

When does the PFS Final Rule take effect?

Despite calls to delay the transition due to training and education burden, the Physician Fee Schedule (PFS) Final Rule will take effect on January 1, 2023. There will be no transition period.

What's new since the summer?

- The recently released PFS Final Rule does not include any major updates to the Medical Decision-Making (MDM) grid that was released over the summer.
- There were no emergency department-specific changes made to the MDM grid despite requests.

What does this “cheat sheet” cover?

This “cheat sheet” covers key coding and documentation watch-outs for the 2023 Evaluation and Management (E&M) guidelines. The information in this cheat sheet is specific to the emergency department and includes the full MDM grid for 2023 (see page two). These watch-outs are not guidelines, but recommendations based on Nym’s understanding of the 2023 guidelines.

High-level summary of key changes:

- E&M calculations will be based solely on MDM.
- History and physical examinations will no longer count towards traditional MDM points, but will still be required to be documented as medically appropriate.
- The new MDM grid still includes 5 levels of service (LOS), but the levels are now more clearly differentiated.
- Critical care and ED services may both be reported and billed on the same day if after the completion of ED services, the condition of the patient changes and critical care services are provided.
- An update on critical care: 99292 can only be billed after 104 or more total minutes were spent providing critical care, which differs from CPT policy.

| MDM Section | Coding Watch-Outs | Documentation Watch-Outs |
|--|---|---|
| <p>Number and complexity of problems addressed</p> | <ul style="list-style-type: none"> <input type="checkbox"/> Consider providing your coders with examples of each “complexity of problems addressed” category to align understanding of the new definitions (see FAQ #9 for ACEP examples) <input type="checkbox"/> The definition of problems addressed (see page 14 of the linked document). <input type="checkbox"/> Neither “additional workup planned” or “new vs established problems” will count in the MDM in 2023; both of which contributed to higher levels of service under current guidelines. | <ul style="list-style-type: none"> <input type="checkbox"/> Differential diagnosis will be taken into consideration when selecting the appropriate E&M level. Ensure that differential diagnoses and how they impact treatment decisions are well documented in the MDM. <input type="checkbox"/> Chronic conditions will count as problems, but only if addressed. Be sure that any chronic conditions addressed are well documented in the MDM. |
| <p>Amount and/or complexity of data to be reviewed and analyzed</p> | <ul style="list-style-type: none"> <input type="checkbox"/> Each unique test or order, defined by the CPT codeset, counts as one point; however, tests included on a panel count as only one test (e.g., CPT 87636 for COVID-19 and influenza A/B). <input type="checkbox"/> If a lab is ordered, it is implied that the lab will be reviewed. Make sure not to count both the order and review of a lab separately when selecting the appropriate codes in 2023. <input type="checkbox"/> Independent interpretation of tests do not count if billed separately in 2023. Consider implementing policies to count the test towards E&M data points versus bill separately. <input type="checkbox"/> Discussion of test results/management with an external physician or other appropriate source counts as a new category within “amount and complexity of data to be reviewed and analyzed.” | <ul style="list-style-type: none"> <input type="checkbox"/> Diagnostic tests considered but not ordered count towards E&M level in 2023. Be sure that all tests considered but not ordered as well as the shared decision making that took place are well documented in the MDM. |
| <p>Risk of complications and/or morbidity and mortality of patient management</p> | <ul style="list-style-type: none"> <input type="checkbox"/> There will likely be many questions about risk levels with the new 2023 guidelines. Consider providing your team (coders, physicians, etc) with detailed examples of patient encounters in each risk category in 2023. | <ul style="list-style-type: none"> <input type="checkbox"/> Social determinants of health (SDOH) will impact the selected risk level in 2023 if they impact medical decision making. Be sure to document clearly in the MDM or final diagnosis. <input type="checkbox"/> Management options that were considered but not ultimately adopted by the care team (related to hospitalization, surgery, and treatment) count, but the shared decision-making and rationale must be well-documented in the MDM in 2023. |

PFS Final Rule: Medical Decision-Making Grid



| MDM Section | Straightforward | Low | Moderate | High |
|--|---|--|---|---|
| <p>Number and complexity of problems addressed</p> | <p>Minimal</p> <ul style="list-style-type: none"> 1 self-limited or minor problem | <p>Low</p> <ul style="list-style-type: none"> 2 or more self-limited or minor problems <p>Or</p> <ul style="list-style-type: none"> 1 stable chronic illness <p>Or</p> <ul style="list-style-type: none"> 1 acute, uncomplicated illness or injury <p>Or</p> <ul style="list-style-type: none"> 1 stable acute illness <p>Or</p> <ul style="list-style-type: none"> 1 acute uncomplicated illness or injury requiring hospital inpatient or observation level of care | <p>Moderate</p> <ul style="list-style-type: none"> 1 or more chronic illnesses with exacerbation, progression, or side effects of treatment <p>Or</p> <ul style="list-style-type: none"> 2 or more stable, chronic illnesses <p>Or</p> <ul style="list-style-type: none"> 1 undiagnosed new problem with uncertain prognosis <p>Or</p> <ul style="list-style-type: none"> 1 acute illness with systemic symptoms <p>Or</p> <ul style="list-style-type: none"> 1 acute, complicated injury | <p>High</p> <ul style="list-style-type: none"> 1 or more chronic illnesses with severe exacerbation, progression, or side effects of treatment <p>Or</p> <ul style="list-style-type: none"> 1 acute or chronic illness or injury that poses a threat to life or bodily function |
| <p>Amount and/or complexity of data to be reviewed and analyzed</p> | <p>Limited or None</p> | <p>Limited (must meet the requirements of at least 1 out of 2 categories)</p> <p>Category 1: Tests and documents Any combination of 2 from the following:</p> <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 <p>Category 2: Assessment requiring an independent historian(s)</p> <ul style="list-style-type: none"> (For the categories of independent interpretation of tests and discussion of management or test interpretation, see moderate or high) | <p>Moderate (must meet the requirements of at least 1 out of 3 categories)</p> <p>Category 1: Tests, documents, or independent historian(s) Any combination of 3 from the following:</p> <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) <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 health care professional (not separately reported) <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 health care professional/appropriate source (not separately reported) | <p>Extensive (must meet the requirements of at least 2 out of 3 categories)</p> <p>Category 1: Tests, documents or independent historian(s) Any combination of 3 from the following:</p> <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) <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 health care professional (not separately reported) <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 health care professional/appropriate source (not separately reported) |
| <p>Risk of complications and/or morbidity and mortality of patient management</p> | <p>Minimal risk of morbidity from additional diagnostic testing or treatment</p> | <p>Low risk of morbidity from additional diagnostic testing or treatment</p> | <p>Moderate risk of morbidity from additional diagnostic testing or treatment</p> <p>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 | <p>High risk of morbidity from additional testing or treatment</p> <p>Examples only:</p> <ul style="list-style-type: none"> Drug therapy requiring intensive 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 |