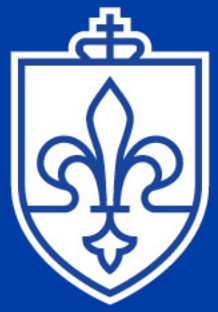
Office of University Compliance



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EST. 1818

Medical Decision Making

What Counts???

Mickey Coriell 03/12/2018

MDM

Medical Decision Making: Is one of three “Key Components” of determining the level of Evaluation and Management (E/M) service. It is probably the most difficulty component of an E/M service to review. MDM is where the provides thought process is quantified and is the most primary role in determining the correct level of service.

MDM

It is important to note that both 1995 and 1997 Guidelines are the same with regards to MDM.

According to documentation guidelines, MDM is broken down and divided into three areas.

1. Number of diagnosis and Management options.
2. Amount and complexity of data reviewed.
3. Risk of complications, morbidity or mortality.

Three factors of MDM

MDM is determined by the highest two of the three areas. In other words, one level of MDM is not enough to qualify for the higher level, two of three must be present to meet a level.

Do I have to use an Audit Tool??

It is considered ‘best practice’ to use an audit tool to support the level of code the provider chose or to support your decision when auditing/changing a code.

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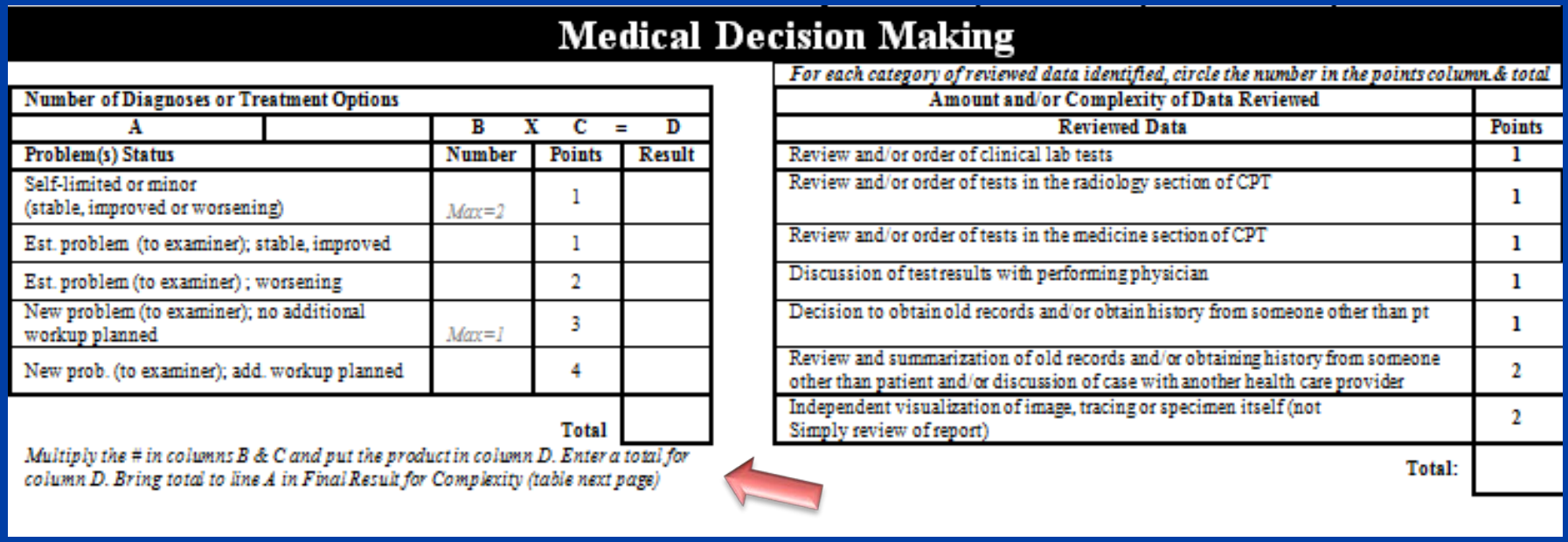
Three factors of MDM



