

## E/M Audit Tool - Inpatient/Observation

Code	99221 (Initial) 99231 (Subsequent)	99222 (Initial) 99232 (Subsequent)	99223 (Initial) 99233 (Subsequent)		
Level of MDM (Based on 2 out of 3 Elements of MDM)	N/A	Straightforward/Low	Moderate High		
Elements of MDM  Amount and/or Complexity of Data To Be Reviewed and Analyzed  *Each unique test, order, or document contributes to the combination of 2 out of 3 categories  Risk of Complications and/or Morbidity or Mortality of Patient Management	N/A	<b>Minimal</b> • 1 self-limited or minor problem	<b>Low</b> • 2 or more self-limited or minor problems or • 1 stable chronic illness or • 1 acute, uncomplicated illness or injury or • 1 stable acute illness or • 1 acute uncomplicated illness or injury requiring inpatient or observation level of care	<b>Moderate</b> • 1 or more chronic illnesses with exacerbation, progression, or side effects of treatment or • 2 or more stable chronic illnesses or • 1 Undiagnosed new problem with uncertain prognosis, or • 1 acute illness with systemic symptoms, or • 1 acute complicated injury	<b>High</b> • 1 or more chronic illnesses with severe exacerbation, progression or side effect of treatment or • 1 acute or chronic illness or injury that poses a threat to life or bodily function
	N/A	<b>Minimal or None</b>	<b>Limited</b> <i>(Must meet the requirements of at least 1 of the 2 categories)</i> <b>Category 1: Tests and documents</b> • Any combination of 2 from the following: • Review of prior external note(s) from each unique source, • Review of the results of each unique test, • ordering of each unique test or <b>Category 2: Assessment requiring an independent historian</b> <i>(For the categories of independent interpretation of tests and discussion of management or test interpretation, see moderate or high)</i>	<b>Moderate</b> <i>(Must meet the requirements of at least 1 out of 3 categories)</i> <b>Category 1: Tests, documents, or independent historian</b> • Any combination of 3 from the following: • Review of prior external note(s) from each unique source, • Review of the results of each unique test, • Ordering of each unique test, • Assessment requiring an independent historian <b>Category 2: Independent interpretation of tests</b> • Independent interpretation of a test performed by another physician/other qualified health (not separately reported) <b>Category 3: Discussion of management or test interpretation</b> • Discussion of management or test interpretation with external physician/other qualified health care professional/appropriate source (not separately reported)	<b>Extensive</b> <i>(Must meet the requirements of at least 2 out of 3 categories)</i> <b>Category 1: Tests, documents or independent historian</b> • Any combination of 3 from the following: • Review of prior external note(s) from each unique source, • Review of the results of each unique test, • Ordering of each unique test, • Assessment requiring an independent historian <b>Category 2: Independent interpretation of tests</b> • Independent interpretation of a test performed by another physician/other QHCP (not separately reported) <b>Category 3: Discussion of management or test interpretation</b> • Discussion of management or test interpretation with external physician/other QHCP/appropriate source (not separately reported)
	N/A	<b>Minimal risk of morbidity from additional diagnostic testing or treatment</b> ***Examples : rest, gargles, elastic bandages, superficial dressings	<b>Low risk of morbidity from additional diagnostic testing or treatment</b> *** Examples: minor surgery w/o identified risk factors, PT OT therapy, IV fluids w/o additives	<b>Moderate risk of morbidity from additional diagnostic testing or treatment</b> Examples only: • Prescription drug management, • Decision regarding minor surgery with identified patient or procedure risk factors, • Decision regarding elective major surgery without identified patient or procedure risk factors, • Diagnosis or treatment significantly limited by social determinants of health	<b>High risk of morbidity from additional diagnostic testing or treatment</b> Examples only: • Drug therapy requiring intensive for toxicity, • Decision regarding elective major surgery with identified patient or procedure risk factors, • Decision regarding emergency major surgery, • Decision regarding hospitalization, or escalation to hospital level of care • Decision not to resuscitate or to de-escalate care because of poor prognosis • Parenteral controlled substances

### Time-based coding

**\*\* Not included in the AMA's MDM Grid**

Total time of activities by treating physician/QHP on day of visit. Prolonged services must exceed time by 15 mins.

