

Medical Professional Education and Consultation Services

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MEDICAL DECISION MAKING CRITERIA

DECISION MAKING: There are four recognized levels of medical decision making: **Straight Forward**; **Low Complexity**; **Moderate Complexity**; and **High Complexity**; each with three components. Use the following 3 tables to determine the level of medical decision making documented in the medical record.

COMPONENTS

Must meet or exceed **2 of 3** components below

	Straight Forward	Low Complexity	Moderate Complexity	High Complexity
1. Number of Diagnosis or Management Options (see table 1)	1 (minimal)	2 (limited)	3 (multiple)	4 (extensive)
2. Amount and/or Complexity of data to review (see table 2)	0 - 1 (none or minimal)	2 (limited)	3 (moderate)	4 (extensive)
3. Risk of Complications and/or morbidity or mortality (see table 3)	Minimal	Low	Moderate	High

TABLE 1 / DIAGNOSIS and MANAGEMENT

Type of Problem	Determination Method	Value
Self limited or minor	1 for single problem or 2 if the patient has two or more minor problems	1 or 2
Established: previously diagnosed	+ 1 for each additional problem previously diagnosed and addressed or reviewed on current visit + 1 for each established problem inadequately controlled, worsened or failed to improve as expected	1 ea.
Previously unidentified or undiagnosed, H & P provide enough information	Maximum score is 3 for problems of this type, no matter how many are identified on visit	3
Previously unidentified or undiagnosed, you order or plan to perform additional assessment, consultation or diagnostic studies	One problem of this type qualifies as extensive	4

Element Value Totals: 1 = minimal, 2 = limited, 3 = multiple, 4 = extensive

TABLE 2 / AMOUNT and/or COMPLEXITY of data to be reviewed

Data Information	Value
One or more lab tests requested or reviewed (CPT codes 80002 - 89399)	1
One or more radiology tests or services requested or reviewed (CPT codes 70010 - 79999)	1
One or more medical diagnostic studies requested or reviewed (CPT codes 90780 - 99199)	1
Direct visualization and independent interpretation of a specimen, image or tracing previously interpreted by another physician	2
Discussion of results with the physician who performed or interpreted a study	1
Decision to obtain old records and/or additional history	1
Summary of review of old records and/or additional history to supplement information from the patient	2

Element Value Totals: 1 = minimal, 2 = limited, 3 = multiple, 4 = extensive

TABLE 3 / TABLE OF RISK

LEVEL OF RISK	Minimal	Low	Moderate	High
Presenting Problems	<ul style="list-style-type: none"> One self-limited or minor problem, e.g. cold, insect bite, tinea corporis 	<ul style="list-style-type: none"> Two or more self-limited or minor problems One stable chronic illness, e.g. well controlled hypertension or non-insulin dependent DM, cataract, BPH Acute uncomplicated illness, e.g. cystitis allergic rhinitis, simple sprain 	<ul style="list-style-type: none"> 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, e.g. lump in breast Acute illness with systemic symptoms, e.g. pyelonephritis, pneumonia, colitis Acute complicated injury, e.g. head injury with brief LOC 	<ul style="list-style-type: none"> One or more chronic illnesses with severe exacerbation, progression, or side effects of treatment Acute or chronic illnesses or injuries that may pose a threat to life or bodily function, e.g. multiple trauma, acute MI, pulmonary embolus, arthritis, psychiatric illness with potential threat to self or others, peritonitis, acute renal failure An abrupt change in neurologic status e.g. seizure, TIA, weakness or sensory loss
Diagnostic Procedures	<ul style="list-style-type: none"> Lab tests requiring venipuncture Chest x-rays EKG/EEG Urinalysis Ultrasound, e.g. echocardiogram KOH prep 	<ul style="list-style-type: none"> Physiologic tests not under stress, e.g. pulmonary function tests Non-cardiovascular imaging studies with contrast, e.g., barium enema Superficial needle biopsies Clinical lab tests requiring arterial puncture Skin biopsies 	<ul style="list-style-type: none"> Physiologic tests under stress, e.g. cardiac stress test, fetal contraction-stress tests Diagnostic endoscopies with no identified risk factors Deep needle or incisional biopsies Cardiovascular imaging studies with contrast and no identified risk factors, e.g. arteriogram, cardiac catheterization Obtain fluid from body cavity, e.g. lumbar puncture, thoracentesis, culdocentesis 	<ul style="list-style-type: none"> Cardiovascular imaging studies with contrast with risk factors Cardiac electrophysiological tests Diagnostic endoscopies with risk factors Discography
Management Options	<ul style="list-style-type: none"> Rest Gargles Elastic bandages Superficial dressings 	<ul style="list-style-type: none"> Over the counter drugs Minor surgery with no risk factors Physical therapy Occupational therapy IV fluids without additives 	<ul style="list-style-type: none"> Minor surgery with risk factors Elective major surgery (open, percutaneous, or endoscopic) with no risk factors Prescription drug management Therapeutic nuclear medicine IV fluids with additives Closed treatment of fractures or dislocations without manipulation 	<ul style="list-style-type: none"> Elective major surgery (open, percutaneous or endoscopic) with 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

Key points to remember about Medical Decision Making (MDM)

- Only two of the three tables above need to be considered when determining which level of MDM you have achieved.
- Always select the elements that will give you the highest acuity.
- Any problem you evaluate that was previously undiagnosed or unidentified is considered a MODERATE level if no additional studies are needed after your H&P. If additional exams, tests, studies or consults are needed, it is a HIGH level acuity in Table 1.
- Select the highest acuity element from the table of risk (Table 3 above) that is appropriate for your patient encounter, then from one of the other two tables, determine which element(s) you have identified/performed that determine the highest level of MDM.