Medical Decision Making

Number of Diagnoses or Treatment Options			
A	B	C	D
Problem(s) Status	Number	Points	Result
Self-limited or minor (stable, improved or worsening)	*Max=2*	1	
Est. problem (to examiner); stable, improved		1	
Est. problem (to examiner) ; worsening		2	
New problem (to examiner); no additional workup planned	*Max=1*	3	
New prob. (to examiner); add. workup planned		4	
		Total	

Multiply the # in columns B & C and put the product in column D. Enter a total for column D. Bring total to line A in Final Result for Complexity (table next page)

For each category of reviewed data identified, circle the number in the points column & total

Amount and/or Complexity of Data Reviewed	
Reviewed Data	Points
Review and/or order of clinical lab tests	1
Review and/or order of tests in the radiology section of CPT	1
Review and/or order of tests in the medicine section of CPT	1
Discussion of test results with performing physician	1
Decision to obtain old records and/or obtain history from someone other than pt	1
Review and summarization of old records and/or obtaining history from someone other than patient and/or discussion of case with another health care provider	2
Independent visualization of image, tracing or specimen itself (not Simply review of report)	2
Total:	

"Multiply the # in columns B & C and put in the production column Enter a total for column D. Bring total to line A to Final Result for Complexity (table next page)

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Three factors of MDM

Risk of Complications and/or Morbidity or Mortality
Risk related to the *Presenting Problem* is based on the risk anticipated between the current and next encounter.
Risk related to *Diagnostic Procedures* or *Management Options* is based on the risk anticipated during and immediately after procedure or txt.

Use the risk table below as a guide to assign risk factors. It is understood that the table below does not contain all specific instances of medical care; the table is intended to be used as a guide. Circle the most appropriate factor(s) in each category. The overall measure of risk is the highest level circled.
Enter the level of risk identified in Final Result for Complexity (table Below)

Level of Risk	Presenting Problem(s)	Diagnostic Procedure(s) Ordered	Management Options Selected
Minimal	• One self-limited or minor problem e.g., cold, insect bite	• Laboratory tests requiring venipuncture • Chest x-rays • EKG/EEG • Urinalysis • Ultrasound • KOH prep	• Rest • Gargles • Elastic bandages • Superficial dressings
Low	• Two or more self-limited or minor problems • One stable chronic illness, e.g., well controlled hypertension or non-insulin dependent diabetes • 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 laboratory 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	• 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 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, 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	• 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 embolus, 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	• Cardiovascular imaging studies with contrast with identified risk factors • Cardiac electrophysiological 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 with identified risk factors) • Parenteral controlled substances • Drug therapy requiring intensive monitoring for toxicity • Decision not to resuscitate or to de-escalate care because of poor prognosis

Management High Options

Just because someone is getting a drug thru and IV, does not make it a high risk drug.

In order for it to be counted as ‘parenteral controlled substance’ it must be actively being monitored for toxicity.

i.e. Heparin, orders to draw partial thromboplastin time (PTT), Dilantin, monitor phenytoin levels, bronchodilators, monitored with theophylline level. Digoxin level for CHF patients, lithium level for Bipolar disorder. ** or the provider can say that he/she is monitoring a substance.

Parenteral Drugs

"The table below lists examples of drugs that may need to have drug levels monitored for toxicity. This is not an all exclusive list. On medical review, to consider therapy with one of these drugs as a high risk management option, we would expect to see documentation in the medical record of drug levels obtained at *appropriate intervals*."

