E-BRIEF

AAPC

2024 E/M Audit Worksheet

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MDM Definitions

MDM is the provider's work in establishing diagnoses and status of the condition(s), as well as determining the management or plan. Per CPT® symptoms may cluster around a specific diagnosis and each symptom is not necessarily a unique condition. Comorbidities/underlying diseases, in and of themselves, are not considered in selecting a level of E/M services unless they are addressed and their presence increases the amount and/or complexity of data to be reviewed and analyzed or the risk of complications and/or morbidity or mortality of patient management. The final diagnosis for a condition does not in itself determine the complexity or risk, as extensive evaluation may be required to reach the conclusion that the signs or symptoms do not represent a highly morbid condition. As such, presenting problems that are likely to represent a highly morbid condition may be a driving factor of MDM even when the ultimate diagnosis(es) is not highly morbid. Multiple problems of a lower severity may, in combination, create higher risk due to interaction.

Nature and Complexity of Problem(s) Addressed

Problem	A problem is a **disease, condition, illness, injury, symptom, sign, finding, complaint, and/or other matter addressed at the visit, with or without a diagnosis being established at the time of the visit**.
Problem Addressed	A **problem is addressed or managed when it is evaluated or treated** at the visit by the provider reporting the service. This includes **consideration for further testing or treatment that may not be elected** by reason of risk/benefit analysis or patient/parent/guardian/surrogate choice. **Notation in the patient's medical record that another professional is managing the problem without additional assessment or coordination of care documented does not qualify as being 'addressed'** or managed by the provider reporting the service. **Referring a patient to another provider without evaluation (by history, exam, or diagnostic study[ies]) or consideration of treatment does not qualify** as being addressed or managed by the provider reporting the service.
	For **hospital inpatient** and observation care services, the problem addressed is the **status of the problem(s) on the date of the encounter** (face to face visit), which **may be significantly different than what is was on admission**. It is the problem(s) that is being managed or co-managed by the billing provider and **may not necessarily be the cause of the admission or continued stay**.
Minimal Problem	A **problem that may not require the presence of the provider**, but the service is provided under the provider's supervision. (99211 or 99281)
Self-limited or Minor Problem	A **problem that runs a definite and prescribed course**, is temporary in nature, and is not likely to permanently affect the patient's health status.
Stable, Chronic Illness	A **problem with an expected duration of at least one (1) year or until the death of the patient**. For the purpose of defining chronicity, conditions are treated as chronic whether or not the stage or the severity changes (e.g., uncontrolled diabetes and controlled diabetes are a single chronic condition). 'Stable' for the purposes of calculating medical decision making is defined by the specific treatment goal(s) for an individual patient. A patient that is **not at their treatment goal is not stable**, even if the condition has not changed and there is no short-term threat to life or bodily function. *For example, a patient with persistently poorly controlled blood pressure for whom better control is a goal is not stable, even if the pressures are not changing and the patient is asymptomatic. The risk of morbidity without treatment is significant. Examples may include well-controlled hypertension, non-insulin dependent diabetes, cataract, or benign prostatic hyperplasia.* **The risk of morbidity without the condition(s) being treated is significant**.
Acute, Uncomplicated Illness or Injury	A **recent or new short-term problem with low risk of morbidity for which a treatment is considered**. There is little to no risk of mortality with treatment, and full recovery without functional deterioration is expected. A problem that is normally self-limited or minor, but is not resolving consistent with a definite and prescribed course is an acute uncomplicated illness. *Examples may include cystitis, allergic rhinitis, or a simple sprain.*
Stable, Acute Illness	A problem that is new or recent where treatment was previously initiated. When patient is improving, but condition (s) may not be fully resolved is considered to be stable.
Chronic Illness with Exacerbation, Progression, or Side Effects of Treatment	A chronic illness that is **acutely worsening, poorly controlled, uncontrolled, or progressing with an intent of controlling progression and requiring additional supportive care or requiring attention to treatment for side effects**.

