Evaluation and Management

Medical Decision Making

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What’s he thinking?
What Is the Table of Risk?


- 1 of 3 preliminary tables that you can use along with the problem categories table and the type of data table, to determine the level of decision-making.
## Table of Risk

### Number of Diagnoses or Treatment Options

<table>
<thead>
<tr>
<th>Problem(s) Status</th>
<th>Number</th>
<th>Points</th>
<th>Result</th>
</tr>
</thead>
<tbody>
<tr>
<td>Self-limited or minor (stable, improved or worsening)</td>
<td>( m \times 2 )</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>Est. problem (to examiner); stable, improved</td>
<td>1</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Est. problem (to examiner); worsening</td>
<td>2</td>
<td></td>
<td></td>
</tr>
<tr>
<td>New problem (to examiner); no additional workup planned</td>
<td>3</td>
<td></td>
<td></td>
</tr>
<tr>
<td>New prob. (to examiner); add. workup planned</td>
<td>4</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

\[ B \times C = D \]

Multiply the number in columns B & C and put the product in column D. Enter a total for column D.

<table>
<thead>
<tr>
<th>Number of Diagnoses or Treatment Options</th>
<th>Points</th>
</tr>
</thead>
<tbody>
<tr>
<td>-----------------------------</td>
<td>------</td>
</tr>
<tr>
<td>( m \times 2 )</td>
<td>1</td>
</tr>
<tr>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>2</td>
<td>2</td>
</tr>
<tr>
<td>3</td>
<td>2</td>
</tr>
<tr>
<td>4</td>
<td>4</td>
</tr>
<tr>
<td>TOTAL</td>
<td>10</td>
</tr>
</tbody>
</table>

Bring total to line A in Final Result for Complexity (table below).

### Risk of Complications and/or Morbidity or Mortality

#### Level of Risk

**Minimal**
- One self-limited or minor problem, e.g., cold, lice, toothache, viral gastroenteritis
- Acute uncomplicated illness or injury, e.g., cold, flu, allergic rhinitis, sprain

**Low**
- Two or more self-limited or minor problems
- One stable chronic illness, e.g., well-controlled diabetes, hypertension, BPH
- Acute uncomplicated illness or injury, e.g., cold, flu, allergic rhinitis, sprain

**Moderate**
- One or more chronic illnesses with mild exacerbations, progressions, or side effects of treatment
- Two or more stable chronic illnesses
- US diagnosis and treatment with minor progressions, e.g., labile hypertension
- Acute illness with systemic symptoms, e.g., fever, headache, pain, nausea, vomiting
- Acute complicated injury, e.g., head injury with brief loss of consciousness

**High**
- One or more chronic illnesses with severe exacerbations, progressions, or side effects of treatment
- Acute or chronic illnesses or injuries together may pose a threat to life or body function, e.g., multiple trauma, acute MI, pulmonary embolus, severe respiratory distress, progressive severe rheumatoid arthritis, psychiatric illness with potential threat to self or others, periile, acute mental illness
- An acute change in neurologic status, e.g., seizure, TIA, weakness or sensory loss

### Diagnostic Procedure(s) Ordered

**Minimal**
- Laboratory tests, e.g., CBC, urinalysis
- ECG
- EKG
- Ultrasound, e.g., neck, heart
- X-rays
- MRI

**Low**
- Basic laboratory tests, e.g., p1b, Hgb, Hct
- Non-invasive imaging studies, e.g., chest x-ray, stress test
- Basic laboratory tests requiring minimal intervention
- Skin biopsies

**Moderate**
- Physiologic tests under stress, e.g., cardiac stress testing
- Diagnostic procedures with no identified risk factors
- Laboratory tests with minimal risk
- Cardiac stress imaging procedures with low risk
- Diagnostic procedures with slight risk

**High**
- Cardiac stress imaging procedures with high risk
- Electrophysiological tests
- Diagnostic procedures with high risk
- Electrophysiological tests with high risk
- Diagnostic procedures with high risk
- Electrophysiological tests with high risk

### Management Options Selected

**Minimal**
- Rest
- Gargles
- Antibiotics
- Sputum cultures

**Low**
- Bed rest
- Hospitalization
- Outpatient therapy
- Discharge with follow-up

**Moderate**
- Hospitalization
- Observation
- Outpatient therapy
- Discharge with follow-up

**High**
- Admission to hospital
- Observation
- Outpatient therapy
- Discharge with follow-up
Why Should I Use the Sheets?

