LEGACY MEDICAL BILLING & CODING

Evaluation and Management (E/M) Audit Worksheet

MDM Definitions

Per CPT®, symptoms may cluster around a specific diagnosis and each symptom is not necessarily a unique condition. Comorbidities/underlying diseases, in and of themselves, are not considered in selecting a level of E/M service *unless* they are addressed and their presence increases the amount and/or complexity of data to be reviewed and analyzed or the risk of complications and/or morbidity or mortality of patient management. The final diagnosis for a condition does not in itself determine the complexity or risk, as extensive evaluation may be required to reach the conclusion that the signs or symptoms do not represent a highly morbid condition. Multiple problems of a lower severity may, in aggregate, create higher risk due to interaction.

Problem	A problem is a **disease, condition, illness, injury, symptom, sign, finding, complaint, and/or other matter addressed at the visit, with or without a diagnosis being established at the time of the visit.**
Problem Addressed	A **problem is addressed or managed when it is evaluated or treated** at the visit by the provider reporting the service. This includes **consideration for further testing or treatment that may not be elected** by reason of risk/benefit analysis or patient/parent/guardian/surrogate choice. **Notation in the patient's medical record that another professional is managing the problem without additional assessment or coordination of care documented does not qualify as being "addressed"** or managed by the provider reporting the service. **Referring a patient to another provider without evaluation (by history, exam, or diagnostic study[ies]) or consideration of treatment does not qualify** as being addressed or managed by the provider reporting the service. For hospital inpatient and observation care services, the problem addressed is the problem status on the date of the encounter, which may be significantly different than on admission. It is the problem being managed or co-managed by the reporting physician or other qualified health care professional and may not be the cause of admission or continued stay.
Minimal Problem	A **problem that may not require the presence of the provider**, but the service is provided under the provider's supervision. (See 99211, 99281)
Self-limited or Minor Problem	A **problem that runs a definite and prescribed course**, is temporary in nature, and is not likely to permanently affect the patient's health status.
Stable, Chronic Illness	A **problem with an expected duration of at least one (1) year or until the death of the patient.** For the purpose of defining chronicity, conditions are treated as chronic whether or not the stage or the severity changes (e.g., uncontrolled diabetes and controlled diabetes are a single chronic condition). Stable for the purposes of calculating medical decision making is defined by the specific treatment goal(s) for an individual patient. A patient that is **not at their treatment goal is not stable,** even if the condition has not changed and there is no short-term threat to life or bodily function. For example, a patient with persistently poorly controlled blood pressure for whom better control is a goal is not stable, even if the pressures are not changing and the patient is asymptomatic. The risk of morbidity without treatment is significant.
Acute, Uncomplicated Illness or Injury	A **recent or new short-term problem with low risk of morbidity for which a treatment is considered**. There is little to no risk of mortality with treatment, and full recovery without functional deterioration is expected. A problem that is normally self-limited or minor, but is not resolving consistent with a definite and prescribed course is an acute, uncomplicated illness.
Acute, uncomplicated illness or injury requiring hospital inpatient or observation level care	A **recent or new short-term problem with low risk of morbidity for which treatment is required**. There is little to no risk of mortality with treatment, and full recovery without functional impairment is expected. The treatment required is delivered in a hospital inpatient or observation level setting.
Stable, acute illness	A **problem that is new or recent for which treatment has been initiated**. The patient is improved and, while resolution may not be complete, is stable with respect to this condition.
Chronic Illness with Exacerbation, Progression, or Side Effects of Treatment	A chronic illness that is **acutely worsening, poorly controlled, uncontrolled, or progressing with an intent of controlling progression and requiring additional supportive care or requiring attention to treatment for side effects**.
Undiagnosed New Problem with Uncertain Prognosis	A problem in the **differential diagnosis that represents a condition likely to result in a high risk of morbidity without medical intervention.**
Acute Illness with Systemic Symptoms	An **illness that causes systemic symptoms (symptoms affecting one or more organ systems) and has a high risk of morbidity without medical intervention**. For **systemic general symptoms such as fever, body aches, or fatigue in a minor illness that may be treated to alleviate symptoms, see the definitions for "self-limited or minor" or "acute, uncomplicated."**
Acute, Complicated Injury	An **injury which requires medical intervention that includes evaluation of other body systems that are not directly related to the injured organ**, the **injury is extensive**, or t**he treatment options are multiple and/or associated with risk of morbidity**.
Chronic Illness with Severe Exacerbation, Progression, or Side Effects of Treatment	The **severe exacerbation or progression** of a chronic illness or **severe side effects of treatment** that have significant risk of morbidity and may require an escalation in the level of care.

