

Coding - Part 3
Medical Decision Making
November 2007

Remember when we discussed the elements of history and exam that it was easy to tell if you "made the grade" - all you had to do was count the bullets.

- For example, on a level 3 return visit, you need
 - 1 element of history of present illness
 - 1 ROS
 - No past, family or social hx
 - Only 6 bullets on the exam, not even 2 bullets per element

Medical decision-making is not so straightforward. UTMG uses a complicated point system based on the 1997 guidelines from medicare. One must consider

Diagnosis and Management Options

- Self-limited or minor
- Established problem to the examiner - stable or improving
- Established problem to examiner - worsening
- New problem to examiner - no work-up planned
- New problem to examiner - add'l work-up planned

Amount and Complexity of Data

- Order and/or review clinical lab tests (1 or more)
- Order and/or review radiology tests (1 or more)
- Order and/or review EKG or EMG
- Discussion with MD who conducted test
- Direct visualization and independent interpretation of a test previously interpreted by another MD
- Decision to obtain old records of add'l hx from family or caretaker or other provider to supplement pt's info

Complication Risk Factors - Level of Risk

- Minimal - sore throat, draw blood for monospot, go home and rest and gargle
- Low - 2 or more self-limited problems, or one stable chronic condition (DM, HTN) or acute uncomplicated illness. You order non-CV contrast x-rays, or needle biopsy, abg's, skin biopsy, or superficial needle biopsy. You treat with OTC remedies, PT, OT, IV fluids without additives.
- Moderate - 2 or more chronic stable conditions, one stable with mild exacerbation or side effect of treatment, undiagnosed new problem with certain prognosis, acute illness with systemic sx's (pneumonia, pyelo). You order cardiac cath or ETT, or perform LP, paracentesis, or thoracentesis. You treat with prescription drugs.
- High - 1 or more chronic conditions with severe exacerbation, progression or side effects of treatment. You order EPS. You treat with parenteral controlled substances, or drug therapy requiring intensive monitoring for toxicity. You make pt DNR.

On the next page is a chart which states this in another way.

Four types of medical decision making are recognized: straightforward, low complexity, moderate complexity, and high complexity. To qualify for a given type of decision making, 2 of the 3 elements in the table following must be met or exceeded:

number of dx or management options	amount &/or complexity of data to be reviewed	risk of complications &/or morbidity or mortality	type of decision making
minimal	minimal or none	minimal	straightforward
limited	limited	low	low complexity
multiple	moderate	moderate	mod complexity
extensive	extensive	high	hi complexity

In general, most of our pts should be a level 4 return visit.

They have a **number of chronic stable problems**. (diagnostic and management options.) You **order and/or review** lab and radiology **results**. You **read** the EKG or the cxr **yourself**. You **talk** to the family or call the pharmacy. (amount/complexity of data). You **treat with prescription drugs**. (Level of risk).

A level 4 return (99214) requires

- 4 - 8 elements of HPI
- 2 - 9 elements of ROS
- 1 past/family or social hx
- At least 2 bullets from 6 systems
- Attending to see the patient