- support for your physician’s code selection
- check your physicians’ levels

Watch out: You might have to use a different audit tool for some carriers.

- TrailBlazer (Medicare Part B carrier for Texas, Virginia, Maryland and Delaware) has developed its own counting system
## MEDICAL DECISION-MAKING (continued)

Determine total points for each diagnosis or problem and associated management options using Tables A.1 and A.2. Use the larger of the two “Totals” for Section D. Final Assignment of Medical Decision Making Type.

### Table A.1 Number of Diagnoses

<table>
<thead>
<tr>
<th>Diagnosis Description</th>
<th>Points</th>
</tr>
</thead>
<tbody>
<tr>
<td>Each new or established problem for which the diagnosis and/or treatment plan is evident with or without diagnostic confirmation</td>
<td>1</td>
</tr>
<tr>
<td>2 plausible differential diagnoses, comorbidities or complications (not counted as separate problems) clearly stated and supported by information in record: requiring diagnostic evaluation or confirmation</td>
<td>2</td>
</tr>
<tr>
<td>Each new or established problem for which the diagnosis and/or treatment plan is not evident</td>
<td>3</td>
</tr>
<tr>
<td>4 or more plausible differential diagnoses, comorbidities or complications (not counted as separate problems) clearly stated and supported by information in record: requiring diagnostic evaluation or confirmation</td>
<td>4</td>
</tr>
<tr>
<td>Total Points</td>
<td></td>
</tr>
</tbody>
</table>

### Table A.2 Management Options

**Important Note:** These tables are not all inclusive. The entries are examples of commonly prescribed treatments and the point values are illustrative of their intended quantifications. Many other treatments exist and should be counted when documented.

**Do not count as treatment option’s notations such as:** Continue “same” therapy or “no change” in therapy (including drug management) if specified therapy is not described (record does not document what the current therapy is or that the physician reviewed it).

<table>
<thead>
<tr>
<th>Treatment Option</th>
<th>Points</th>
</tr>
</thead>
<tbody>
<tr>
<td>Drug management, per problem. Includes “same” therapy or “no change” in therapy if specified therapy is described (i.e., record documents what the current therapy is and that the physician reviewed it). Dose changes for current medications are not required; however, the record must reflect conscious decision-making to make no dose changes in order to count for coding purposes.</td>
<td></td>
</tr>
<tr>
<td>≤3 new or current medications per problem</td>
<td>1</td>
</tr>
<tr>
<td>&gt;3 new or current medications per problem</td>
<td>2</td>
</tr>
<tr>
<td>Open or percutaneous therapeutic cardiac, surgical or radiological procedure; minor or major</td>
<td>1</td>
</tr>
<tr>
<td>Physical, occupational or speech therapy or other manipulation</td>
<td>1</td>
</tr>
<tr>
<td>Closed treatment for fracture or dislocation</td>
<td>1</td>
</tr>
<tr>
<td>IV fluid or fluid component replacement, or establish IV access when record is clear that such involved physician decision-making and was not standard facility “protocol”</td>
<td>1</td>
</tr>
<tr>
<td>Complex insulin prescription (SC or combo of SC/NV), hyperalimentation, insulin drip or other complex IV admix prescription</td>
<td>2</td>
</tr>
<tr>
<td>Conservative measures such as rest, ice/heat, specific diet, etc.</td>
<td>1</td>
</tr>
<tr>
<td>Radiation therapy</td>
<td>1</td>
</tr>
<tr>
<td>Joint, body cavity, soft tissue, etc injection/Aspiration</td>
<td>1</td>
</tr>
<tr>
<td>Patient education regarding self or home care</td>
<td>1</td>
</tr>
<tr>
<td>Decision to admit to hospital</td>
<td>1</td>
</tr>
<tr>
<td>Discuss case with other physician</td>
<td>1</td>
</tr>
<tr>
<td>Other</td>
<td>1</td>
</tr>
<tr>
<td>Total Points</td>
<td></td>
</tr>
</tbody>
</table>
How Does Risk Tie Into MDM?

