Instructions*

The 3 variables of MDM are represented by the tables in this tool.

Number of Diagnosis/Management
Options: Enter how many problems were addressed in each category Then add up the points for your total points in this variable.

Amount/Complexity of Data: Circle the point(s) in each category that you've documented and add them up for a total.

Table of Risk: The table may be used to help determine whether the risk of significant complications, morbidity and/or mortality is *minimal, low, moderate* or *high*. The highest level of risk in any one of the 3 categories determines the overall risk.

2 of the 3 variables must be met or exceeded to determine the complexity.

*This tool is only intended to help physicians/NPPs determine the medical decision making complexity of their E&M services. Decision Making is only one component in determining the level of service. A high level of decision making does not automatically equate to the highest level (code). The documentation of History and Physical Exam, along with any payer-specific requirements, must also be considered in assigning the E&M CPT® code.



Coding and Chart Reviews

The services provided by ACI are performed in accordance with the applicable professional standards by a Certified Professional Coders (CPC) with the applicable experience.

ACI reviews include, but are not limited to:

- Annual and/or Focused Chart Reviews
- Due Diligence
- Independent Review Organization (IRO)
- Medicare Risk Adjustment (MRA/HCC)
- Medical Necessity
- Response to Medicare or other payer audits



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E&M MDM*

Coding Tool

Knowing how to determine Medical Decision Making is key in determining the correct level of E&M services.

In this age of EMRs, being able to choose the right code is more important than ever. This tool can help!



*Medical Decision Making

Medical Decision Making (1 & 2)

Number of Diagnoses/ Management Options	# Problems	x Points	= Total
Self-limited or minor (stable, improved or worsening) Max = 2		1	
Established problem (to examining MD); stable or improved		1	
Established problem (to examining MD); worsening		2	
New problem (to examining MD); no additional work-up planned Max = 1		3	
New problem (to examining MD); additional work up planned (e.g., admit/transfer)		4	
Total			
Legend for Number of Diagnoses Straightforward = 1 point Low = 2 points Moderate = 3 points	Note: "examining MD" is any doctor or NPP in the practice of the same		

Amount and/or Complexity of Data Received	Points		
Review and/or order clinical lab tests (regardless of number ordered	1		
Review and/or order tests in the radiology section of CPT® (nuclear medicine and all imaging except echocardiography and cardiac catheter)	1		
Review and/or order tests in the medicine section of CPT® (EEG, EKG, echocardiography, cardiac catheter, non-invasive studies, pulmonary function studies)	1		
Discussion of tests results with performing physician	1		
Decision to obtain old records and/or obtain history from someone other than the patient			
Independent review of image, tracing, or specimen (not simply review of report)	2		
Review and summarization of old records and/or obtaining history from someone other than the patient and/or discussion with other health provider	2		
Total			

specialty

Legend for Data Points

High = 4 points

Straightforward = 1 point Low = 2 points Moderate = 3 points High = 4 points

Table of the Risk of Complications, Morbidity and Mortality (3)

Level of Risk	Presenting Problems	Diagnostic Procedures Completed	Management Options Selected
• Minimal • Level I-II	One self-limited problem, e.g. cold, insect bite, tinea corporis	Lab tests requiring venipuncture Chest x-rays EKG/EEG Urinalysis Ultrasound (e.g., echocardiography) KOH preparation	Rest Gargles Elastic bandages Superficial dressings
• Low Level III	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)	 Physiologic tests not under stress (e.g., pulmonary function tests) Non-cardiovascular imaging studies with contrast (e.g. barium enema) Superficial needle biopsies Clinical lab tests requiring arterial puncture Skin biopsies 	 Over-the-counter drugs Minor surgery with no identified risk factors Physical therapy Occupational therapy IV fluids without additives
• Moderate Level IV	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, pneumonitis, colitis) Acute complicated injury (e.g., head injury with brief loss of consciousness)	Physiologic tests under stress (e.g., cardiac stress test, fetal contraction 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 catheterization) Obtain fluid from a body cavity (e.g., lumbar puncture, thoracentesis, culdocentesis)	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
• High Level V	One or more chronic illnesses with severe exacerbation, progression or side effects Acute or chronic illnesses or injuries that pose a threat to life or bodily function (e.g., multiple trauma, acute MI, pulmonary embolus, severe respiratory distress, progressive severe rheumatoid arthritis, psychiatric illness with potential treat to self or others, peritonitis, acute renal failure) An abrupt change in neurologic status (e.g., seizure, TIA, weakness or sensory loss)	Cardiovascular imaging studies with contrast with identified risk factors Cardiac electrophysiologic tests Diagnostic endoscopies with identified risk factors Discography	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

Medical Decision Making	Straightforward	Low	Moderate	High
Number of Diagnoses or Management Options	<1	2	3	4 or more
Amount and Complexity of Data	<1	2	3	4 or more
Overall Risk	Minimal	Low	Moderate	High

MUN	Level:		