Drug Category	Drugs in that Category	Treatment Use
Cardiac drugs	Digoxin, digitoxin, quinidine, procainamide, amiodarone	Congestive heart failure, angina, arrhythmias
Antibiotics	Aminoglycosides (gentamicin, tobramycin, amikacin) Vancomycin, Chloramphenicol	Infections with bacteria that are resistant to less toxic antibiotics
Antiepileptics	Phenobarbital, phenytoin, valproic acid, carbamazepine, ethosuximide, sometimes gabapentin, lamotrigine	Epilepsy, prevention of seizures, sometimes to stabilize moods
Bronchodilators	Theophylline, caffeine	Asthma, Chronic obstructive pulmonary disorder (COPD), neonatal apnea
Immunosuppressants	Cyclosporine, tacrolimus, sirolimus, mycophenolate mofetil, azathioprine	Prevent rejection of transplanted organs, autoimmune disorders
Anti-cancer drugs	All cytotoxic agents	Multiple malignancies
Psychiatric drugs	Lithium, valproic acid, some antidepressants (imipramine, amitriptyline, nortriptyline, doxepin, desipramine)	Bipolar disorder (manic depression), depression
Protease inhibitors	Indinavir, ritonavir, lopinavir, saquinavir, atazanavir, nelfinavir	HIV/AIDS

Parenteral Drug Monitoring

CMS's explanation for "appropriate intervals" is very vague. We should treat it as we do critical care codes. Just because someone is taking a drug on the list does not mean prescribing it qualifies for high risk and just because the drug is not on the list, does not mean it isn't considered as high risk.

Take the example of chemotherapeutic agents used in cancer. Most certainly these drugs would be considered high risk. But do we actually measure drug levels? Frequently, this type of drug therapy is monitored with electrolyte panels and complete blood counts due to the high risk of electrolyte disturbances, renal failure and bone marrow toxicity from these agents.

Three factors of MDM Con't

Often times, providers base their code selection solely on the risk of complications, forgetting the other two elements also play a role in determining the level of MDM.

Diagnosis or Management options

Number of Diagnoses or Treatment Options					
A		B	X	C	= D
Problem(s) Status		Number		Points	Result
Self-limited or minor (stable, improved or worsening)		*Max=2*		1	
Est. problem (to examiner); stable, improved				1	
Est. problem (to examiner) ; worsening				2	
New problem (to examiner); no additional workup planned		*Max=1*		3	
New prob. (to examiner); add. workup planned				4	
				Total	

Multiply the # in columns B & C and put the product in column D. Enter a total for column D. Bring total to line A in Final Result for Complexity (table next page)

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Diagnosis or Management options

The number of possible diagnosis and/or the number of management options that must be considered is based on the number of types of problems addressed during the encounter, The complexity of establishing a diagnosis, and the management decision that are made by the provider.

Active Management

What problem or diagnoses, that require active management, are being evaluated, treated or ruled out?

If the note indicates that you're dealing with a self-limited problem that doesn't require treatment, and you had no management options to worry about will have an impact on the level of decision making.

Effect treatment??

What problems or diagnosis's effect treatment? Is the problem an established problem or a new problem to the patient or provider?

If the problem is an established problem, is it stable/improved or not controlled & worsening?

Treatments?

What types of treatments are being used, considered, planned?

Treatments include a wide range of management options such as patient instructions, nursing instructions, therapies, and medications.

What about Rule Outs?

You can not read the providers mind but, when they document all diagnoses and any suspected problems/concerns, including rule-outs, they can help you see what was involved in your decision process.

You can not code rule-outs but, we do count them when they are documented.

What to look for?

To weigh the type of risk, focus on:

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

Applying the CMS Audit Tool

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.

Problem status – Table 1

- If the ENT has previously treated the patient for OM, CMS considers the problem established and allows 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.

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 EKG 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.
* i.e. 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.”

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Data

Is the patient a poor historian?? If so, record who the historian is and why the patient is not giving the history.

A point is allowed for “Decision to obtain history from someone other than patient.”

i.e. “patient has Alzheimer's, his son is his care giver (this can be counted towards social history) and he is the person who is providing all information.
OR
“Patient unwilling to answer questions due to nausea. Patients mother is providing answers.”

Calculating Risk

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.

Look at History

The Otitis Media patient:

Should you count 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.

Count Tests/Labs – Column 2

To calculate the diagnostic procedures level, you'll focus on any workup the provider ordered.