- Medical decision-making (MDM) is comprised of:
  1. Number of diagnoses or management options
  2. Amount and/or complexity of data to be reviewed
  3. Risk of complications and/or morbidity or mortality

- physician must meet or exceed 2 of the 3 elements
How Should I Evaluate Type?

- You can’t read your physician’s mind
- They can help you see what was involved by completely documenting the process
  - include all diagnoses and any suspected problems or concerns, including rule-outs
- Don’t overlook: You won’t code the rule-outs, but documenting them shows a more involved MDM type.
What Should I Look For?

To weigh the type of risk, zoom in on:

1. Diagnosis
2. Status
3. Risks, treatments or management

• Map these to the CMS medical point-making system.
# E/M Documentation Auditor's Instructions

## 1. History

Refer to data section (table below) in order to quantify. After referring to data, circle the entry furthest to the RIGHT in the table, which best describes the HPI, ROS and PFSH. If one column contains three circles, draw a line down that column to the bottom row to identify the type of history. If no column contains three circles, the column containing a circle furthest to the LEFT identifies the type of history.

After completing this table which classifies the history, circle the type of history within the appropriate grid in Section 5.

<table>
<thead>
<tr>
<th>HPI: Status of chronic conditions:</th>
<th>[ ] 1 condition</th>
<th>[ ] 2 conditions</th>
<th>[ ] 3 conditions</th>
</tr>
</thead>
<tbody>
<tr>
<td>OR</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>HPI (history of present illness) elements:</td>
<td>[ ] Location</td>
<td>[ ] Severity</td>
<td>[ ] Timing</td>
</tr>
<tr>
<td>Quality</td>
<td>[ ] Duration</td>
<td>[ ] Context</td>
<td>[ ] Associated signs and symptoms</td>
</tr>
<tr>
<td>ROS (review of systems):</td>
<td>[ ] Constitutional</td>
<td>[ ] Neurological</td>
<td>[ ] Respiratory</td>
</tr>
<tr>
<td>PFSH (past medical, family, social history) areas:</td>
<td>[ ] Medical history</td>
<td>[ ] Family history</td>
<td>[ ] Social history</td>
</tr>
<tr>
<td>Family history (review of medical events in family including diseases which may be hereditary or place the patient at risk)</td>
<td>[ ]</td>
<td>[ ]</td>
<td>[ ]</td>
</tr>
<tr>
<td>Social history (get age appropriate review of past and current)</td>
<td>[ ]</td>
<td>[ ]</td>
<td>[ ]</td>
</tr>
</tbody>
</table>

*Complete ROS: 10 or more systems, or same systems with statement “All others negative”.

*Complete PFSH: 2 history areas. a) Established patients - office (outpatient) care, b) Emergency department.

3 history areas. a) New patients - office (outpatient) care, domiciliary care, home care, b) Consultations, c) Initial hospital care, d) Hospital observation, e) Initial Nursing Facility Care.

**Note:** For certain categories of E/M services that include only an interval history, it is not necessary to record information about the PFSH. Please refer to procedure code descriptions.

## 2. Examination

Refer to data section (table below) in order to quantify. After referring to data, identify the type of examination.

Circle the type of examination within the appropriate grid in Section 5.

