2023 Evaluation and Management Changes:
Medical Decision Making Simplified

Starting on **January 1st, 2023**, providers may select the level of inpatient, observation, discharge, and consultation evaluation and Management (E/M) services based on either time or **medical decision making**, apart from encounters in the Emergency Room.

Selecting a Level of Service based on Medical Decision Making

The medical decision-making elements associated with evaluation and management services consists of three components:

1. Problem: The number and complexity of problems addressed.
2. Data: Amount and/or complexity of data to be reviewed and analyzed.
3. Risk: Risk of complications and/or morbidity or mortality of patient management.

To select the level of an E/M service, **two** of the three elements of medical decision making must be met or exceeded.

Code Selection Steps

The American Medical Association's Medical Decision-Making table serves as a guide for selecting the appropriate E/M code based on MDM. The code selection should point directly back to the criteria as outlined for each code and level[1].

Step 1 – Problem: Select the applicable number and complexity of problems addressed at the encounter.

The number and complexity of complexity of problems addressed at the encounter is divided into four levels: minimal, low, moderate, and high. Each level has specific criteria for the conditions addressed. To correctly identify the appropriate level, it is important to understand the "problem" definitions.

Code	Level of MDM	Number and Complexity of Problems Addressed
99211	N/A	N/A
99202 **99212** **99221** **99231** **99234** **99242** **99252**	Straightforward	Minimal ❑ 1 self-limited or minor problem

[1] American Medical Association. "CPT® Evaluation and Management (E/M) Code and Guideline Changes." 2022. https://www.ama-assn.org/system/files/2023-e-m-descriptors-guidelines.pdf

99203 **99213** **99221** **99231** **99234** **99243** **99253**	Low	Low ❑ 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
99204 **99214** **99222** **99232** **99235** **99244** **99254**	Moderate	Moderate ❑ 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
99205 **99215** **99223** **99233** **99236** **99245** **99255**	High	High ❑ 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

Clarifying "Problem" Definitions

It is important to understand how different types of illness are defined to correlate it to the appropriate level of MDM and E/M code.

Stable, acute illness: A problem that is new or recent and for which treatment has been initiated. Patient may be improved and stable, but resolution is not yet complete.

Example: Respiratory infection under treatment and monitoring for resolution.

Acute, uncomplicated illness or injury requiring hospital inpatient or observation level care: A recent or new short-term problem with low risk of morbidity requiring treatment. Treatment requires hospital inpatient or observation setting.

Example: Uncomplicated appendicitis.

Chronic illness with exacerbation, progression, or side effects of treatment: Includes an intent to control progression and requires additional supportive care or attention to treatment for side effects

Example: Progression during cancer treatment; Proctitis during radiation treatment for prostate cancer.

Chronic illness with severe exacerbation, progression, or side effects of treatment: Carries a significant risk of morbidity and may require an escalation in the level of care.

Example: Malignant pleural effusion requiring indwelling pleural catheter, patient with ovarian cancer with abdominal carcinomatosis undergoing chemo presenting with acute colonic obstruction.

Acute of chronic illness or injury that poses a threat to life or bodily function: Associated with illness or injury that poses a threat to life or bodily function in the *near future* without treatment. This can include symptoms that may indicate a condition which poses a *potential* threat to life and bodily function but work up and management of the symptoms must be associated with this level of severity.

Example: Pulmonary embolism, stroke, myocardial infarction, anaphylaxis.

For additional definitions and clarifications, refer to the "Number and Complexity of Problems Addressed at the Encounter" in the "2023 Evaluation and Management Services guidelines".[2]

Step 2 – Data: Select the amount and/or complexity of data to be reviewed or analyzed.

