

Evaluation and Management Code Selection Using Medical Decision Making

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Hopefully, by this time, all providers understand the 2021 CPT® guidelines in place to select the level of Evaluation and Management (E&M) services using the Medical Decision Making (MDM) or Time. The April 2024 article discussed the option of using time. This article will focus on using MDM to select the appropriate E&M code of an encounter. Providers have the option of using either time or MDM when selecting the level of service for any specific encounter. In the event of an audit, the provider must be able to support which method they used for any particular encounter.

Prior to 2021, the level of E&M service involved consider the amount and type of patient history performed and documented, the number of elements completed during the examination and the Medical Decision Making involved. Office-based E&M service guidance changed in 2021. In recent years, the E&M guidelines for other places of service were aligned with the 2021 guidelines. For office-based coding, 99211 was deleted leaving the remaining office-based E&M codes of 99212-99215 for established patients and 99201-99205 for new patients.

The amount and detail of a patient's history is no longer considered when deciding the level of E&M service. The amount of history gathered at each encounter is determined by the provider. The chief complaint and other pertinent details should be documented in the written record for any particular encounter in order to properly establish medical necessity and lay out the patient problems being addressed during the encounter. As well, the new guidelines do not specify the content of the examination. The term "clinically appropriate examination determined by the provider" is the expectation for the exam documentation. Keep in mind that the medico-legal standards for care still apply.

When using MDM to determine the level of E&M service for any particular encounter, providers must understand and properly apply the three sections of MDM: Number and Complexity of Problems, Amount and Complexity of Data, and Risk of Complications and Morbidity or Mortality of Patient Management. Each of the 3 elements and the Level of E&M overall is scaled to one of the following levels: Straightforward, Low, Moderate, and High. The level of any 2 of these 3 elements will be used to determine the level of E&M service.

The number and complexity of Problems is determined by the number and/or seriousness of the problems addressed during the encounter. Problems are classified as minimal, low, moderate or high. If a specific problem is not addressed, it should not be counted as a problem for that particular encounter. The definition of a problems is broad (disease, condition. Illness, injury, symptoms, sign, finding, complaint or other issues noted during the encounter) with or without a diagnosis being established.

The amount and complexity of the data includes such things as the medical records, reviewed, tests ordered and reviewed and other information obtained, ordered, reviewed, and analyzed. Data levels are defined as minimal, limited, moderate or extensive. Keep in mind that nothing that is considered to be data can be separately coded and billed for during encounter itself. This limitation means that Optometrists will not use the Data portion very often when selecting the level of E&M service for a particular encounter because the majority of our testing is either considered a part of the examination (e.g. Schirmer's test) or is charged separately (e.g.OCT, fundus photos).

The final category that is considered for overall MDM is Risk – risk from complications of the problem and risk of the patient management options. This Risk is distinct from the risk of the patient condition itself. Risk is categorized as minimal, low, moderate or high.

More detailed information describing and defining the Problem, Data and Risk categories can be found in the introduction to the CPT® Manual and other resources. CPT® has developed a chart to aid in determining the level of E&M service provided. The AOA has [customized this chart](#) for use by Optometrist. There are several [recorded webinars on EyeLearn](#) as well. Novitas Resources are found [here](#) under Evaluation and Management. Keep in mind, that documentation of the history and actual examination is still important. Happy Coding....