### Limited to affected body area or organ system (one body area or system related to problem)

- PROBLEM FOCUSED EXAM

### Affected body area or organ system and other symptomatic or related organ system(s) (additional systems up to total of 7)

- EXPANDED PROBLEM FOCUSED EXAM

### Extended exam of affected area(s) and other symptomatic or related organ system(s) (additional systems up to total of 7 or more depth than above)

- DETAILED EXAM

### General multi-system exam (8 or more systems) or complete exam of a single organ system (complete single exam not defined in these instructions)

- COMPREHENSIVE EXAM

### Body areas:

- Head, including face
- Chest, including breasts and axilla
- Abdomen
- Neck
- Back, including spine
- Genitalia, groin, buttocks
- Each extremity

### Organ systems:

- Constitutional
- Cardiovascular
- Pulmonary
- Gastrointestinal
- Renal
- Urogenital
- Musculoskeletal
- Neurologic
- Endocrine

<table>
<thead>
<tr>
<th>EXAM</th>
<th>1 body area or system</th>
<th>Up to 7 systems</th>
<th>Up to 7 systems</th>
<th>8 or more systems</th>
</tr>
</thead>
<tbody>
<tr>
<td>Head</td>
<td>PROBLEM FOCUSED</td>
<td>EXP. PROBLEM FOCUSED</td>
<td>DETAILED</td>
<td>COMPREHENSIVE</td>
</tr>
</tbody>
</table>
Example

- An ENT sees a patient with a diagnosis of otitis media (OM) and decides the patient requires tubes. The physician orders no tests and reviews no records. The patient is scheduled for tympanostomy (69436, Tympanostomy [requiring insertion of ventilating tube], general anesthesia).
Classify Problem’s Status - Table 1

Follow these rules:

- If the ENT has previously treated the patient for OM, CMS considers the problem established and awards 2 points for an established problem that is inadequately controlled, worsening or failing to progress as expected.
- If this is the first time the ENT is treating the patient for OM, you should consider the diagnosis a new problem, which is worth three points.
Why is there a point difference?
- CMS expects that the decision-making for a known problem is less than that of a new problem

Who is the problem new to?
- The sheet indicates “to the examiner”. The problem has to be new to that provider. The increased score for a new problem is given because working up a new problem involves more work than assessing a problem that is established or familiar to the physician.
Self-Limited or Minor

- Examples on Table of Risk:
  - Cold
  - Insect Bite
  - Tinea Corporosis

- assign 1 point
Self-Limited or Minor

Definition:

“...A problem that runs a definite and prescribed course, is transient in nature, and is not likely to permanently alter health status OR has a good prognosis with management/compliance.”
Table 1 – cont’d

- CMS guidelines state,
  - “The assessment of risk of the presenting problem(s) is based on the risk related to the disease process anticipated between the present encounter and the next one.”
  - Risk measures the chance of the patient becoming worse from the time he leaves the physician’s care to the next visit.
  - A common cold carries minimal risk, consistent with the definition of a minor or self-limited problem.
Example

- An established male patient previously diagnosed as a controlled-diabetic presents with complaints of a runny nose and congestion without any other symptoms.
- Ignoring the co morbidities and listing only the presenting problem diagnosis, will make the visit qualify for the lowest risk level.
- The physician should also consider the effect the patient’s diabetes has on management options, and if the physician treats the condition, they should report 250.00 (Diabetes mellitus ...) for addressing the underlying disease.
- Documentation guidelines state, “Co morbidities/underlying diseases or other factors that increase the complexity of medical decision making by increasing the risk of complications, morbidity, and/or mortality should be documented.”
Example

- An ENT sees a patient with a diagnosis of otitis media (OM) and decides the patient requires tubes. The physician orders no tests and reviews no records. The patient is scheduled for tympanostomy (69436, Tympanostomy [requiring insertion of ventilating tube], general anesthesia).
Calculate Reviewed Data

- The ENT did not review any data so he receives a 0 in this table.
- Remember to map your CPT® codes to the areas listed in the Amount and/or Complexity of Data Reviewed table.
- Give 1 point for clinical lab tests like urinalysis or a strep test. (80000 series codes)
- Don’t miss: The table counts medicine tests (90000 codes) separately. If a physician reviews an x-ray and orders an ECG, give 1 point for each of these tests.
Don’t Double Dip!