Acute or Chronic Illness or Injury that Poses a Threat to Life or Bodily Function	An **acute illness with systemic symptoms (symptoms affecting one or more organ systems), an acute complicated injury, or a chronic illness or injury with exacerbation and/or progression or side effects of treatment**, that poses a threat to life or bodily function in the short term without treatment. *Some symptoms may represent a condition that is significantly probable and poses a potential threat to life or bodily function. These may be included in this category when the evaluation and treatment are consistent with this degree of potential severity.*
Analyzed	The process of using the data as part of the MDM. The data element itself may not be subject to analysis (eg, glucose), but it is instead included in the thought processes for diagnosis, evaluation, or treatment. Tests ordered are presumed to be analyzed when the results are reported. Therefore, when they are ordered during an encounter, they are counted in that encounter. Tests that are ordered outside of an encounter may be counted in the encounter in which they are analyzed. In the case of a recurring order, each new result may be counted in the encounter in which it is analyzed. For example, an encounter that includes an order for monthly prothrombin times would count for one prothrombin time ordered and reviewed. Additional future results, if analyzed in a subsequent encounter, may be counted as a single test in that subsequent encounter. Any service for which the professional component is separately reported by the physician or other qualified health care professional reporting the E/M services is not counted as a data element ordered, reviewed, analyzed, or independently interpreted for the purposes of determining the level of MDM.
Test	Tests are **laboratory services, diagnostic imaging, psychometric, or physiologic data**. A clinical laboratory **panel** (e.g., basic metabolic panel [80047]) is a **single test.** The differentiation between single or multiple unique tests is defined in accordance with the **CPT® code set**.
External	**External records, communications, and/or test results** are from an external provider, facility, or healthcare organization.
External Physician or Other Qualified Healthcare Professional	An external physician or other qualified healthcare professional is an individual **who is in a different group practice or who is of a different specialty or subspecialty.** It includes licensed professionals that are practicing independently. It may also be a facility or organizational provider such as a hospital, nursing facility, or home health agency.
Independent Historian(s)	An **individual such as a parent, guardian, surrogate, spouse, care giver, or witness, who provides a history in addition to a history provided by the patient who is unable to provide a complete or reliable history (e.g., due to developmental stage of the patient or another mental condition(s),** or **because a confirmatory history is determined to be necessary**. In the case where there may be conflict or poor communication between multiple historians and more than one historian(s) is needed, the independent historian(s) requirement is met. It does not include translation services. The independent history does not need to be obtained in person but does need to be obtained directly from the historian providing the independent information.
Independent Interpretation	The interpretation of a test for which there is a CPT® code and an interpretation or report is expected. This **does not apply when the provider is reporting or has previously reported the test** for the patient. A form of interpretation **should be documented, but need not conform to the usual standards of a complete report for the test.**
Appropriate Source	For the purpose of the Discussion of Management Data Element, an **appropriate source includes individuals who are not healthcare professionals, but may be involved in the management of the patient** (e.g., lawyer, parole officer, power of attorney, case manager, clergy, teacher). It does **not include discussion with family or informal caregivers.**
Risk	**The probability and/or consequences of an event (an event is the medical intervention or treatment). The assessment of the level of risk is affected by the nature of the medical intervention or treatment under consideration.** *For example, a low probability of death may be high risk, whereas a high chance of a minor, self-limited adverse effect of treatment may be low risk.* **Definitions of risk are based upon the usual behavior and thought processes of a provider in the same specialty**. Trained clinicians apply common language usage meanings to terms such as "high," "medium," "low," or "minimal" risk and do not require quantification for these definitions (though quantification may be provided when evidence-based medicine has established probabilities). **For the purposes of calculating medical decision making, level of risk is based upon consequences of the problem(s) addressed at the visit when appropriately treated. Risk also includes medical decision making related to the need to initiate or forego further testing, treatment, and/or hospitalization.**
Morbidity	A **state of illness or functional impairment that is expected to be long-term duration in which function is limited, quality of life is impaired, or there is organ damage** that may not be temporary despite treatment.
Social Determinants of Health	**Economic and social conditions that may influence the health of individuals and communities**. *Examples may include food or housing insecurity, safety and welfare risks, unemployment, inadequate education, etc.*
Drug Therapy Requiring Intensive Monitoring for Toxicity	A **drug that requires intensive monitoring is a therapeutic agent which has the potential to cause serious morbidity or death.** Monitoring is performed for assessment of potential adverse effects, not primarily for assessment of the therapeutic effect. Monitoring should follow practice that is generally accepted for the drug, but may be patient specific in some cases. Intensive monitoring may be long term or short term. Long-term intensive monitoring is performed not less than quarterly. **Monitoring may be performed with a laboratory test, a physiologic test, or imaging. Monitoring by history or examination does not qualify. The monitoring affects the level of medical decision making in a visit in which it is considered in the management of the patient.** *An example may be monitoring for a cytopenia in the use of an antineoplastic agent between dose cycles. Examples of monitoring that do not qualify include monitoring glucose levels during insulin therapy as the primary reason is the therapeutic effect (even if hypoglycemia is a concern); or annual electrolytes and renal function for a patient on a diuretic as the frequency does not meet the threshold.*
Total Time on the Date of the Visit	For calculation purposes, time for these services is the **total time on the date of the visit**. It includes both the **face-to-face and non-face-to-face time** personally spent by the provider(s) on the day of the visit and includes time in activities that require the provider but **does not include time in activities normally performed by clinical staff.**