The second step in the selection process is calculating the amount and complexity of data to be reviewed and analyzed. "Data" is defined as certain data elements that are ordered, reviewed, analyzed, or independently interpreted as further specified in the MDM table located in the AMA's Evaluation and Management guidelines.[3]

Code	Level of MDM	Amount and/or Complexity of Data to Be Reviewed and Analyzed
99211	N/A	N/A
99202 **99212** **99221** **99231** **99234**	Straightforward	Minimal ❑ Minimal or none
99203 **99213** **99221** **99231** **99234**	Low	Low (Must meet at least 1 of 2 categories) ❑ Category 1: Tests and documents At least 2 of 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 OR ❑ Category 2: Assessment requiring an independent historian(s)
99204 **99214** **99222** **99232** **99235**	Moderate	Moderate (Must meet at least 1 out of 3 categories) ❑ Category 1: Tests, documents, or independent historian(s) Any combination of any 3 of 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) OR ❑ Category 2: Independent interpretation of tests

[2] American Medical Association. "CPT® Evaluation and Management (E/M) Code and Guideline Changes." 2022. https://www.ama-assn.org/system/files/2023-e-m-descriptors-guidelines.pdf

[3] American Medical Association. "CPT® Evaluation and Management (E/M) Code and Guideline Changes." 2022. https://www.ama-assn.org/system/files/2023-e-m-descriptors-guidelines.pdf

		▪ Independent interpretation of a test performed by another physician/other qualified health care professional (not separately reported) OR ❑ Category 3: Discussion of management or test interpretation ▪ Discussion of management or test interpretation with external physician/other qualified health care professional/appropriate source (not separately reported)
99205 **99215** **99223** **99233** **99236**	High	High (Must meet at least 2 out of 3 categories) ❑ Category 1: Tests, documents, or independent historian(s) Any combination of 3 of the following: ▪ Review of the result(s) of each unique test ▪ Ordering of each unique test ▪ Ordering of each unique test ▪ Assessment requiring an independent historian(s) OR ❑ Category 2: Independent interpretation of tests ▪ Independent interpretation of a test performed by another physician/other qualified health care professional (not separately reported) OR ❑ Category 3: Discussion of management or test interpretation ▪ Discussion of management or test interpretation with external physician/other health care professional/appropriate source (not separated reported)

Clarifying "Data" Definitions

Ordered: A test may normally be performed but after shared decision making, the test is not ordered due to risk or necessity. These tests may still be counted, but considerations must be documented. Ordering a test and review of the result(s) as part of the encounter is included in the category of test results.

Analyzed: Tests are counted on the order in which the results are reported (see "Ordered" above). For example, if a test is recurring, the test is counted when the result is reported and not when it is ordered. Ordering a test may include those that were considered but not performed after shared decision making.

Unique: Unique tests do not include overlapping elements and are defined by CPT® code set. Multiple results of one unique test reviewed at a visit count for one test. A unique source is a clinician in one group or different specialty or unique entity. Review of all materials from a unique source count towards one element of data in medical decision making.

Independent Historian: An individual that provides a history when the patient is unable to provide a complete or adequate history, or it is determined that the patient's history needs to be confirmed by another source. The history does not have to be obtained in person but must be obtained directly from an independent source. This does not include translation. Make sure to document why independent history is needed.

Independent interpretation: This cannot be included in determining a level of service if the test being interpreted is independently reported by the provider reporting the E/M service and must be performed for a test that is reported by CPT code. The interpretation should be documented.

Appropriate source: An appropriate source is defined as professionals who are not health care related but participate in the management of the patient (ex. social worker, lawyer). Appropriate sources do not include family or informal caregivers.

Example: Data elements can be combined for a summation of the parts. For instance, to evaluate potential progression, a provider may order a CT of the pelvis, along with a urinalysis, and review a specialist's note. This would account for 3 of the "test" requirements in category 1 (tests, documents, independent historians) for the amount of data to be reviewed and analyzed and result in a moderate level of this element.

For additional definitions and clarifications, refer to the "Amount and/or Complexity of Data to be Reviewed and Analyzed" portion in the "Evaluation and Management Services guidelines."[4]

Step 3: Risk of Complications and/or Morbidity or Mortality of Patient Management

The risk of complications and/or morbidity in this section of the MDM relates directly to the risk associated with *appropriate treatment* rather than the treatment itself.

