



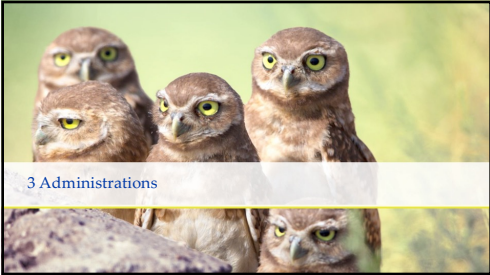
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Patients Over Paperwork

FOR IMMEDIATE RELEASE
May 23, 2022

Contact: HHS Press Office
202-696-6340
hhs@hhs.gov

New Surgeon General Advisory Sounds Alarm on Health Worker Burnout and Resignation

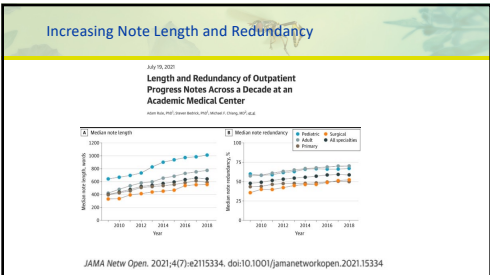
During Mental Health Awareness Month, Surgeon General's Advisory Highlights the Impacts of the COVID-19 Pandemic on Health Workers, Who Already Faced Crisis Levels of Burnout Prior to the Pandemic.

There is a Projected Shortage of More than 2 Million Essential Low-Wage Health Workers in the Next Five Years and a Projected Shortage of Nearly 140,000 Physicians by 2032.

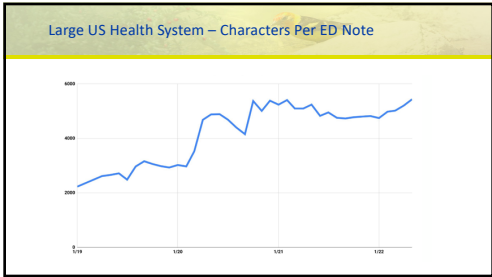
Today, Surgeon General Vivek Murthy issued a new Surgeon General's Advisory highlighting the urgent need to address the health worker burnout crisis across the country. Health workers have been overburdened by health care delivery challenges since the start of the pandemic.

“ Partner with health care delivery organizations, professional associations, and other stakeholders to reduce documentation burden by 25% by 2025. This includes clarification of regulations and documentation requirements, optimization of the prior authorization process, and review of additional challenges with stakeholders, such as coding validations and electronic health record (EHR) technology. ”

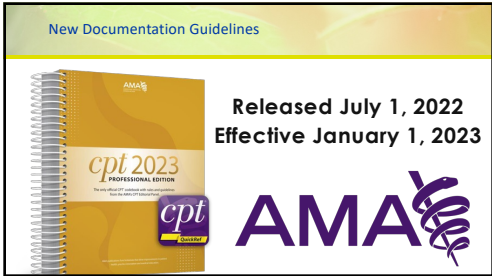
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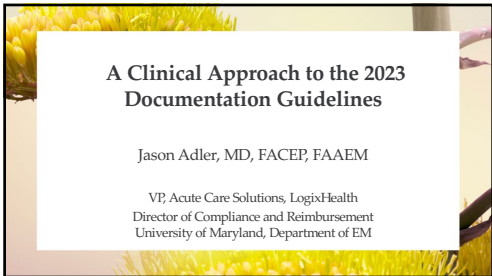
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CPT Evaluation and Management (E/M) Code and Guideline Changes

This document includes the following CPT E/M changes:

Effective January 1, 2023

- CPT Inventory Guidelines related to Hospital Inpatient and Observation Care Service codes 99231-99235, 99237-99239, Consultation codes 99241-99243, 99245-99247, Emergency Department Services codes 99281-99285, Nursing Facility Services codes 99291-99293, 99295, 99296, Home or Residential Services codes 99341-99343, 99345-99347, 99349
- Addition of Hospital Observation Services E/M codes 99232-99238
- Addition of Hospital Inpatient and Observation Care Services E/M codes 99231-99235, 99237-99239 and guidelines
- Addition of Consultation E/M codes 99241 and 99243
- Addition of Consultation E/M codes 99242-99244, 99246-99248 and guidelines
- Addition of Emergency Department Services E/M codes 99281-99285 and guidelines