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Selecting the Level of Medical Decision Making (MDM)

Number/Complexity of Problems Addressed - **Nature of Presenting Problem (Table A)**	
Minimal	☐ 1 Self-limited/minor problem
Low	☐ 2+ Self-limited/minor problem ☐ 1 Stable chronic illness ☐ 1 Stable, acute illness ☐ 1 Acute uncomplicated illness/injury ☐ 1 Acute, uncomplicated illness or injury requiring hospital inpatient or observation level of care
Moderate	☐ 1+ Chronic illness w/ exacerbation, progression, or Tx side effects ☐ 2+ Stable chronic illness ☐ Undiagnosed problem w/ uncertain prognosis ☐ Acute illness w/ systemic symptoms ☐ Acute complicated injury
High	☐ Chronic illness w/ severe exacerbation, progression or Tx side effects ☐ Acute/chronic illness/injury that pose threat to life or bodily function ☐ INITIAL NURSING FACILITY CARE ONLY: Multiple morbidities requiring intensive management

Amount and/or Complexity of **Data to be Reviewed and Analyzed (Table B)**	
Category 1	QTY:____ Review of prior external note(s) from each unique source QTY:____ Review of the result(s) of each unique test QTY:____ Ordering of each unique test
Independent Historian (IH)	Assessment requiring independent historian(s) (Category 2 for Limited; Category 1 for Moderate/High)
Category 2	Independent interpretation of a test performed by another physician/other QHP (not separately reported)
Category 3	Discussion of management or test interpretation with external physician/ other QHP/appropriate source (not separately reported)