Nature and Complexity of Problem(s) Addressed

Undiagnosed New Problem with Uncertain Prognosis	A problem in the **differential diagnosis that represents a condition likely to result in a high risk of morbidity without medical intervention**.
Acute Illness with Systemic Symptoms	An **illness that causes systemic symptoms (symptoms affecting one or more organ systems)** and **has a high risk of morbidity without medical intervention**. For **systemic general symptoms such as fever, body aches or fatigue in a minor illness that may be treated to alleviate symptoms, shorten the course of illness or to prevent complications, see the definitions for 'self-limited or minor' or 'acute, uncomplicated.'** Systemic symptoms may not be general, but may be single system.
Acute, Complicated Injury	An **injury which requires medical intervention that includes evaluation of other body systems that are not directly related to the injured organ**, the **injury is extensive**, or **the treatment options are multiple and/or associated with risk of morbidity**. *An example may be a head injury with brief loss of consciousness, multiple fractures, multiple injuries, etc.*
Chronic Illness with Severe Exacerbation, Progression, or Side Effects of Treatment	The **severe exacerbation or progression** of a chronic illness or **severe side effects of treatment** that have significant risk of morbidity and **likely to require escalation in level of care**.
Acute or Chronic Illness or Injury that Poses a Threat to Life or Bodily Function	An **acute illness with systemic symptoms (symptoms affecting one or more organ systems), or an acute complicated injury, or a chronic illness or injury with exacerbation and/or progression or side effects of treatment**, that poses a threat to life or bodily function in the short-term without treatment. Symptoms that may represent a potential threat to life or bodily function may be included in this category when evaluation and treatment are consistent with the degree of potential severity. *Examples may include acute myocardial infarction, pulmonary embolus, severe respiratory distress, progressive severe rheumatoid arthritis, psychiatric illness with potential threat to self or others, peritonitis, acute renal failure, or an abrupt change in neurologic status.*

Amount and/or Complexity of Data to Be Reviewed and Analyzed

Analyzed	The process of using data as one of the three elements of MDM. Ordered Tests that are presumed to be reviewed and analyzed when the results are reported **are counted towards MDM in that encounter they are ordered. Tests that are ordered outside of an encounter (eg, future, recurring orders) may be counted in the encounter in which they are analyzed. For recurring orders, each new result may be counted in the encounter in which it is analyzed**. *For example, an encounter that includes an order for monthly prothrombin times would count for one prothrombin time ordered and reviewed.* **Future results, if analyzed in a subsequent encounter, may be counted as a single test in that subsequent encounter**. Services for which the **professional component** is separately reported by the provider **should not** be counted towards data.
Test	Tests are **laboratory services, diagnostic imaging, psychometric, or physiologic data**. A clinical laboratory **panel** (e.g., basic metabolic panel [80047]) is a **single test**. The differentiation between single or multiple unique tests is defined in accordance with the **CPT® code set**.
Unique	A unique test is defined by the CPT® code set. **Multiple results of the same code (eg, serial blood glucose values) when compared during an E/M visit should be counted as one unique test. Tests that have overlapping elements are not unique, even if they are identified with distinct CPT® codes**. *For example, a CBC with differential would incorporate the set of hemoglobin, CBC without differential, and platelet count.* A unique source is defined as a provider in a distinct group or different specialty or subspecialty, or a unique entity. **Review of all materials from any unique source counts as one element toward MDM**.
Combination of Data Elements	A combination of elements such as notes reviewed, tests ordered, tests reviewed, or independent historian, can be summed. It does not require each item type or category to be represented. **A unique test ordered, plus a note reviewed and an independent historian would be a combination of three elements**.
External	**External records, communications and/or test results are from an external provider, facility or healthcare organization.**
External Physician or Other Qualified Healthcare Professional	An external physician or other qualified health care professional is an individual **who is in a different group practice or who is of a different specialty or subspecialty**. It includes licensed professionals that are practicing independently. It may also be a facility or organizational provider such as a hospital, nursing facility, or home health care agency.