- If the physician is coding the service like an x-ray, allergy testing, or an ENG at this service or another, they are already receiving credit for the review in the test code.

- Give points for work the physician could not otherwise get credit for.
  - e.g.: a strep test that an outside lab is reading or an x-ray that an outside radiologist reads

- “Do not report [E/M] services for test interpretation and report.”
Data – cont’d

• Poor historian
  • record who the historian is
  • why the patient is not giving the history.
Example

- A babysitter attempting to give the history for a small child. If time doesn’t dominate these encounters qualifying them for time-based coding, consider giving a point in this table for “decision to obtain history from someone other than parent.”
Select Risk Level

- based on the single **highest** element identified in the table of risk’s three columns (1 of 3).
- Do **not** need one element in each column.
<table>
<thead>
<tr>
<th>Level of Risk</th>
<th>Presenting Problem(s)</th>
<th>Diagnostic Procedure(s) Ordered</th>
<th>Management Options Selected</th>
</tr>
</thead>
<tbody>
<tr>
<td>Minimal</td>
<td>One self-limited or minor problem, e.g., cold, insect bite, linea corporis</td>
<td>Laboratory tests requiring venipuncture, Chest x-rays, EKG/EEG, Urinalysis, Ultrasound, e.g., echo, KUB x-ray</td>
<td>Rest, Gargles, Elastic bandages, Superficial dressings</td>
</tr>
<tr>
<td>Low</td>
<td>Two or more self-limited or minor problems. One stable chronic illness, e.g., well controlled hypertension or non-insulin dependent diabetes, cataract, BPH. Acute uncomplicated illness or injury, e.g., cystitis, allergic rhinitis, simple sprain</td>
<td>Physiologic tests not under stress, e.g., pulmonary function tests, Non-cardiovascular imaging studies with contrast, e.g., barium enema, Superficial needle biopsies, Clinical laboratory tests requiring arterial puncture, Skin biopsies</td>
<td>Over-the-counter drugs, Minor surgery with no identified risk factors, Physical therapy, Occupational therapy, IV fluids without additives</td>
</tr>
<tr>
<td>Moderate</td>
<td>One or more chronic illnesses with mild exacerbation, progression, or side effects of treatment. Two or more stable chronic illnesses. Undiagnosed new problem with uncertain prognosis, e.g., lump in breast. Acute illness with systemic symptoms, e.g., pyelonephritis, pneumonia, colitis. Acute complicated injury, e.g., head injury with brief loss of consciousness</td>
<td>Physiologic tests under stress, e.g., cardiac stress test, fetal contractions stress test, Diagnostic endoscopies with no identified risk factors, Deep needle or incisional biopsy, Cardiovascular imaging studies with contrast and no identified risk factors, e.g., arteriogram cardiac cath, Obtain fluid from body cavity, e.g., lumbar puncture, thoracentesis, cutaneous biopsies</td>
<td>Minor surgery with identified risk factors, Elective major surgery (open, percutaneous or endoscopic) with no identified risk factors, Prescription drug management, Therapeutic nuclear medicine, IV fluids with additives, Closed treatment of fracture or dislocation without manipulation</td>
</tr>
<tr>
<td>High</td>
<td>One or more chronic illnesses with severe exacerbation, progression, or side effects of treatment. Acute or chronic illnesses or injuries that may pose a threat to life or bodily function, e.g., multiple trauma, acute MI, pulmonary embolism, severe respiratory distress, progressive severe rheumatoid arthritis, psychiatric illness with potential threat to self or others, peritonitis, acute renal failure, An abrupt change in neurologic status, e.g., seizure, TIA, weakness or sensory loss</td>
<td>Cardiovascular imaging studies with contrast with identified risk factors, Cardiac electrophysiological tests, Diagnostic endoscopies with identified risk factors, Discography</td>
<td>Elective major surgery (open, percutaneous or endoscopic) with identified risk factors, Emergency major surgery (open, percutaneous or endoscopic), Parenteral controlled substances, Drug therapy requiring intensive monitoring for toxicity, Decision not to resuscitate or to de-escalate care because of poor prognosis</td>
</tr>
</tbody>
</table>
Look to History

