## Time

Provider's time includes the following activities, when performed (check all that apply):

- ☐ Preparing to see the patient (e.g., reviewing the patient's record
- ☐ Obtaining and/or reviewing separately obtained history
- ☐ Counseling and educating the patient, family and/or caregiver
- Ordering prescription medications, tests or procedures
- ☐ Referring and communicating with other health care providers when not separately reported during the visit
- □ Documenting clinical information in the electronic or other health record
- ☐ Independently interpreting results when not separately reported
- ☐ Communicating results to the patient/family/caregiver
- ☐ Coordinating the care of the patient when not separately reported

Do not include time spent by staff

Only include time for activities on the date of the patient encounter



### **Coding and Chart Reviews**

The services provided by ACI are performed in accordance with the applicable professional standards by a Certified Professional Coders (CPC) with the applicable experience.

ACI reviews include, but are not limited to:

- Annual and/or Focused Chart Reviews
- Due Diligence
- Independent Review Organization (IRO)
- Medicare Risk Adjustment (MRA/HCC)
- Medical Necessity
- Response to Medicare or other payer audits



#### **Contact Us**

in fo@ace vedo consulting.com

(561) 278-9328

2605 West Atlantic Avenue, Suite D-102 Delray Beach, Florida 33445

www.acevedoconsultinginc.com

# E/M Visit Coding Tool

Knowing how to determine Medical Decision Making is key in determining the correct level of E&M services.

In this age of EMRs, being able to choose the right code is more important than ever. This tool can help!

This tool should only be used with Acevedo Consulting Incorporated's E/M Supplement.



### **Number/Complexity of Problems Addressed**

High (L5)	☐ 1 or more chronic illnesses with severe exacerbation, progression, or side effects of treatment ☐ 1 acute or chronic illness or injury that poses a threat to life or bodily function
Moderate (L4)	☐ 1 or more chronic illnesses with exacerbation, progression or side effects of treatment ☐ 2 or more stable, chronic illnesses ☐ 1 undiagnosed new problem with uncertain prognosis ☐ 1 acute illness with systemic symptoms ☐ 1 acute, complicated injury
Low (L3)	□ 2 or more self-limited or minor problems □ 1 stable, chronic illness □ 1 acute, uncomplicated illness or injury □ 1 stable, acute illness □ 1 acute, uncomplicated illness or injury requiring hospital inpatient or observation level of care
Straight- Forward (L2)	□ 1 Self-limited or minor problem

### Risk of Complications and/or Morbidity or Mortality of Patient Management

	☐ High risk of morbidity from additional diagnostic testing or treatment			
	Examples			
	☐ Drug therapy requiring intensive monitoring for toxicity			
	☐ Decision regarding elective major surgery with identified			
High	patient or procedure risk factors			
(L5)	☐ Decision regarding emergency major surgery			
	☐ Decision regarding hospitalization or escalation of hospital-level care			
	Decision not to resuscitate or to de-escalate care			
	because of poor prognosis			
	□ Parenteral controlled substances			
	☐ Moderate risk of morbidity from additional diagnostic			
	testing or treatment			
	Examples			
0.01	☐ Prescription drug management			
Moderate (L4)	☐ Decision regrading minor surgery with identified patient or procedure risk factors			
(14)	☐ Decision regarding elective major surgery without			
	identified patient or procedure risk factors			
	☐ Diagnosis or treatment significantly limited by social			
	determinants of health			
Low	☐ Low risk of morbidity from additional testing or treatment			
(L3)	= 2011 ibit of more state, non-additional testing of deathletic			
Straight-	☐ Minimal risk of morbidity from additional diagnostic			
Forward (L2)	testing or treatment			

### Amount and/or Complexity of Data to be Reviewed and Analyzed

Level of Risk	*Each unique test, order, or document contributes to the combination of 2 or combination of 3 in Category 1 below.		
Extensive (L5)	Category 1: Tests, documents, or independent historian(s)  Any combination of 3 from the following:  Reviewed and analyzed prior external note(s) from each unique source*  Reviewed and analyzed the result(s) of each unique test*  Ordering of each unique test*  Assessment requiring an independent historian(s) OR	Met the requirements at leas: 2 out of the 3 categories? □ Yes □ No	
	Category 2: Independent interpretation of tests  ☐ Independent interpretation of a test performed by another physician/other qualified health care professional (not separately reported) OR		
	Category 3: Discussion of management or test interpretation  ☐ Discussion of management or test interpretation with external physician/other qualified health care professional/appropriate source (not separately reported)	. LINO	
Moderate (L4)	Category 1: Tests, documents or independent historian(s)  Any combination of 3 from the following:  Reviewed and analyzed prior external note(s) from each unique source*  Reviewed and analyzed the results(s) of each unique test*  Ordering of each unique test*  Assessment requiring an independent historian(s) OR	Met the requirements at leas 1 out of the 3 categories?  ☐ Yes ☐ No	
	Category 2: Independent interpretation of tests  ☐ Independent interpretation of a test performed by another physician/other qualified health care professional (not separately reported) OR		
	Category 3: Discussion of management or test interpretation  □ Discussion of management or test interpretation with external physician/other qualified health care professional/appropriate source (not separately reported)		
Limited (L3)	Category 1: Tests and documents  Any combination of 2 from the following  Reviewed and analyzed prior external note(s) from each unique source*  Reviewed and analyzed the result(s) or each unique test*  Ordering of each unique test* OR	Met the requirements at least 1 out of the 2 categories?	
	Category 2: Assessment requiring an independent historian(s) (For the categories of independent interpretation of tests and discussion of management or test interpretation, see moderate or high)	□ Yes □ No	
Straightforward (L2)	□ Minimal or None		

Medical Decision Making	99202/99212	99203/99213	99204/99214	99205/99215
Number/Complexity or Problems Addressed	Minimal	Low	Moderate	High
Risk of Complications and/or Morbidity or Mortality of Patient Management	Minimal	Low	Moderate	High
Amount and/or Complexity of Data to be Reviewed and Analyzed	Minimal/None	Limited	Moderate	Extensive

MDM	Leve	

Two out of three elements of medical decision making (2 of the 3 tables) must meet or exceed to qualify for a given level of medical decision making.