Amount and/or Complexity of Data to Be Reviewed and Analyzed

Discussion	Discussion requires an interactive exchange. The exchange must be direct and not through intermediaries (eg, clinical staff or trainees). **Forwarding chart notes or written exchanges that are within progress notes does not qualify as an interactive exchange**. The **discussion does not need to be on the date of the encounter**, but it is counted only once and **only when it is used in the decision making of the encounter**. The exchange does not take place all at the same time nor does need to be in person, but it **must be initiated and completed within a short time period** (eg, within a day or two).
Independent Historian(s)	An **individual such as a parent, guardian, surrogate, spouse, care giver, witness, who provides a history in addition to a history provided by the patient who is unable to provide a complete or reliable history due to developmental stage of the patient, or another mental condition(s)** or **because a confirmatory history is determined to be medically necessary**. In the case where there may be conflict or poor communication between multiple historians and more than one historian(s) is needed, the independent historian(s) requirement is met. The historian does not need to be in person but does need to be obtained directly from that person. **Translation services does not quality an Independent Historian**.
Independent Interpretation	The interpretation of a test for which there is a CPT® code and an interpretation or report is expected. This **does not apply when the provider is reporting the service** or has previously reported the service. A form of interpretation **should be documented, but need not conform to the usual standards of a complete report for the test**.
Appropriate Source	For the purpose of the Discussion of Management Data Element, an **appropriate source includes individuals who are not health care professionals, but may be involved in the management of the patient** (e.g., lawyer, parole officer, power of attorney, case manager, clergy, teacher). It does **not include discussion with family or informal caregivers**.

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

Risk	**The probability and/or consequences of an event (an event is the medical intervention or treatment). The assessment of the level of risk is affected by the nature of the medical intervention or treatment under consideration**. For example, a low probability of death may be high risk, whereas a high chance of a minor, self-limited adverse effect of treatment may be low risk. **Definitions of risk are based upon the usual behavior and thought processes of a provider in the same specialty**. Trained clinicians apply common language usage meanings to terms such as 'high', 'medium', 'low', or 'minimal' risk and do not require quantification for these definitions, (though quantification may be provided when evidence-based medicine has established probabilities). **For the purposes of calculating medical decision making, level of risk is based upon consequences of the problem(s) addressed at the visit when appropriately treated. Risk also includes medical decision making related to the need to initiate or forego additional testing, treatment and/or hospitalization. The risk of patient management criteria applies to the patient management decisions made by the provider as part of the reported visit**.
Morbidity	A **state of illness or functional impairment that is expected to be long-term duration in which function is limited, quality of life is impaired, or there is organ damage** that may not be temporary despite treatment.
Social Determinants of Health	**Economic and social conditions that may influence the health of individuals and communities**. *Examples may include food or housing insecurity, safety and welfare risks, unemployment, inadequate education, etc.*
Surgery	**Minor or Major**: The classification of surgery into these categories is based on the common meaning of such terms when used by trained clinicians, similar to the use of the term "risk." These terms are not defined by a surgical package classification. **Elective or Emergency**: Elective procedures and emergent or urgent procedures describe the timing of a procedure when the timing is related to the patient's condition. An elective procedure is typically planned in advance, while an emergent procedure is typically performed immediately or with minimal delay to allow for patient stabilization. Both elective and emergent procedures may be minor or major procedures. **Risk Factors, Patient or Procedure**: Risk factors are those that are relevant to the patient and inherent risks of the procedure. Evidence-based risk calculators may be used, but are not required, in assessing patient and procedure risk.