- OM Patient
  - Should you classify OM with a decision for tubes as a presenting problem that is stable chronic (low), acute uncomplicated illness (low), or acute illness with systemic symptoms (moderate)?
  - If there is documented hearing loss, balance dysfunction, speech/language delay, tympanic membrane rupture, you could argue that it represents an acute or chronic illness that may pose a risk to loss of function, classifying the presenting problem as high.
To calculate the diagnostic procedures level, you’ll focus on any workup the Otolaryngologist ordered.

Because the physician in the OM case study did not order or review any diagnostic procedures, you have no circle in column two.
<table>
<thead>
<tr>
<th>Level of Risk</th>
<th>Presenting Problem(s)</th>
<th>Diagnostic Procedure(s) Ordered</th>
<th>Management Options Selected</th>
</tr>
</thead>
<tbody>
<tr>
<td>Minimal</td>
<td>• One self-limited or minor problem, e.g., cold, insect bite, linea corporis</td>
<td>• Laboratory tests requiring venipuncture</td>
<td>• Rest</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Chest x-rays</td>
<td>• Gargles</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• EEG/EEG</td>
<td>• Elastic bandages</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Urinalysis</td>
<td>• Superficial dressings</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Ultrasound, e.g., echo</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>• K+H test</td>
<td></td>
</tr>
<tr>
<td>Low</td>
<td>• Two or more self-limited or minor problems</td>
<td>• Physiologic tests not under stress, e.g., pulmonary function tests</td>
<td>• Over-the-counter drugs</td>
</tr>
<tr>
<td></td>
<td>• One stable chronic illness, e.g., well controlled hypertension or non-insulin</td>
<td>• Non-cardiovascular imaging studies with contrast, e.g., barium enema</td>
<td>• Minor surgery with no identified risk factors</td>
</tr>
<tr>
<td></td>
<td>dependent diabetes, cataract, BPH</td>
<td>• Superficial needle biopsies</td>
<td>• Physical therapy</td>
</tr>
<tr>
<td></td>
<td>• Acute uncomplicated illness or injury, e.g., cyclic, allergic rhinitis, simple</td>
<td>• Clinical laboratory tests requiring arterial puncture</td>
<td>• Occupational therapy</td>
</tr>
<tr>
<td></td>
<td>sprain</td>
<td>• Skin biopsies</td>
<td></td>
</tr>
<tr>
<td>Moderate</td>
<td>• One or more chronic illnesses with mild exacerbation, progression, or side effects</td>
<td>• Physiologic tests under stress, e.g., cardiac stress test, fatal conduction stress test</td>
<td>• Minor surgery with identified risk factors</td>
</tr>
<tr>
<td></td>
<td>of treatment</td>
<td>• Diagnostic endoscopies with no identified risk factors</td>
<td>• Elective major surgery (open, percutaneous</td>
</tr>
<tr>
<td></td>
<td>• Two or more stable chronic illnesses</td>
<td>• Deep needle or incisional biopsy</td>
<td>or endoscopic) with no identified risk factors</td>
</tr>
<tr>
<td></td>
<td>• Undiagnosed new problem with uncertain progress, e.g., lump in breast</td>
<td>• Cardiovascular imaging studies with contrast and no identified risk factors, e.g., arteriogram</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Acute illness with systemic symptoms, e.g., pyelonephritis, pneumonitis, colitis</td>
<td>cardiac cath</td>
<td>• Therapeutic nuclear medicine</td>
</tr>
<tr>
<td></td>
<td>• Acute complicated injury, e.g., head injury with brief loss of consciousness</td>
<td>• Obtain fluid from body cavity, e.g., lumbar puncture, thoracentesis, coudrocentesis</td>
<td>• IV fluids with additives</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>• Closed treatment of fracture or dislocation</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>without manipulation</td>
</tr>
<tr>
<td>High</td>
<td>• One or more chronic illnesses with severe exacerbation, progression, or side effects</td>
<td>• Cardiovascular imaging studies with contrast with identified risk factors</td>
<td>• Elective major surgery (open, percutaneous</td>
</tr>
<tr>
<td></td>
<td>of treatment</td>
<td>• Cardiac electrophysiological tests</td>
<td>or endoscopic with identified risk factors</td>
</tr>
<tr>
<td></td>
<td>• Acute or chronic illnesses or injuries that may pose a threat to life or bodily</td>
<td>• Diagnostic endoscopies with identified risk factors</td>
<td>• Emergency major surgery (open, percutaneous</td>
</tr>
<tr>
<td></td>
<td>function, e.g., multiple trauma, acute MI, pulmonary embolus, severe respiratory</td>
<td>• Discography</td>
<td>or endoscopic)</td>
</tr>
<tr>
<td></td>
<td>distress, progressive severe rheumatoid arthritis, psychiatric illness with</td>
<td></td>
<td>• Parenteral controlled substances</td>
</tr>
<tr>
<td></td>
<td>potential threat to self or others, peritonitis, acute renal failure</td>
<td></td>
<td>• Drug therapy requiring intensive monitoring</td>
</tr>
<tr>
<td></td>
<td>• An abrupt change in neurologic status, e.g., seizure, TIA, weakness or sensory</td>
<td></td>
<td>for toxicity</td>
</tr>
<tr>
<td></td>
<td>loss</td>
<td></td>
<td>• Decision not to resuscitate or to de-escalate care</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>because of poor prognosis</td>
</tr>
</tbody>
</table>
Tip: Check Hx