Code	Description	Effective Date	Guideline
99231	Office or other outpatient visit for evaluation and management of the patient; significant, prolonged history and physical, which includes a detailed or focused history and physical examination, appropriate for the presenting problem, and the performance of a moderate level of medical decision making, typically requiring a moderate amount of data to be reviewed and analyzed.	01/01/23	99231-99235
99232	Hospital observation services for evaluation and management of the patient; significant, prolonged history and physical, which includes a detailed or focused history and physical examination, appropriate for the presenting problem, and the performance of a moderate level of medical decision making, typically requiring a moderate amount of data to be reviewed and analyzed.	01/01/23	99232-99238
99233	Office or other outpatient visit for evaluation and management of the patient; significant, prolonged history and physical, which includes a detailed or focused history and physical examination, appropriate for the presenting problem, and the performance of a moderate level of medical decision making, typically requiring a moderate amount of data to be reviewed and analyzed.	01/01/23	99231-99235
99234	Office or other outpatient visit for evaluation and management of the patient; significant, prolonged history and physical, which includes a detailed or focused history and physical examination, appropriate for the presenting problem, and the performance of a moderate level of medical decision making, typically requiring a moderate amount of data to be reviewed and analyzed.	01/01/23	99231-99235
99235	Office or other outpatient visit for evaluation and management of the patient; significant, prolonged history and physical, which includes a detailed or focused history and physical examination, appropriate for the presenting problem, and the performance of a moderate level of medical decision making, typically requiring a moderate amount of data to be reviewed and analyzed.	01/01/23	99231-99235
99237	Office or other outpatient visit for evaluation and management of the patient; significant, prolonged history and physical, which includes a detailed or focused history and physical examination, appropriate for the presenting problem, and the performance of a moderate level of medical decision making, typically requiring a moderate amount of data to be reviewed and analyzed.	01/01/23	99237-99239
99238	Hospital observation services for evaluation and management of the patient; significant, prolonged history and physical, which includes a detailed or focused history and physical examination, appropriate for the presenting problem, and the performance of a moderate level of medical decision making, typically requiring a moderate amount of data to be reviewed and analyzed.	01/01/23	99232-99238
99239	Office or other outpatient visit for evaluation and management of the patient; significant, prolonged history and physical, which includes a detailed or focused history and physical examination, appropriate for the presenting problem, and the performance of a moderate level of medical decision making, typically requiring a moderate amount of data to be reviewed and analyzed.	01/01/23	99237-99239
99241	Office or other outpatient visit for the purpose of consulting with or to be consulted by another physician or other qualified health care professional regarding the patient's medical condition, diagnosis, or treatment plan. This code is used for a consultation that is not a direct patient care service.	01/01/23	99241-99243
99242	Office or other outpatient visit for the purpose of consulting with or to be consulted by another physician or other qualified health care professional regarding the patient's medical condition, diagnosis, or treatment plan. This code is used for a consultation that is not a direct patient care service.	01/01/23	99242-99244
99243	Office or other outpatient visit for the purpose of consulting with or to be consulted by another physician or other qualified health care professional regarding the patient's medical condition, diagnosis, or treatment plan. This code is used for a consultation that is not a direct patient care service.	01/01/23	99241-99243
99244	Office or other outpatient visit for the purpose of consulting with or to be consulted by another physician or other qualified health care professional regarding the patient's medical condition, diagnosis, or treatment plan. This code is used for a consultation that is not a direct patient care service.	01/01/23	99242-99244
99245	Office or other outpatient visit for the purpose of consulting with or to be consulted by another physician or other qualified health care professional regarding the patient's medical condition, diagnosis, or treatment plan. This code is used for a consultation that is not a direct patient care service.	01/01/23	99245-99247
99246	Office or other outpatient visit for the purpose of consulting with or to be consulted by another physician or other qualified health care professional regarding the patient's medical condition, diagnosis, or treatment plan. This code is used for a consultation that is not a direct patient care service.	01/01/23	99242-99244
99247	Office or other outpatient visit for the purpose of consulting with or to be consulted by another physician or other qualified health care professional regarding the patient's medical condition, diagnosis, or treatment plan. This code is used for a consultation that is not a direct patient care service.	01/01/23	99245-99247
99248	Office or other outpatient visit for the purpose of consulting with or to be consulted by another physician or other qualified health care professional regarding the patient's medical condition, diagnosis, or treatment plan. This code is used for a consultation that is not a direct patient care service.	01/01/23	99242-99244
99249	Office or other outpatient visit for the purpose of consulting with or to be consulted by another physician or other qualified health care professional regarding the patient's medical condition, diagnosis, or treatment plan. This code is used for a consultation that is not a direct patient care service.	01/01/23	99245-99247
99281	Emergency department visit for evaluation and management of the patient; significant, prolonged history and physical, which includes a detailed or focused history and physical examination, appropriate for the presenting problem, and the performance of a moderate level of medical decision making, typically requiring a moderate amount of data to be reviewed and analyzed.	01/01/23	99281-99285
99282	Emergency department visit for evaluation and management of the patient; significant, prolonged history and physical, which includes a detailed or focused history and physical examination, appropriate for the presenting problem, and the performance of a moderate level of medical decision making, typically requiring a moderate amount of data to be reviewed and analyzed.	01/01/23	99281-99285
99283	Emergency department visit for evaluation and management of the patient; significant, prolonged history and physical, which includes a detailed or focused history and physical examination, appropriate for the presenting problem, and the performance of a moderate level of medical decision making, typically requiring a moderate amount of data to be reviewed and analyzed.	01/01/23	99281-99285
99284	Emergency department visit for evaluation and management of the patient; significant, prolonged history and physical, which includes a detailed or focused history and physical examination, appropriate for the presenting problem, and the performance of a moderate level of medical decision making, typically requiring a moderate amount of data to be reviewed and analyzed.	01/01/23	99281-99285
99285	Emergency department visit for evaluation and management of the patient; significant, prolonged history and physical, which includes a detailed or focused history and physical examination, appropriate for the presenting problem, and the performance of a moderate level of medical decision making, typically requiring a moderate amount of data to be reviewed and analyzed.	01/01/23	99281-99285

