

## MDM Components: Amount or Complexity of Data

- **Review and Summarization of old records 2 POINTS**
  - Last ED Visit, Old EKG, Old X ray Reports
  - DC Summary...write a brief summary
- Obtaining history from someone else or discussion of case with another health provider **1 point**
- Independent visualization of image, tracing **2 points**
- Review and/order clinical lab test **1 point**
- Review and/order radiology test **1 point**
- Review and/order medicine test **1 point**
- Discussion of test results w/performing physician **1 point**
- Decision to obtain old records and/or history from someone other than the patient **1 point**

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## Pearls for Data Points

- **Brief summary of old record**: last visit admit for CHF, stress test negative, home on increased lasix
- Document discussion of test results (CTs etc.) with performing MD
- Document your decision to obtain old records
- Document Independent Visualization of X-ray/CT/EKG
- Document obtaining Hx or clinical information from another source:
  - Family (meds, allergies, course of illness)
  - PMD (meds and Past Hx)
  - NH notes- summarize
  - EMS run sheets- vitals, “call went out for...”, and interventions

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## Risk Table

**Highest Level In Any Category Prevails**  
**Risk of complications and/or Morbidity or Mortality**

Presenting Problem	Diagnostic Tests*	Management Options	Risk
1 self-limited/minor problem	Lab w/ venipuncture, CXR, EKG, U/A	Rest, Gargle, Ace, Superficial dressing	Minimal 99281
2 or more self-limited/minor 1 stable chronic illness, Acute uncomplicated	Lab w/ arterial puncture Superficial needle biopsies	OTC drugs, IV w/o additives	Low 99282
1 chronic illness w/ exacerbation, 2 or more stable chronic illnesses, New problem w/ uncertain progress, Acute problem	LP, Thoracentesis, Culdocentesis	<b>Prescription provided, IV w/ additives</b> TX of Fx w/o manipulation Minor surgery w/ identified risk factors	Moderate 99283 99284
1 or more chronic illnesses w/ severe exacerbation, Life threatening illness/injury, Suicidal or homicidal ideation, <b>Neurostatus change</b>	Endoscopy with identified risk factors	<b>Parental controlled drug therapy</b> Drug therapy requiring monitoring Emergency major surgery	High 99285
	*This column is rarely applicable in the ED		

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## Summary

- Your documentation matters!
- Must empower the coder to recognize the work you have performed
- Simple solutions for the most common problems



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Educational Appendix

## CPT Examples-Level 1 and Level 2

- **Level 1**
  - Suture removal -  
Placed by another  
physician group
  - Tetanus toxoid only
  - Insect bites,  
uncomplicated
  - **Typically <3% of  
patients**
- **Level 2**
  - 2nd degree sunburn
  - Pain, swelling,  
bruising one extremity
  - Poison ivy
  - **No Prescriptions  
Given**
  - **Typically <10% of  
patients**

## Level III

### CPT Examples

- Vaginal d/c no abd. pain
- Gastroenteritis **no IVF**
- Diarrhea- Tx po fluids
- Ankle sprain
- Foreign body – eye
- Strep, Otitis, bronchitis
- Rx drug management
- Systemic symptoms
  - Fever, myalgias, rigors

### Documentation

- Use a differential  
Diagnosis
- Include systemic  
processes
- Discuss Rx drug  
management
- Document the rationale  
for your treatment

## Level IV

### CPT Examples

- Concussion brief LOC
- Vertigo-Head CT
- Pyelonephritis
- PID
- Asthma
- Allergic Reaction
- Parenteral Narcotics
- Treatment of BP
- Gastro w/IVF

### Documentation

- Differential diagnosis
- Interventions
  - nebs, IVF, narcotics
- Patient's response to Tx
- If long ED stay periodic assessments
  - 12:00 Mild residual wheeze improving w/ nebs
  - 1:00 CTAB feels well sat 98%

## Level V: General Comments

- Most admissions
- Many to most transfers
- Prolonged services in ED
- Special Studies-CT/VQ/Sono
- Multiple labs and ancillary studies
- Multiple reassessments

## Level V: CPT Manual Examples

- Acute Onset Chest Pain
  - Possibly cardiac, PE, dissection...
  - Cardiac work up with EKG, CXR, labs and cardiac enzymes...
- Worst headache...CT and LP
- C.V.A. work ups
- Psych admits with:
  - Involuntary admission form completion
  - Need for restraints or multiple ancillary studies
- Respiratory distress with:
  - Multiple treatments or several continuous nebulizers
  - Lab, x-ray or IV therapy

## Level V: Summary Uses

- Prolonged services in ED
- Special studies and labs
  - Abdominal pain with CT , labs, multiple reassessments
  - Dyspnea with Chest CT, ABGs, labs and multiple reassessments
- Kidney stones with prolonged treatment and multiple narcotic doses
- Chest pain with full evaluation
- Drug ingestion
- Multiple rounds of nebulizers

## Level 5 Medical Decision Making

- Document a differential diagnosis
- Periodic assessment after interventions
  - RR 28, sats 93%, improving on continuous neb
- Summary of labs and tests
  - No PE risk factors, CT chest neg., WBC 12K, CE neg. pain relieved after Torodal, afebrile, DC with NSAIDs. Close follow up arranged
- Summary of treatment course:
  - severe flank pain., CT c/w 3 mm distal stone, afebrile, UA neg., creat 0.9, pain free after 2 rounds of Dilaudid. GU follow up arranged and DC with strainer

### Scoring MDM: Must Meet 2 out of 3

<b>Mngmt. Options</b>	<b>Data</b>	<b>Risk</b>	<b>Overall MDM</b>	<b>ED E/M Supported</b>
1 pt.	1 pt.	Minimal	Straight forward	99281
2 pts.	2 pts.	Low	Low Complexity	99282
3 pts	3 pts.	Moderate	Moderate Complexity	99283 and 99284
4 pts.	4 pts.	High	High Complexity	99285



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