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

Prescription Drug Management	Prescription drug management is **determined by documented evidence showing the provider has evaluated the appropriateness of the medications** during the E/M service and continues to prescribe the same medications to the patient (medication refills). Medication evaluation encompasses an assessment of medical necessity and the risks associated with both taking and not taking the medication, patient's response, dosage adjustments, and potential drug interactions with other prescriptions. Providing samples of a prescription drug would be counted as management. Simply **listing the medication, refilling or stating to continue current medication(s) does not qualify as management**. An order for an OTC drug does not count as prescription drug management. However, **managing the patient's prescription drug(s) in connection with adding an OTC or supplement would show prescription drug management**.
Drug Therapy Requiring Intensive Monitoring for Toxicity	A **drug that requires intensive monitoring is a therapeutic agent which has the potential to cause serious morbidity or death**. Monitoring is performed for assessment of potential adverse effects, not primarily for assessment of the therapeutic effect. Monitoring should follow practice that is generally accepted for the drug, but may be patient specific in some cases. Intensive monitoring may be long-term or short term. Long-term intensive monitoring is performed not less than quarterly. **Monitoring may include a lab test, a physiologic test or imaging. Monitoring by history or examination does not qualify. The monitoring affects the level of medical decision making in a visit in which it is considered in the management of the patient**. The act of monitoring affects the level of MDM for the visit in which there is management of the patient. *Examples may include monitoring for a cytopenia in the use of an antineoplastic agent between dose cycles or the short-term intensive monitoring of electrolytes and renal function in a patient who is undergoing diuresis.* Examples of monitoring that does not qualify include monitoring glucose levels during insulin therapy as the primary reason is the therapeutic effect, UNLESS the patient has a current condition of severe hypoglycemia; or annual electrolytes and renal function for a patient on a diuretic as the frequency does not meet the threshold.

MDM Risk Table

Number/Complexity of Problems Addressed (Chart A)

Straight-forward	☐ 1 Self-limited / minor problem
Low	☐ 2+ Self-limited / minor problem ☐ 1 Stable chronic illness ☐ 1 Acute uncomplicated illness / injury ☐ 1 Stable acute illness ☐ 1 Acute uncomplicated illness / injury requiring hospital inpatient or observation care
Moderate	☐ 1+ Chronic illness w/ exacerbation, progression, side effects of treatment ☐ 2+ Stable chronic illnesses ☐ 1 Undiagnosed new problem w/ uncertain prognosis ☐ 1 Acute illness w/ systemic symptoms ☐ 1 Acute complicated injury
High	☐ 1+ Chronic illness w/ severe exacerbation, progression or treatment side effects ☐ 1 Acute / chronic illness/injury that pose threat to life or bodily function

Risk of Complications and/or Morbidity or Mortality of Patient Management (Chart C)

Minimal	☐ Minimal risk of morbidity associated with problem, test or treatment *Examples:* *Rest, gargles, elastic bandages, superficial dressings*
Low	☐ Low risk of morbidity associated with problem, test or treatment *Examples:* *OTC drugs, minor surgery w/o identified risk factors, PT OT therapy, IV fluids w/o additives* *Prescription refills w/o documentation of management*
Moderate	☐ Moderate risk of morbidity associated with problem, test or treatment *Examples:* *Prescription drug management (new Rx, refills with management)* *Decision regarding minor surgery w/identified patient or procedure risk factors* *Decision regarding elective major surgery w/o identified PT or procedure risk factors* *Diagnosis or treatment significantly limited by social determinants of health*
High	☐ High risk of morbidity associated with problem, test or treatment *Examples:* *Drug therapy requiring intensive monitoring for toxicity* *Decision regarding elective major surgery w/identified patient or treatment risk factors* *Decision regarding emergency major surgery, hospitialiation, or escalation of care* *Decision not to resuscitate or to de-escalate care because of poor prognosis* *Parenteral controlled substances*

Amount and/or Complexity of Data to be Reviewed and Analyzed (Chart B) *Each unique test, order, or document contributes to the combination of T&D category below

Tests & Documents (T&D)				**T&D Total Category points**	**Data Level**
Review of prior **external note(s)** from each unique source*		**x1 =**			
Review of the **result(s)** of each unique test*		**x1 =**			
Ordering of each unique test		**x1 =**			
Assessment requiring an independent historian(s) (IHx)				**IHx Total Category points**	
An individual (eg, parent, guardian, surrogate, spouse, witness) who provides a hx in addition to patient	**0 or 1 max =**				
Independent interpretation of tests (Intpr)				**Intpr Total Category points**	
Independent **interpretation of a test performed by another** physician/other qualified health care professional (not separately reported);	**0 or 1 max =**				
Discussion of management or test interpretation (DISC)				**DISC Total Category points**	
Discussion of management or test interpretation with **external physician** / other qualified health care professional\appropriate source (not separately reported)	**0 or 1 max =**				