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Objectives

- Describe major changes in the history and exam section
- Outline a **clinical** approach to the medical decision-making section
- Demonstrate the value of shared decision making and social determinants of health

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Why Are The New Documentation Guidelines Important

- 83% of typical ED doc's RVUs from 99281-99285
- 8% from critical care
- 9% from procedures



99281-85 (83%) Procedures (9%) Critical Care (8%)

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History and Exam

"The nature and extent of the history and/or physical examination is determined by the treating physician reporting the service"

"The extent of history and physical examination is NOT an element in selection of codes"

"The main purpose of documentation is to support care of the patient by current and future health care team(s)!"

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Clinically Relevant History

- CC: Syncope
- 22 yo male presents after a syncopal event this morning. He recently began exercising. Today's **episode occurred while running** on the treadmill. No preceding symptoms. Woke up on the floor, has mild headache no neck pain. States his **father died suddenly** at the age of 42.

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Differential Diagnosis

CC/ HPI
Triage note: "MVC", c/o neck pain and wrist pain"

is a 41 y.o. male who presents after a MVC. Restrained driver, driving approximately 10 MPH, hit a parked car at a red light. No airbag deployment. Reports neck pain, no weakness or numbness in either arm. No headache. Also notes R wrist pain - no elbow or shoulder pain on the right side.

- A targeted differential diagnosis based on your workup will demonstrate risk and complexity of care.
 - "...head CT to evaluate for ICH" vs "CT negative"
 - ALTERED MENTAL STATUS??

