Medical Decision Making (MDM) Level Tool: EMERGENCY DEPARTMENT SERVICES

EFFECTIVE FOR USE: JANUARY 1, 2023

Note: The following is the a modification of the original AMA MDM Chart. This chart has been modified to be specific to the ED, add examples to the chart, as well as provide more general terms from the guidelines.

Code	Level of MDM (Based on 2 out of 3 Elements of MDM)	Number and Complexity of Problems Addressed	Elements of Medical Decision Making: Work Performed & Analyzed During the Encounter *Directions for this column are noted in each area of risk row. This column is the column that requires scoring. Choose the risk area with the highest score.*	Risk of Complications and/or Morbidity or Mortality of Patient Management ***NOTE: THIS COLUMN INCLUDES EXAMPLES ONLY!***
99281		Services at this level are provided by ancillary staff. *NOTE: Ancillary staff and providers would need to be employed by the same TAX ID number due to supervision rules		
99282	**Straightforward** Time-based services are NOT allowed in this place of service	**Minimal** • 1 negligible or meager problem addressed	**None**	**Negligible risk that illness, functional impairment, or organ damage will occur from the management options and/or treatment plan considered and/or established.** Example ONLY: • Follow up with PCP without elaboration

99283	**Low**
	Time-based services are NOT allowed in this place of service
		Low
		• **2** or more negligible or meager problem addressed;
		• **or**
		• 1 stable chronic problem addressed;
		or
		• 1 acute, direct or well-defined problem addressed or injury;
		or
		• 1 stable, acute illness;
		or
		• 1 acute, direct or well-defined problem addressed or injury requiring inpatient or observation admit
			Limited
			*(Must meet the requirements of **at least 1 of the 2 categories**)*
			Category 1: Tests and documents (Work commonly associated with E&M services)
			• **Documentation noting 2 of the following were performed:**
			  • Evaluate external records from an external provider (may not divide per test/per CPT);
			  ○ Example in ED: previous admissions to the IP or ED
			  • review of prior test result(s) per unique test, i.e. per CPT- except tests ordered by the rendering provider;
			  ○ Example in ED: previous labs/imaging/diagnostics from other dates of service
			  • ordering imaging, lab, psychometric, physiologic data testing per CPT (standing orders MUST be documented)
			  ○ Example in ED: Most test the ED physician does not bill the TC component. If the TC is not billed by the provider- the order can be allowed. However, the order and independent interpretation could **NOT** be combined
			or
			Category 2: Encounter including an additional historian(s): ***(In Moderate & High, this moves to Category 1)***
			○ Documentation: Who is the historian, information historian provided, and best practices- why historian was required
				Below average risk that illness, functional impairment, or organ damage will occur from the management options and/or treatment plan considered and/or established.
				Examples ONLY:
				• Medications NOT requiring prescriptive authority
				• DME such as a splint
				• Consult/Referral without elaboration
				• Leaving AMA without elaboration

99284	**Moderate**
	Time-based services are NOT allowed in this place of service
		Moderate
		• **1** (or+) chronic complaint(s) that is not stable, or noted as progressing/worsening, or side effects of treatment;
		or
		• **2** (or+) stable chronic problems addressed;
		or
		• **1** new problem undiagnosed potentially high risk;
		or
		• **1** acute complaint with unanticipated symptoms;
		or
		• **1** acute complex injury
			Moderate
			*(Must meet the requirements of **at least 1 out of 3 categories**)*
			Category 1: Tests, documents, or independent historian(s)
			• **Any combination of 3 from the following (REFER TO EXAMPLES ABOVE):**
			  • Evaluate external records from an external provider (may not divide per test/per CPT);
			  • review of prior test result(s) per unique test, i.e. per CPT- except tests ordered by the rendering provider;
			  • ordering imaging, lab, psychometric, physiologic data testing per CPT;
			  • encounter including an additional historian(s)
			or
			Category 2: Independent interpretation of tests
			• Rendering provider documents an independent interpretation of a test that has been or will be formally read and billed by another provider. A formal report is NOT required (not separately reported);
			○ Example: ED provider request Chest Xray- reviews the images and provides an interpretation within the E&M at the time of service
			or that impacts care. Radiology will provide an over-read at a later time which will be billed.
			Category 3: Discussion of management or test interpretation
			• Documentation identifying dialogue between external providers or other appropriate sources (not separately reportable) regarding the management or test interpretation of the patient (asynchronous allowed)
			○ Example in ED: ED provider Discuss an patient admission with the hospitalist
				Average risk that illness, functional impairment, or organ damage will occur from the management options and/or treatment plan considered and/or established.
				Examples ONLY:
				• Initiation, continuation, discontinuation, modification of a medication that requires prescriptive authority
				• Decision or consideration of a minor* procedure with documented patient or procedure risk factors.
				• Decision or consideration of a major* procedure without patient or procedure risk factors.
				• Documentation indicates that the patients economic or social conditions impact appropriately treating or diagnosing the patient
				• Documentation indicates a consult/referral is required for consideration of an average risk/moderate risk management option
				*AMA: Minor and Major are at the discretion of the provider as documented
				*CMS: Minor 0-10 global | Major 90 day global

99285	**High**
	Time-based services are NOT allowed in this place of service
		High
		• **1** (or +) chronic problem(s) severely triggered, progression, or side effects of treatment;
		or
		• 1 acute or chronic problem or injury that places danger/ risk to life or bodily function
			Extensive (REFER TO EXAMPLES ABOVE):
			*(Must meet the requirements of **at least 2 out of 3 categories**)*
			• **Any combination of 3 from the following: Category 1: Tests, documents, or independent historian(s)**
			  • Evaluate external records from an external provider (may not divide per test/per CPT);
			  • review of prior test result(s) per unique test, i.e. per CPT- except tests ordered by the rendering provider;
			  • ordering imaging, lab, psychometric, physiologic data testing per CPT;
			  • encounter including an additional historian(s)
			or
			Category 2: Independent interpretation of tests
			• Rendering provider documents an independent interpretation of a test that has been or will be formally read and billed by another provider. A formal report is NOT required (not separately reported);
			or
			Category 3: Discussion of management or test interpretation
			• Documentation identifying direct dialogue between external providers or other appropriate sources (not separately reportable) regarding the management or test interpretation of the patient (asynchronous allowed)
				Above average risk that illness, functional impairment, or organ damage will occur from the management options and/or treatment plan considered and/or established.
				Examples ONLY:
				• Long/short term *intensive* monitoring- for high risk meds or the consideration of to prevent toxicity (NOT monitoring efficacy)
				• Decision or consideration of a major* procedure with documented patient or procedure risk factors.
				• Decision or consideration of an major* surgery performed with minimal delay/immediate
				• Decision or consideration for hospitalization
				• Documentation of election or consideration of DNR status and/or de-escalate due to a low chance of recovery
				• Administration of controlled substance via IM, IV, or SubQ
				*AMA: Minor and Major are at the discretion of the provider as documented
				*CMS: Minor 0-10 global | Major 90 day global