MDM Overall Level: _____

Must consider 2 of the 3 MDM elements for the overall MDM level (Charts: A, B and/or C)

Use any 2 charts that meet or exceed
Drop the lowest one

Data Section Calculation

Points should be calculated for each category.
Unique test(s) and document(s) count as 1 point for each and are totaled to = category points.
The more points the higher the data level
For calculations purposes use the below abbreviations:

Tests & Documents = **T&D**
Assessment requiring an independent historian(s) = **IHx**
Independent interpretation of tests = **Intpr**
Discussion of management or test interpretation = **DISC**

Chart B Calculations for Data

Category	Data Level	Category	Data Level
1 T&D	Minimal	1 Intpr	Moderate
2 T&D	Limited	1 DISC	Moderate
1 IHx	Limited	1 T&D and 1 IHx and 1 DISC	Moderate
1 T&D and 1 IHx	Limited	2 T&D and 1 IHx and 1 Intpr	High
2 T&D and IHx	Moderate	2 T&D and 1 IHx and 1 DISC	High
1 T&D and 1 Intpr	Moderate	3+ T&D and 1 Intpr	High
1 T&D and 1 DISC	Moderate	3+ T&D and 1 DISC	High
1 T&D and 1 Intpr	Moderate	3+ T&D and 1 IHx and 1 Intpr	High
2 T&D and 1 DISC	Moderate	3+ T&D and 1 IHx and 1 DISC	High
3+ T&D	Moderate	1 Intpr and 1 DISC	High
3+ T&D and 1 IHx	Moderate		

Time-Based Coding Guidelines

For calculation purposes, time for E/M services is the total time on the date of the visit. It includes both the face-to-face and non-face-to-face time personally spent by the provider(s) on the day of the visit and includes time in activities that require the provider but does not include time in activities normally performed by clinical staff. It does not matter the provider's location which may be on or off the unit or in or out of the office. Total visit time must not include time spent performing other separately reported service(s).

Activities of Time

Provider time includes the following activities, when performed:

- Preparing to see the patient such as reviewing the patient's record
- Obtaining and/or reviewing separately obtained history
- Performing a medically appropriate history and examination
- 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

Shared or Split Visits

A visit in which a physician and non-physician provider of the same group each evaluate a patient. Leveling the E/M service may be done using time or MDM. The combined time of each provider may be used for the total visit time. However, overlapping time should not be included in the total time. If using MDM, the provider who made or approved the diagnoses and takes responsibility for the plan and risks,and/or data reviewed or ordered by either provider may be calculated towards the substantive portion.

Prolonged Time Calculations

Prolonged time is total time that is 15 minutes beyond the time required to report the highest-level primary E/M service. It includes combined time with or without direct patient contact on the date of a patient visit.

- Initial time unit of 15 minutes should be added once the time of the primary E/M code has been surpassed by 15 minutes
- Prolonged time less than 15 minutes is not billable
- Units are reported in 15 minute increments
- Time spent performing separately reported services other than primary E/M service is not counted toward the primary E/M and prolonged times

Outpatient Prolonged Services

AMA Code	CMS Code*
99417 – office/other outpatient service	**G2212** – office/other outpatient service **G0318** – home or resident service

Inpatient Prolonged Services

AMA Code	CMS Code*
99418 – inpatient/observation/nursing facility service	**G0316** – inpatient/observation service **G0317** – nursing facility service

*CMS has different time requirements for these codes.

