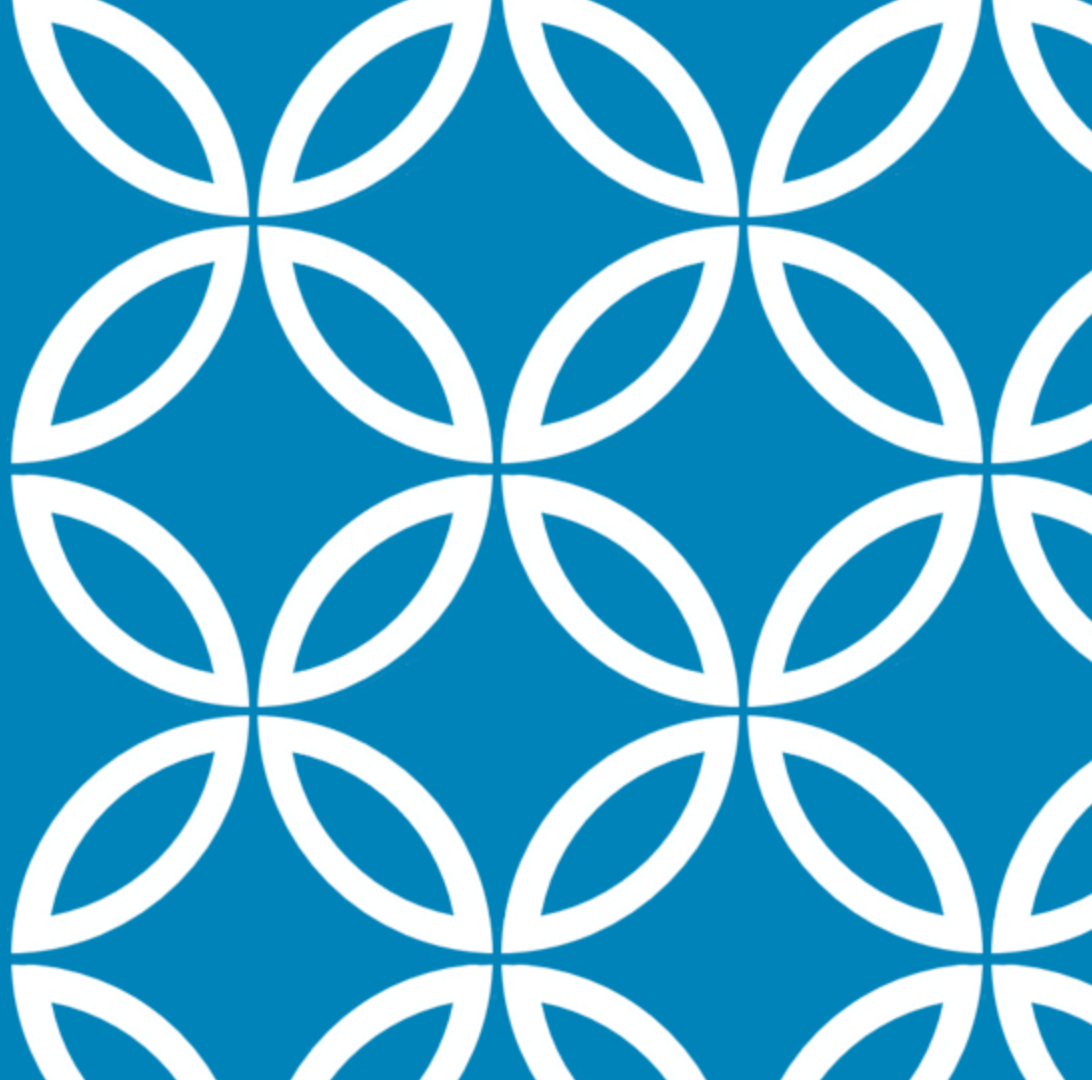# EVALUATION & MANAGEMENT DOCUMENTATION EDUCATION: AMBULATORY FOCUS
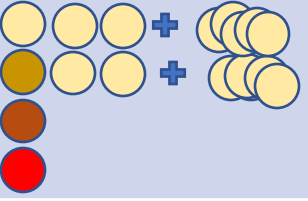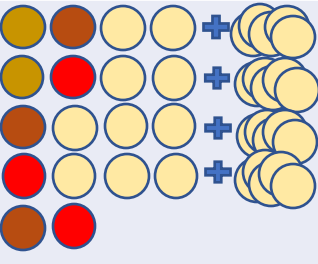
What is in the DATA element?

