Evaluation and Management Coding - Medical Decision Making
Compliance with the Table of Risk

Riva Lee Asbell
Philadelphia, PA

Medical Decision Making is the most difficult of the three key
cOMPonents in E/M coding to comprehend, mostly because it is less
quantified than the other two key components (History and Examination). A
summary of Medical Decision Making is given in the tables and is based on
those used by Medicare as audit guidelines.

The summary table (Table A) provides a grid for the data from the
other tables and is used in calculating the final level of Medical Decision
Making of which there are four types: Straightforward, Low Complexity,
Moderate Complexity and High Complexity.

In determining the level of risk there are 3 components: (1) Number
of Diagnoses or Management Options; (2) Amount and/or Complexity of
Data; (3) Highest Level of Risk. The overall level of Medical Decision Making
is determined by using the highest 2 out of the 3 components. Table A and
Table B are self-explanatory and again are easily quantitated. It is Table C,
the Table of Risk, that causes the most difficulty and confusion.

This is the Table of Risk approved by HCFA (Health Care Financing
Agency) and the AMA (American Medical Association). There are four levels
(minimal, low, moderate and high) and three categories: (1) Presenting
Problem(s); (2) Diagnostic Procedure(s) Ordered; (3) Management Options
Selected. Whichever of the three is the column with the highest level
determines the overall level of risk and that is carried forward to the
Summary Table in the row for Table C.

The two areas that seem the most troublesome for ophthalmology are
defining chronic illnesses and deciding the level of surgery. Let’s look at
chronic illnesses first.

The chronic illnesses should be ones that are being treated by the
ophthalmologist, such as glaucoma, cataracts, recurrent corneal erosion.
Incidental problems should not be counted just to enhance the level of risk.
The level is also influenced by the state of the illness - whether it is stable,
improving, or worsening. So a +1 nuclear sclerosis is considered minimal
risk; a +3 nuclear sclerosis that is causing difficulties and the decision is
made to schedule surgery on that visit would be moderate risk. A stable
glaucoma would be low risk; a glaucoma that is not in control and requires change of medicine would be moderate risk.

When minor or major surgery is selected as the management option there are four different types: two for minor and two for major. They are:
- Minor Surgery with no identified risk factors;
- Minor Surgery with identified risk factors;
- Major Surgery with no identified risk factors;
- Major Surgery with identified risk factors.

The fifth classification is Emergency Major Surgery. What is meant by “risk factors” is not what a risk management agent would define as risk factors. The intended meaning is that the likelihood or probability that complications would occur with that given surgery in that given patient; in other words, that the risk is high for these particular set of circumstances in this particular patient. This is not to be confused with the fact that there are “risks” inherent in all surgery but rather the likelihood that this patient has a greater chance than average of not doing well. Thus, a patient with a standard cataract who is scheduled for surgery would fall into the moderate risk category (elective major surgery with no identified risk factors) whereas a patient who previously lost an eye secondary to an explosive hemorrhage during cataract surgery, and who also has had glaucoma surgery in the remaining eye complicated by a severe chronic uveitis would be in the high risk category (elective major surgery with identified risk factors) when that patient is scheduled to have the second eye operated upon.

Thus, the final level of Medical Decision Making is calculated by determining which 2 levels are the highest and the lower of the two becomes the level of Medical Decision Making. If there are 2 circles in one column in the summary table that is the level of Medical Decision Making. So, if there were: Number of Management Options = Limited; Amount & Complexity of Data = Minimal; Highest Risk = Low - the final level of Medical Decision Making would be Low Complexity. If the levels were: Number of Management Options = Multiple; Amount & Complexity of Data = Minimal; Highest Risk = High - the final level of Medical Decision Making would be Moderate Complexity.

Hopefully, this will provide some clarification to help you with your Evaluation & Management Coding!

©1998 Riva Lee Asbell
EyeWorld November 1998
Note: HCFA has changed to CMS (Center for Medicare and Medicaid Services); Table C is the only one sanctioned for Medicare.
Reviewed March 2005
### SUMMARY TABLE
#### MEDICAL DECISION MAKING

Final Result for Level of Medical Decision Making

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.