Because the provider in the Otitis Media case study did not order or review any diagnostic procedures, you have no circle in column two.

Table 1 – con't

Why the difference between established problem –vs- new problem? CMS expects the decision making for a known problem to be less than that of a new problem.

What if the problem is not new to the patient?

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.

Table 1 – con't

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/she leaves the providers office to the next visit.

i.e. a common cold carries minimal risk, consistent with the definition of a minor or self-limited problem.

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Example

An established patient previously diagnosed as a controlled-diabetic presents with 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 patients diabetes has on the management of the presenting problem and if the physician treats condition.

Con't

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 (death) should be documented."

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Table of Risk

Risk of Complications and/or Morbidity or Mortality			
Level of Risk	**Presenting Problem(s)**	**Diagnostic Procedure(s) Ordered**	**Management Options Selected**
Minimal	• One self-limited or minor problem, e.g., cold, insect bite, tinea corporis	• Laboratory tests requiring venipuncture • Chest x-rays • EKG/EEG • Urinalysis • Ultrasound, e.g., echo • KOH prep	• Rest • Gargles • Elastic bandages • Superficial dressings
Low	• 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 • Clincal laboratory 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	• 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 cath • Obtain fluid from 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 addititives • Closed treatment of fracture or dislocation without manipulation
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TIP: Check History

Check if the patient has any identified risk factors.

Any reference to the patient's unique medical history that might affect the outcome? i.e. history of seizures.

Example: Asthma- You would circle "minor surgery with identified risk factors". This ups the level from low to moderate.

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Risk

Risk can often bump up the level to high.

Diagnostic endoscopies with no identified risk factors = moderate risk.

Diagnostic endoscopes with identified risk factors = high risk.

** Don’t increase the risk factor just because the patient is being scoped.

Weighing Medication = Moderate

If the provider gives samples, this would fall under moderate. Even if a prescription was not given.

The Table of Risk in the 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.

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Over the Counter Drugs

If the provider prescribes over the counter drugs, even though the provider has prescribed them, they are still considered low risk level.

Self Limited or Minor

Examples on the Table of Risk:

- Cold
- Insect Bite
- Tinea Corporosis (Ringworm)

Counts as 1 point

Final Result Complexity

Final Result for Complexity					
Draw a line down any column with 2 or 3 circles to identify the type of decision making in that column. Otherwise, draw a line down the column with the 2nd circle from the left. After completing this table, which classifies complexity, circle the type of decision making within the appropriate grid.					
Final Result for Complexity					
A	Number diagnoses or treatment options	≤ 1 Minimal	2 Limited	3 Multiple	≥ 4 Extensive
B	Amount and complexity of data	≤ 1 Minimal	2 Limited	3 Multiple	≥ 4 Extensive
C	Highest Risk	Minimal	Low	Moderate	High
Type of decision making		**STRAIGHT-FORWARD**	**LOW COMPLEX.**	**MODERATE COMPLEX.**	**HIGH COMPLEX.**

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Tally the Final Risk MDM

Enter each of the 3 tables scores in the Final Result for Complexity Table.

Determine the final score using 2/3 elements.

Number of diagnoses or treatment options	≤ 1 Minimal	2 Limited	3 Multiple	≥ 4 Extensive
Highest risk	Minimal	Low	Moderate	High
Amount and complexity of data	≤ 1 Minimal	2 Limited	3 Multiple	≥ 4 Extensive
Type of decision making	Straight-forward	Low complex	Moderate complex	High complex

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MDM Table Final Tally

No column has 2 circles. Now what!?

Draw a line down from the second circle from the left.

Number of Diagnoses or Treatment Options	0- 1 Minimal	2 Limited	3 Multiple	4 or more Extensive
Highest Risk	Minimal	Low	Moderate	High
Amount and/or Complexity of Data Reviewed	0- 1 Minimal or low	2 Limited	3 Multiple	4 or more Extensive
Type of decision making	Straightforward	Low complexity	Moderate complexity	High complexity

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