- check if the patient has any identified risk factors
- refers to the patient’s unique medical history that might affect the outcome.
- Asthma example:
  - circle "minor surgery with identified risk factors"
  - ups level from low to moderate.
Jump to ‘High’ for Risk Exceptions

- “diagnostic endoscopies with no identified risk factors” = moderate risk
- “diagnostic endoscopies with identified risk factors” = high risk

- Don’t increase the risk factor just because the patient’s undergoing a scope.
Jump to ‘High’ for Risk Exceptions

- Do this: Usually give a physician moderate risk credit for ordering a scope. All patients undergoing an endoscopy face a certain amount of risk, so the ordering of the endoscopy is always the same.

- Exception: If a patient has identified risk factors, increase the risk factor from “moderate” to “high”.

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Weighing Medication = Moderate

- Giving samples involves this same process.

- How AMA Weighs Managing Drugs
  - The table of risk in the AMA-approved 1995 E/M guidelines lists prescription drug management as a common clinical example of moderate risk. The provider has to evaluate the suitability of the patient for the medication and weigh the benefits and risks.
Weighing Medication – cont’d

- What Counts as Prescription/Drug?
  - Giving samples with or without a prescription all falls under prescription drug management. The process of prescription drug management would include giving the patient the actual meds as samples, the thought process and risk would remain the same as writing it down on a piece of paper.

- Example:
  - A female patient has allergic rhinitis. The allergist gives her samples of Astelin to try as needed. He tells the patient to call in for a prescription if she feels the prescription helps. This case constitutes prescription management.
OTC

- low risk

Risk assessment relates to the disease process anticipated between the present encounter and the next one.
Identify Risk With Highest Circle

- chronic otitis media with effusion (381.3) and documentation support a chronic illness with progression,
- child who is new to the ENT has no comorbidities.

<table>
<thead>
<tr>
<th>Level of risk</th>
<th>Presenting problem(s)</th>
<th>Diagnostic procedures ordered</th>
<th>Management options selected</th>
</tr>
</thead>
<tbody>
<tr>
<td>Low</td>
<td></td>
<td></td>
<td>Minor surgery</td>
</tr>
<tr>
<td>Moderate</td>
<td>Chronic illness with progression</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

- Assign the level based on the highest circle.
- The highest level is moderate.
Tally Final MDM

- enter the 3 tables’ scores in the Final Result for Complexity table.
- Determine the final score using 2/3 elements.