<table>
<thead>
<tr>
<th>Table A</th>
<th>Number of Diagnoses or Management Options</th>
<th>&lt;1 Minimal</th>
<th>2 Limited</th>
<th>3 Multiple</th>
<th>&gt; 4 Extensive</th>
</tr>
</thead>
<tbody>
<tr>
<td>Table B</td>
<td>Amount &amp; Complexity of Data</td>
<td>&lt;1 Minimal or Low</td>
<td>2 Limited</td>
<td>3 Multiple</td>
<td>&gt; 4 Extensive</td>
</tr>
<tr>
<td>Table C</td>
<td>Highest Risk</td>
<td>Minimal</td>
<td>Low</td>
<td>Moderate</td>
<td>High</td>
</tr>
<tr>
<td>Type of Decision Making</td>
<td>Straightforward</td>
<td>Low Complexity</td>
<td>Moderate Complexity</td>
<td>High Complexity</td>
<td></td>
</tr>
</tbody>
</table>

#### NUMBER OF DIAGNOSES OR MANAGEMENT OPTIONS
**TABLE A**

<table>
<thead>
<tr>
<th>Problem(s) Status</th>
<th>Number</th>
<th>Points</th>
<th>Result</th>
</tr>
</thead>
<tbody>
<tr>
<td>Self-limited or minor (stable, improved or worsening)</td>
<td>Max = 2</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>Established problem (to examiner); stable, improved</td>
<td></td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>Established problem (to examiner); worsening</td>
<td></td>
<td>2</td>
<td></td>
</tr>
<tr>
<td>New problem (to examiner); no additional work-up planned</td>
<td>Max = 1</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>New problem (to examiner); additional work-up planned</td>
<td></td>
<td>4</td>
<td></td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

#### AMOUNT AND/OR COMPLEXITY OF DATA REVIEWED
**TABLE B**

<table>
<thead>
<tr>
<th>Reviewed Data</th>
<th>Points</th>
</tr>
</thead>
<tbody>
<tr>
<td>Review and/or order of clinical lab tests</td>
<td>1</td>
</tr>
<tr>
<td>Review and/or order of tests in the radiology section of CPT</td>
<td>1</td>
</tr>
<tr>
<td>Review and/or order of tests in the medicine section of CPT</td>
<td>1</td>
</tr>
<tr>
<td>Discussion of test results with performing physician</td>
<td>1</td>
</tr>
<tr>
<td>Decision to obtain old records and/or obtain history from someone other than the patient</td>
<td>1</td>
</tr>
<tr>
<td>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</td>
<td>2</td>
</tr>
<tr>
<td>Independent visualization of image, tracing or specimen itself (not simply review of report)</td>
<td>2</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td></td>
</tr>
<tr>
<td>Level of Risk</td>
<td>Presenting Problem(s)</td>
</tr>
<tr>
<td>---------------</td>
<td>-----------------------</td>
</tr>
</tbody>
</table>
| Minimal       | -One self-limited or minor problem, eg, cold, insect bite, tinea corporis | -Laboratory tests requiring venipuncture  
- Chest x-rays  
- EKG/EEG  
- Urinalysis  
- Ultrasound, eg, echocardiography  
- KOH prep | -Rest  
- Gargles  
- Elastic bandages  
- Superficial dressings |
| Low           | -Two or more self-limited or minor problems  
- One stable chronic illness, eg, well controlled hypertension, non-insulin dependent diabetes, cataract, BPH  
- Acute uncomplicated illness or injury, eg, cystitis, allergic rhinitis, simple sprain | -Physiologic tests not under stress, eg, pulmonary function tests  
- Non-cardiovascular imaging studies with contrast, eg, 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  
- V 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, eg, lump in breast  
- Acute illness with systemic symptoms, eg, pyelonephritis, pneumonitis, colitis  
- Acute complicated injury, eg, head injury with brief loss of consciousness | -Physiologic tests under stress, eg, 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, eg, arteriogram, cardiac catheterization  
- Obtain fluid from body cavity, eg 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 pose a threat to life or bodily function, eg, 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, eg, seizure, TIA, weakness, 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)  
- Parenteral controlled substances  
- Drug therapy requiring intensive monitoring for toxicity  
- Decision not to resuscitate or to de-escalate care because of poor prognosis |