High risk of morbidity includes revised examples for 2023 which comprise of the decision regarding escalation of hospital-level care, like moving to a nursing facility, and parenteral controlled substances.

Code	Level of MDM	Risk of Complications and/or Morbidity or Mortality of Patient Management
99211	N/A	N/A
99202 99212 99221 99231 99234	Straightforward	Minimal ❑ Minimal risk of morbidity from additional diagnostic testing or treatment
99203 99213 99221 99231 99234	Low	Low ❑ Low risk of morbidity from additional diagnostic testing or treatment
99204 99214 99222 99232 99235	Moderate	Moderate ❑ Moderate risk of morbidity from additional diagnostic testing or treatment Examples: ▪ Prescription drug management ▪ Decision regarding minor surgery with identified risk factors

[4] American Medical Association. "CPT® Evaluation and Management (E/M) Code and Guideline Changes." 2022. https://www.ama-assn.org/system/files/2023-e-m-descriptors-guidelines.pdf

		▪ Decision regarding elective major surgery without identified risk factors ▪ Social determinants of health affecting diagnosis or treatment
99205 **99215** **99223** **99233** **99236**	High	High ❑ High risk of morbidity from additional diagnostic testing or treatment Examples: ▪ Drug therapy requiring intensive monitoring for toxicity ▪ Decision regarding major elective surgery with identified risk factors ▪ Decision regarding emergency major surgery ▪ Decision regarding hospitalization or escalation of hospital-level care ▪ Decision not to resuscitate or de-escalate care due to poor prognosis ▪ Parenteral controlled substances

Clarifying "Risk" Definitions

Each level of MDM is associated with a level of risk of morbidity from additional diagnostic testing or treatment, as outlined in the MDM table.

A frequent assumption regarding patients with cancer is whether undergoing chemotherapy ("Drug therapy requiring intensive monitoring for toxicity") is automatically considered "high risk" However, that is not always the case.

Monitoring should not be for therapeutic levels but to assess side effects from treatment. A drug requiring monitoring for toxicity may have the potential to cause serious morbidity or death. Long-term monitoring should be performed at least on a quarterly basis. Monitoring is included in the MDM when it is considered as part of management of the patient.

For additional definitions and clarification, refer to the "Risk of Complications and/or Morbidity or Mortality of Patient Management" portion in the "Evaluation and Management Services guidelines."[5]

Putting It All Together

After the level of each of the categories is determined, the level of service for the evaluation and management code can be determined. Again, **two** of the three elements must be met or exceeded to report the applicable E/M code.

Example: A moderate E/M code (99214) would be reported if:

- A patient presented with a new progression of bone metastasis while under treatment for breast cancer (moderate problems addressed).
- The physician reviewed the most recent CT scan (low level of data reviewed).
- It is determined the patient will have a change in chemotherapy due to the progression. (moderate/high level of risk dependent on the chemotherapy plan).

[5] American Medical Association. "CPT® Evaluation and Management (E/M) Code and Guideline Changes." 2022. https://www.ama-assn.org/system/files/2023-e-m-descriptors-guidelines.pdf

Example: A low-level E/M code (99203, 99213) would be reported if:

- A patient presented with a stable history of breast cancer no longer on treatment (low level or problems addressed).
- The physician conducted a review of tumor marker, CBC, CMP (moderate level of data reviewed).
- A CT scan was ordered for the next visit (low level of risk of morbidity/mortality).

Additional Considerations When Selecting a Code:

- Comorbidities and underlying diseases are *not* considered in selecting a level of E/M service unless they are addressed as part of the service and their presence increases the amount of data to be reviewed/analyzed or the risk of complications and/or morbidity or mortality of patient management.
- The final diagnosis of a condition does not necessarily determine the complexity or risk. Presenting symptoms that represent a highly morbid condition may require extensive evaluation to determine the ultimate diagnosis.

Resources

American Medical Association

2023 CPT E/M descriptors and guidelines

American Society of Clinical Oncology

Important Updates to Evaluation and Management Services in 2023