ED Course
Concern for potential C-spine injury and wrist fx. Xray's ordered. Pt medicated with tylenol

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Comorbidities Demonstrate Complexity

- Cellulitis
 - +/- fever
 - +/- diabetes
 - +/- PVD



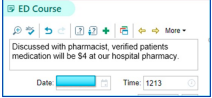
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Stories	Studies
Shared DM	SDOH

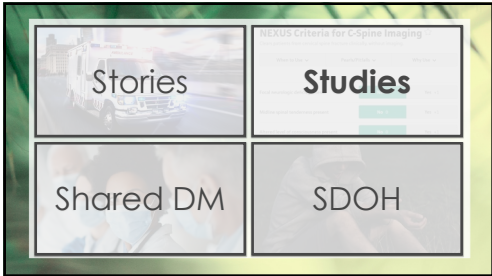
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Stories – Discussions with QHP or Appropriate Source

- Mental health liaison
- Pharmacy
- Case management
- Social work




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Studies – Independent Interpretations


- Heightened emphasis of independent interpretations of separately billable procedures (EKG, X-ray, CT, U/S)
- "Per my interpretation" or "my interpretation is"
- Not held to the standard of a billable interpretation to be included in the MDM



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Studies – Independent Interpretations

EKG interpreted by me:
 Normal sinus rhythm, T wave inversion consistent with inferolateral ischemia.



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Studies – Cognitive Work is Valued

Document your rationale for ordering, or not ordering:

<p>PERC Rule for Pulmonary Embolism</p> <p>Age ≥ 50 years: <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes</p> <p>HR ≥ 100: <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes</p> <p>CRP ≥ 10 mg/L: <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes</p> <p>CT Unnecessary</p>	<p>Canadian CT Head Injury/Trauma Rule</p> <p>Age ≥ 65 years: <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes</p> <p>Head Injury: <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes</p> <p>CT Unnecessary</p>	<p>HAS-BLED Score for Major Bleeding Risk</p> <p>Age ≥ 65 years: <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes</p> <p>Lab Abnormalities: <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes</p> <p>Drugs: <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes</p> <p>CT Unnecessary</p>
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Labs **Radiology** **Prescription Drug Management**

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Stories	Studies
Shared DM	SDOH

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Document the Talk

"Ordering a test may include those **considered, but not selected after shared decision making**. A patient may request diagnostic imaging that is **not necessary for their condition**. Discussion of the lack of benefit may be required."

"This includes the possible management options selected and those considered but not selected after shared decision making with the patient and/or family. For example, a decision **about hospitalization** includes consideration of **alternative levels of care**."

2023 CPT E/M Descriptors and Guidelines

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Document the Talk

"Shared decision making involves eliciting patient and/or family preferences, patient and/or family education, and explaining risks and benefits of management options"

2023 CPT E/M Descriptors and Guidelines

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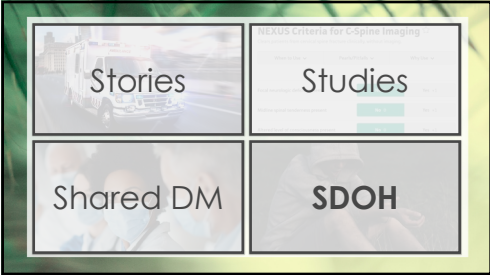
De-escalation of Care

ED Course

0830 76 yo F, hx afib on AC, found in bed this morning by husband after not waking up. Was immediately intubated to protect airway, GCS 3T, CT with large ICH, 12 mm shift, uncal herniation. Neurosurgery reviewed CT, described no intervention available and overall poor prognosis. ICU also involved. Both neurosurgery, ICU, and myself met with pts husband, who decided to de-escalate care to palliative measures and not pursue transfer to tertiary medical center. Plan to admit to floor here. [E1]

ED Course User Index

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Take-Home Points

- The history and exam will no longer be used to score the chart
- Medical decision making will now drive code selection
- Heightened emphasis on shared decision making and social determinants of health
- Document discussions with patients, considerations of testing, treating, or escalation of care

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Questions & Contact

Jason Adler, MD, FACEP, FAAEM

jadler@logixhealth.com

202.438.6983

www.logixhealth.com

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Take-Home Points

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