impact
of NEW CPT Requirements

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2023
EMERALD COAST
AT SANDESTIN

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CPT & CMS Guidelines

Unifying for the first time

cpt 2023
PROFESSIONAL EDITION

+

CMS.gov
Regulations & Guidance

Understanding the 2023 MDM Categories

Prior CMS Table of Risk

Level of Risk	Presenting Problem(s)	Diagnostic Procedure(s) Ordered	Management Options Selected
	This column has become the 2023 Problem category	This column has been replaced by the 2023 Data category	This column has become the 2023 Risk category

2023 MDM Table Changes

Level of Risk	Risk of Presenting Problem(s)	Amount and/or complexity of Data Reviewed & Analyzed	Risk of Complications and/or Morbidity and Mortality of Patient Management
	This category represents the Risk of the **Problem** or condition addressed	This column is the new 2023 **Data** category	This category represents the **Risk** of the Management or Treatment

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1

Number & Complexity of Problems Addressed at Encounter

- Risk from the Condition
- Treated vs. Untreated
- Acute vs. Chronic
- Complicated vs. Uncomplicated
- Stable vs. Unstable

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Amount and/or Complexity of Data to be Reviewed & Analyzed

- Tests ordered, reviewed, or interpreted, information from others
- Independent interpretation
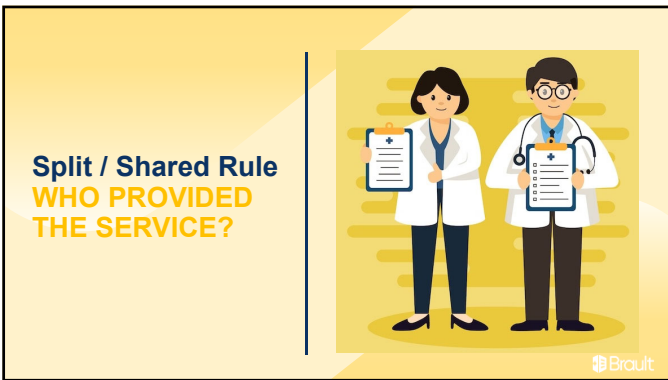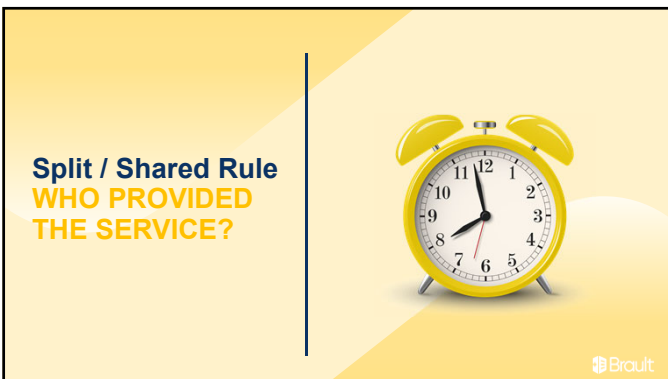- Discussion of management or test interpretation

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Risk of Complications and/or Morbidity or Mortality of Patient Management

- Risk of treatment
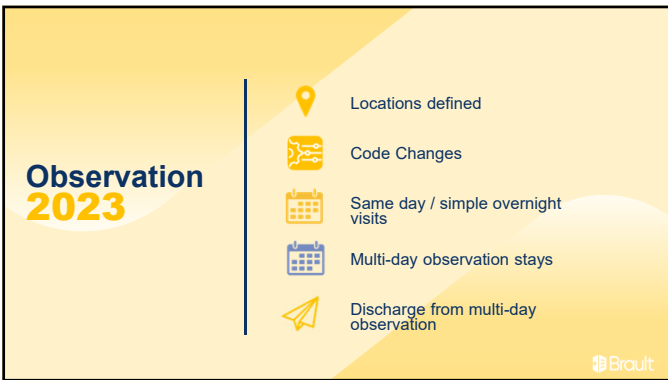- Social determinants of health
- Risk of hospitalization

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SPLIT /
SHARED VISITS

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Split / Shared Rule
WHO PROVIDED
THE SERVICE?

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Split / Shared Rule
WHO PROVIDED
THE SERVICE?

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OBSERVATION IN THE ED

Observation 2023

- Locations defined
- Code Changes
- Same day / simple overnight visits
- Multi-day observation stays
- Discharge from multi-day observation

Observation 2023

- Commercial payers – no minimum
- Medicare 8 hour minimum to use same day codes
- Commercial payers – will be able to bill Critical Care and OBS on same date of service

Medical Necessity

ED Visits	Same Day Observation	First Day of Multi-Day Observation
99283 – 2.13	99234 – 2.92	99221 – 2.46 (with discharge 99238 = 4.85)
99284 – 3.58	99235 – 4.71	99222 – 3.85 (with discharge 99238 = 6.24)
99285 – 5.21	99236 – 6.18	99223 – 5.13 (with discharge 99238 = 7.52)

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ED Observation

Common Presentations Uncommon Complexity

1. Vomiting/dehydration
2. Severe or intractable pain
3. Asthma exacerbation & moderate respiratory distress
4. Cyclical vomiting
5. Head injuries
6. Acute chest pain
7. Allergic reaction
8. Poisoning
9. Substance misuse disorder
10. Mental health emergency

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Acute Admission Boarding in the ED (Coder's Perspective)

+ Note in chart that patient admitted but bed not ready

+ If ED provider's intervention is required, a progress note should be documented (same as a "call to floor" visit)

+ Billing for the visit will depend on the MDM criteria met

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TAKE HOME POINTS

Take Home POINTS

o New guidelines no longer reward you for how many systems you document, but rather for your experience, wisdom and expertise as a medical provider.

• **PROBLEM** recognizes your ability to determine what conditions you are concerned about and need to substantiate or rule-out based on the patient's complaints.

• **DATA** rewards you for determining what documents and tests you need to review to make those decisions about the patient's condition(s).

• **RISK** gives you credit for your decisions about managing the patient and determining the proper course of care and disposition.

o Use verbiage in your charting that aligns with the guidelines whenever possible. This will make it significantly harder for the payers to downcode or deny payment.

o **Observation:** Document your time and thought process for uncommon complexity.

Q&A

Example Documentation Template for Observation

INITIAL OBSERVATION NOTE

"The patient was placed in observation status at [time]. [Insert appropriate medical necessity statement here] During the patient's time in observation, they received frequent reassessments [and add anything else done, i.e., analgesics, hydration, etc.]. Final re-evaluation reveals [description of current condition and/or results of therapy/meds/tests] and the patient will be discharged [or transferred or admitted] at this time. A total observation time of [# of hours/minutes].

-OR- The patient will need ongoing observation and care will signed out to [name of oncoming provider]. (Electronic Signature of Provider)

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