<table>
<thead>
<tr>
<th>Number of diagnoses or treatment options</th>
<th>≤ 1 Minimal</th>
<th>2 Limited</th>
<th>3 Multiple</th>
<th>≥ 4 Extensive</th>
</tr>
</thead>
<tbody>
<tr>
<td>Highest risk</td>
<td>Minimal</td>
<td>Low</td>
<td>Moderate</td>
<td>High</td>
</tr>
<tr>
<td>Amount and complexity of data</td>
<td>≤1 Minimal</td>
<td>2 Limited</td>
<td>3 Multiple</td>
<td>≥4 Extensive</td>
</tr>
<tr>
<td>Type of decision making</td>
<td>Straightforward</td>
<td>Low complex</td>
<td>Moderate complex</td>
<td>High complex</td>
</tr>
</tbody>
</table>
No Column Has 2 Circles

- draw a line down the column with the second circle from the left

Example:

- A patient has allergic rhinitis that’s usually controlled with Allegra-D but weather changes trigger the patient’s allergies, which precipitates her sinusitis. The patient’s sinusitis is a new problem to the pediatrician and he plans no additional work-up and orders no tests. The patient, an adolescent, gives her own history. The pediatrician has previously treated the patient’s allergies and writes her a prescription telling her to fill it if after she finishes the samples provided. She decides the Xyzal is decreasing her sinusitis and allergic rhinitis exacerbations.
No Column Has 2 Circles

<table>
<thead>
<tr>
<th>Number of Diagnoses or Treatment Options</th>
<th>0-1</th>
<th>2</th>
<th>3</th>
<th>4 or more</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Minimal</td>
<td>Limited</td>
<td>Multiple</td>
<td>Extensive</td>
</tr>
<tr>
<td>Highest Risk</td>
<td>Minimal</td>
<td>Low</td>
<td>Moderate</td>
<td>High</td>
</tr>
<tr>
<td>Amount and/or Complexity of Data Reviewed</td>
<td>0-1</td>
<td>2</td>
<td>3</td>
<td>4 or more</td>
</tr>
<tr>
<td></td>
<td>Minimal or low</td>
<td>Limited</td>
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</tr>
</tbody>
</table>
Combining History, Exam, MDM

- Example:
  - When a patient comes into the office complaining of chest pain, we often order lab work, an ECG, and send the patient to the hospital. These instances involve moderate to high risk but we do not perform a complete review of systems (ROS) due to the presenting problem’s emergent nature.
  - Will these be level 4 or 5 established patient office visits?
Answer:

- Choose level based on the medically necessary history, exam, and medical decision making (MDM) that is performed and documented at each encounter.

- Probable combos:
  - detailed history + detailed/comprehensive exam + mod/high MDM

- MDM, plus the amount of exam, ultimately determine whether 99214 or 99215.
MDM

- 4 points in the "Number of Diagnoses or Treatment Options" area for the new problem to provider with additional work-up planned
- Total of 2 points in the "Amount and/or Complexity of Data to be Reviewed" section.
  - 1 point for ordering lab work
  - 1 point for ordering the ECG
- Because the diagnoses level puts you at a high level and the data amount is at a low level, the risk will determine whether the MDM is high complexity (if risk is high) or moderate complexity (if risk is moderate).
History

- Extended HPI - asking the patient about the severity, duration, quality, context, etc. of the pain
- Pertinent PFSH - any past personal or family history of heart disease
- Detailed ROS - questions about the constitutional and cardiac systems
  - Extended HPI + extended ROS + pertinent PFSH = detailed history.
Which Exam Level?

- Comprehensive exam - 8 or more systems -- such as constitutional, eyes, ENT, detailed cardio, respiratory, skin, neurological, and psychological

- Detailed exam - If the severity didn’t allow for anything other than constitutional (vitals, general appearance) and detailed cardio, you may still be at a detailed exam.
AAPC April 1-4

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