(Based c	evel of MDM on 2 of 3 Elements of MDM)	Number and Complexity of Problems Addressed	Amount and/or Complexity of Data to be Reviewed and Analyzed *Each unique test, order, or document contributes to the combination of 2 or combination of 3 in Category 1 below.	Risk of Complications and/or Morbidity or Mortality of Patient Management
99281	N/A	N/A	N/A	N/A
99282	Straightforward	Minimal <ul> <li>1 self-limited or minor problem</li> </ul>	Minimal or none	Minimal risk of morbidity from additional diagnostic testing or treatment - No CPT examples
99283	Low	<ul> <li>Low <ul> <li>2 or more self-limited or minor problems</li> <li>1 stable chronic illness</li> <li>1 acute, uncomplicated illness or injury</li> <li>1 stable, acute illness</li> <li>1 acute, uncomplicated illness or injury requiring hospital inpatient or observation level of care</li> </ul> </li> </ul>	Limited (Must meet the requirements of at least 1 of the 2 categories) Category 1: Tests and documents • Any combination of 2 from 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* Category 2: Assessment requiring an independent historian(s) (For the categories of independent interpretation of tests and discussion of management or test interpretation, see moderate or high)	Low risk of morbidity from additional diagnostic testing or treatment No CPT examples Examples only: • Ace wrap / Superficial Dressing • Radiation exposure from simple extremity X-ray • Adult OTC Meds • Pediatric OTC Meds - Acetaminophen (Tylenol), age > 24 months - Ibuprofen (Motrin) patient age > 6 months - Diphenhydramine (Benadryl) age > 6 years
99284	Moderate	<ul> <li>Moderate <ul> <li>1 or more chronic illnesses with exacerbation, progression, or side effects of treatment</li> <li>2 or more stable chronic illnesses</li> <li>1 undiagnosed new problem with uncertain prognosis</li> <li>1 acute illness with systemic symptoms</li> <li>1 acute complicated injury</li> </ul> </li> </ul>	<ul> <li>Moderate (Must meet the requirements of at least 1 out of 3 categories) Category 1: Tests, documents, or independent historian(s) <ul> <li>Any combination of 3 from the following: <ul> <li>Review of prior external note(s) from each unique source*</li> <li>Review of the result(s) of each unique test*</li> <li>Ordering of each unique test*</li> <li>Assessment requiring an independent historian(s)</li> </ul> </li> <li>Category 2: Independent interpretation of tests</li> <li>Independent interpretation of a test performed by another physician/other qualified health care professional (not separately reported); </li> <li>Category 3: Discussion of management or test interpretation</li> <li>Discussion of management or test interpretation with external physician/other qualified health care professional\appropriate source (not separately reported)</li> </ul></li></ul>	<ul> <li>Moderate risk of morbidity from additional diagnostic testing or treatment</li> <li>Examples only: <ul> <li>Prescription drug management, including those required for procedures (e.g., lidocaine, tetanus)</li> <li>Decision regarding minor surgery with identified patient or procedure risk factors</li> <li>Diagnosis or treatment significantly limited by SDOH</li> <li>Radiation exposure from CT scan or Head, Neck, or Torso X-ray</li> <li>Administration of IV Fluids</li> <li>Infant OTC Meds <ul> <li>Acetaminophen (Tylenol), age &lt; 24 months</li> <li>Diphenhydramine (Benadryl) age &lt; 6 years</li> </ul> </li> </ul> </li> </ul>
99285	High	<ul> <li>High         <ul> <li>1 or more chronic illnesses with severe exacerbation, progression, or side effects of treatment</li> <li>1 acute or chronic illness or injury that poses a threat to life or bodily function</li> </ul> </li> <li>American College of Emergency Physicians® ADVANCING EMERGENCY CARE</li></ul>	<ul> <li>Extensive (Must meet the requirements of at least 2 out of 3 categories) Category 1: Tests, documents, or independent historian(s) • Any combination of 3 from the following: <ul> <li>Review of prior external note(s) from each unique source*</li> <li>Review of the result(s) of each unique test*</li> <li>Ordering of each unique test*</li> <li>Assessment requiring an independent historian(s)</li> </ul> Category 2: Independent interpretation of tests <ul> <li>Independent interpretation of a test performed by another physician/other qualified health care professional (not separately reported) </li> </ul> Category 3: Discussion of management or test interpretation <ul> <li>Discussion of management or test interpretation with external physician/other qualified health care professional/appropriate source (not separately reported) </li> </ul></li></ul>	<ul> <li>High risk of morbidity from additional diagnostic testing or treatment Examples only:</li> <li>Drug therapy requiring intensive monitoring for toxicity</li> <li>Decision regarding elective major surgery with identified patient or procedure risk factors</li> <li>Decision regarding emergency major surgery</li> <li>Decision regarding hospitalization or escalation of care</li> <li>Decision not to resuscitate or to de-escalate care because of poor prognosis</li> <li>Parenteral controlled substances</li> <li><i>CT Scan w/ IV contrast</i></li> <li>Administration of moderate sedation</li> <li>Anticoagulation Therapy</li> <li>Physical restraints</li> </ul>

Italicized red text are ED relevant Risk examples developed by the American College of Emergency Physicians Coding and Nomenclature Advisory Committee.