Total	0 or 1	1 of 2	1 of 3	2 of 3
	1-Category 1	2-Category 1 IH	3-Category 1/IH 1-Category 2 1-Category 3	3-Category 1/IH 1-Category 2 1-Category 3
Data Level	Minimal or None	Limited	Moderate	Extensive

Risk of Complications and/or Morbidity or Mortality of **Patient Management (Chart C)**	
Minimal	☐ Minimal risk of morbidity from additional diagnostic testing or treatment *Examples:* *Rest, gargles, elastic bandages, superficial dressings*
Low	☐ Low risk of morbidity from additional diagnostic testing or treatment *Examples:* *OTC drugs without complications from drug interactions or co-morbidities, minor surgery w/o identified risk factors, PT/OT therapy, IV fluids w/o additives*
Moderate	☐ Moderate risk of morbidity from additional diagnostic testing or treatment *Examples:* *Prescription drug management,* *Decision regarding minor surgery w/ identified patient or Tx risk factors,* *Decision regarding elective major surgery w/o identified PT or Tx risk factors,* *Diagnosis or Tx significantly limited by social determinants of health*
High	☐ High risk of morbidity from additional diagnostic testing or treatment *Examples:* *Drug therapy requiring intensive monitoring for toxicity,* *Decision regarding elective major surgery w/ identified patient or treatment risk factors,* *Parenteral controlled substances,* *Decision regarding emergency major surgery,* *Decision regarding hospitalization or escalation of hospital-level care,* *Decision not to resuscitate or to de-escalate care because of poor prognosis*

Medical Decision Making (MDM) (Table D)

Final Results of Tables A, B, C = Level of Medical Decision Making (MDM)

Must consider 2 of the 3 MDM elements for the overall MDM level

- Use any two components that meet or exceed
- Drop the lowest one

Table A	Number/Complexity of Problems Addressed	Minimal	Low	Moderate	High
Table B	Amount and/or Complexity of Data to be Reviewed and Analyzed	Minimal or none	Limited	Moderate	Extensive
Table C	Risk of Complications and/or Morbidity or Mortality of Patient Management	Minimal	Low	Moderate	High
MDM Level		Straightforward	Low	Moderate	High

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Time-Based Coding

Elements of Time	
Provider time includes the following activities, when performed: *Preparing to see the patient, such as reviewing the patient's record *Obtaining and/or reviewing separately obtained history *Performing a medically appropriate history and examination *Counseling and educating the patient, family, and/or caregiver *Ordering medications, tests, or procedures *Referring and communicating with other healthcare providers when not separately reported *Documenting clinical information in the electronic or other health record *Independently interpreting results when not separately reported *Communicating results to the patient/family/caregiver *Coordinating the care of the patient when not separately reported	Do NOT count time on the following: *time spent on performing any service that is reported separately *travel *teaching that is general and not limited to discussion that is required for the management of a specific patient
Total Encounter Time: _____	**E/M Code: _____**

Prolonged Services - Physician or Other Qualified Health Care Professional					
E/M Code	**Time**	**Report E/M code only**	**99417 x 1**	**99417 x 2**	**99417 x 3 or more for each additional 15 min.**
99205	60-74	Less than 75 minutes	75-89	90-104	105+
99215	40-54	Less than 55 minutes	55-69	70-84	85+
99245	55+	Less than 70 minutes	70-84	85-99	100+
99345	75+	Less than 90 minutes	90-104	105-119	120+
99350	60+	Less than 75 minutes	75-89	90-104	105+
99483	60+	Less than 75 minutes	75-89	90-104	105+

E/M Code	Time	Report E/M code only	99418 x 1	99418 x 2	99418 x 3 or more for each additional 15 min.
99223	75+	Less than 90 minutes	90-104	105-119	120+
99233	50+	Less than 65 minutes	65-79	80-94	95+
99236	85+	Less than 100 minutes	100-114	115-129	130+
99255	80+	Less than 95 minutes	95-109	110-124	125+
99306	45+	Less than 60 minutes	60-74	75-89	90+
99310	45+	Less than 60 minutes	60-74	75-89	90+