Initial	Subsequent	Prolonged Services	
Minutes / Code	Minutes / Code	Minutes / Code (only w/99223, 99233)	Patient Name: _____
40 / 99221	25 / 99231	Each 15/ +99418	Acct#: _____
55 / 99222	35 / 99232	Each 15/ G0316 (Medicare)	
75 / 99223	50 / 99233		

DOS: \_\_\_\_\_



E/M Assigned

E/M Audit Level

# Evaluation and Management Services Level Selection based on Medical Decision Making

## HISTORY AND EXAM ARE REQUIRED!

### PROBLEMS

- Self-limited or minor – problem with a definite course, transient, not likely to permanently alter health status
- Stable, chronic illness – problem expected to be present for at least one year or until death; stable relative to the treatment goals of the patient
- Acute, uncomplicated illness or injury – new, short-term problem; low risk of morbidity; full recovery without impairment expected (\*includes a self-limited or minor problem that is not resolving)
- Acute, uncomplicated illness or injury requiring hospitalization (inpatient or observation level of care) – new, short-term problem; low risk of morbidity; full recovery without impairment expected; treatment required is delivered in an IP or OBS setting
- Stable, acute illness – new or recent problem for which treatment is initiated; patient is improved and stable, relative to the condition
- Chronic illness with exacerbation, progression, or side effects of treatment – chronic illness with acute worsening, poor control or progression; requires additional treatment
- Undiagnosed new problem with uncertain prognosis – new problem that likely represents a condition of high risk if left untreated
- Acute illness with systemic symptoms – problem with systemic symptoms with high risk of morbidity
- Acute, complicated injury – injury that requires evaluation of body systems not directly part of the injured organ; extensive injury; multiple treatments or treatments associated with high risk
- Chronic illness with severe exacerbation, progression or side effects of treatment – severe exacerbation of chronic illness or severe side effects of treatment that may result in the need for a higher level of care, significant risk of morbidity
- Acute or chronic illness or injury that poses a threat to life or bodily function – acute illness with systemic symptoms, acute complicated injury, chronic illness or injury with exacerbation; poses a threat to life or bodily function without treatment
- *\*Multiple morbidities requiring intensive management – a set of conditions, syndromes or functional impairments that are likely to require frequent medication changes or treatment changes and/or re-evaluations. (NF only)*

### DATA

- Unique tests – imaging, laboratory, psychometric or physiological data defined by separate CPT codes (serial values of the same test are 1 test; overlapping tests are not unique)
- Unique source – physician or other healthcare professional from a different specialty/subspecialty or unique entity
- Combination of data elements – data elements may be summed (i.e., notes reviewed, tests ordered, or tests reviewed); does not require an item from each data category
- External – records, communications and/or tests from an external physician or other QHP
- External physician or other qualified healthcare professional – physician or other QHP no in the same group practice, or is from a different specialty/subspecialty; independent physicians/professionals
- Discussion – interactive, direct exchange; may be asynchronous or done within a short period of time (within a day or two)
- Independent historian – provides history in addition to or in place of the patient (e.g., Parent, caregiver, spouse, surrogate, witness)
- Independent interpretation – interpretation of a test that was performed and reported by another physician or QHP; must be documented (does not include labs)
- Appropriate source – professionals that are not healthcare professionals but may be involved in the management of a patient (e.g., Lawyer, parole officer, case manager, teacher)

### RISK

- Social determinants of health – economic and social conditions that influence patient health (e.g. Food, housing, access to healthcare/medication)
- Decisions involving surgery (whether performed or not)
  - Minor/Major – These terms are not defined by the global surgery periods but are patient specific.
  - Elective/Emergent – Elective means planned in advance. Emergent means performed immediately or with minimal delay.
  - Risk factor – those that are either relevant to a specific patient or to the procedure itself for all patients.
- Drug therapy
  - Prescription drug management - Prescription drug management is based on documented evidence that the physician has evaluated medications as part of a service that is provided.
  - Drug therapy and monitoring - *A drug that requires intensive monitoring is a therapeutic agent that has the potential to cause serious morbidity or death.* The monitoring is performed for assessment of these adverse effects and not primarily for assessment of therapeutic efficacy
  - Parenteral controlled substances- administered via other routes than the alimentary canal (mouth to anus)
- Decision not to resuscitate or de-escalate care due to poor prognosis – Documentation should be based on the present status of a patient and not merely based on being a DNR status.

**TWO out of THREE DATA ELEMENTS MUST BE MET OR EXCEEDED**