Medical Decision Making (MDM) Elements

MDM Level	1. Number and complexity of problems addressed	2. Amount/ complexity of data reviewed	3. Risk	As seen in
Straightforward	Straightforward	Minimal	Minimal	New Patient Level 2 - 99202 Established patient level 2 – 99212
Low complexity	Low/uncomplicated	Limited	Low	New Patient Level 3 - 99203 Established patient level 3 – 99213
Moderate complexity	Moderate/complicated	Moderate	Moderate	New Patient Level 4 - 99204 Established patient level 4 - 99214
High complexity	Severe/threat to life or function	Extensive	High	New Patient Level 5 - 99205 Established patient level 5 - 99215

Element 2 of MDM: Data Reviewed

A. Tests

Ordering of each unique test

Review of result of each unique test

Review of prior notes from each unique source

B. Information from an independent historian

C. Tests: Next level
Independent interpretation of test

D. Another provider
Discussion of a test result or management plan with another provider (in another specialty)

MDM Level	2. Data	As seen in
Straightforward		New Patient Level 2 - 99202 Established patient level 2 – 99212
Low complexity		New Patient Level 3 - 99203 Established patient level 3 – 99213
Moderate complexity		New Patient Level 4 - 99204 Established patient level 4 - 99214
High complexity		New Patient Level 5 - 99205 Established patient level 5 – 99215

Take homes:
1. Test points (A ○) max out
2. Some other data type is required for level 5
3. Data types B ●, C ●, D ● are highly impactful
4. *Use the smartlist to get credit for the work you do*
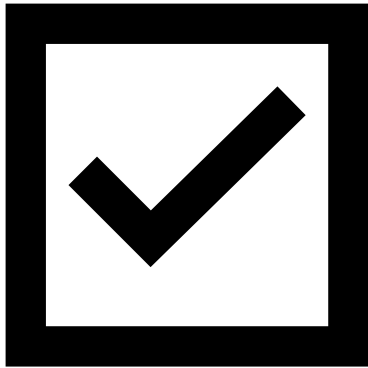
Unpack some of those data points

Review and summarize records

- In the clinic, credit for review and ***summarize*** of records from each unique source:
  - Of an external health care system
  - ***NEW: Of a external specialty*** *(even within the same system)*
- Must summarize

☐ Review of prior external notes, each* - _____ *x1*

Independent historian

- Explicitly state who helped
- An individual (eg, parent, guardian, surrogate, spouse, witness) who provides a history in addition to a history provided by the patient who is unable to provide a complete or reliable history (eg, due to developmental stage, dementia, or psychosis) or because a confirmatory history is judged to be necessary

New in this regulation: Interviewing a parent for a pediatric visit counts

Test order and review
(subject to adjusted interpretation)

- It is indeed *explicitly separate* to order a test and review a test
  - Seems odd: In general E&M does not allow "double dip"
- Current interpretation:
  - Ordering tests means carrying it all the way through including to reviewing result
  - Considering review separately means giving you credit for reviewing a test someone else ordered (like a cardiology visit, ER visit, another health system etc)

Amount and/or Complexity of Data to be Reviewed
*Each unique test, that has its own CPT code.
Tests ordered and resulted on date of E/M – only one point allowed (review is inclusive of the order)

Test order and review

(subject to adjusted interpretation)

- A single test is a single test no matter how many result components
    - A chem-8 is one test, not 8
    - A CT coronary angiography is one test, not 2 even though there is an angiographic and a routine radiologic interpretation
- No longer max out in each category of test (lab, radiology, diagnostic) as previously

OFFICE/OUTPATIENT	E&M DOCUMENTATION GUIDELINES		Compliance 2021
CPT CODES	NUMBER/COMPLEXITY OF PROBLEMS	RISK	AMOUNT/COMPLEXITY OF DATA REVIEWED *Each unique test/note counts toward # needed

Test personal interpretation

(subject to adjusted interpretation)

- Interpretation of a test for which there is a CPT code and interpretation/report is expected.
- You cannot double dip: This does not apply when *the provider* is reporting the service or has previously reported the service for the patient.
- Use for tests performed by another healthcare provider **external to you/your group where you added something unique to the story**

Note:
- Simply looking at a test ≠ *interpretation*