E/M Code Tables

Office Visit & Other Outpatient

New	HX & EX	MDM	Time*
99202	Medical appropriate HX and/or Exam	Straightforward	15
99203	Medical appropriate HX and/or Exam	Low	30
99204	Medical appropriate HX and/or Exam	Moderate	45
99205	Medical appropriate HX and/or Exam	High	60
99417	–	–	75+
G2212	–	–	89+

Est	HX & EX	MDM	Time*
99212	Medical appropriate HX and/or Exam	Straightforward	10
99213	Medical appropriate HX and/or Exam	Low	20
99214	Medical appropriate HX and/or Exam	Moderate	30
99215	Medical appropriate HX and/or Exam	High	40
99417	–	-	55+
G2212	–	-	69+

Hospital & Observations Services

Initial	HX & EX	MDM	Time*
99221	Medical appropriate HX and/or Exam	Straightforward or Low	40
99222	Medical appropriate HX and/or Exam	Moderate	55
99223	Medical appropriate HX and/or Exam	High	75
99418	–	-	90+
G0316	–	-	90+

Subsq	HX & EX	MDM	Time*
99231	Medical appropriate HX and/or Exam	Straightforward or Low	25
99232	Medical appropriate HX and/or Exam	Moderate	35
99233	Medical appropriate HX and/or Exam	High	50
99418	–	–	65+
G0316	–	–	65+

Same Day Admit & Discharge (Stay must be at least 8 hours)

Same Day	HX & EX	MDM	Time*
99234	Medical appropriate HX and/or Exam	Straightforward or Low	45
99235	Medical appropriate HX and/or Exam	Moderate	70
99236	Medical appropriate HX and/or Exam	High	85
99418	–	–	100+
G0316	–	–	110+

Inpatient Discharge

Discharge	Documentation	Time
99238	Final exam, hospital stay summary, continuing care instructions, preparation of discharge records, RX & referrals	30 minutes or less
99239		> 30 minutes

E/M Code Tables

Consultations - Outpatient & Inpatient

Outpt	HX & EX	MDM	Time*
99242	Medical appropriate HX and/or Exam	Straightforward	20
99243	Medical appropriate HX and/or Exam	Low	30
99244	Medical appropriate HX and/or Exam	Moderate	40
99245	Medical appropriate HX and/or Exam	High	55
99417	–	–	70+

Inpt/OBS	HX & EX	MDM	Time*
99252	Medical appropriate HX and/or Exam	Straightforward	35
99253	Medical appropriate HX and/or Exam	Low	45
99254	Medical appropriate HX and/or Exam	Moderate	60
99255	Medical appropriate HX and/or Exam	High	80
99418	–	–	95+

Nursing Facility

Initial	HX & EX	MDM	Time*
99304	Medical appropriate HX and/or Exam	Straightforward or Low	25
99305	Medical appropriate HX and/or Exam	Moderate	35
99306	Medical appropriate HX and/or Exam	High	50
99418	–	–	65+
G0317	–	–	95+

Subsq	HX & EX	MDM	Time*
99307	Medical appropriate HX and/or Exam	Straightforward	10
99308	Medical appropriate HX and/or Exam	Low	20
99309	Medical appropriate HX and/or Exam	Moderate	30
99310	Medical appropriate HX and/or Exam	High	45
99418	–	–	60+
G0317	–	–	85+

Home or Residence

New	HX & EX	MDM	Time*
99341	Medical appropriate HX and/or Exam	Straightforward	15
99342	Medical appropriate HX and/or Exam	Low	30
99344	Medical appropriate HX and/or Exam	Moderate	60
99345	Medical appropriate HX and/or Exam	High	75
99417	–	–	90+
G0318	–	–	140+

Est	HX & EX	MDM	Time*
99347	Medical appropriate HX and/or Exam	Straightforward	20
99348	Medical appropriate HX and/or Exam	Low	30
99349	Medical appropriate HX and/or Exam	Moderate	40
99350	Medical appropriate HX and/or Exam	High	60
99417	–	–	75+
G0318	–	–	110+

E/M Code Tables

Emergency Department

ED	HX & EX	MDM
99281	Evaluation and management of a patient that may not require the presence of a physician or other qualified healthcare provider	–
99282	Medical appropriate HX and/or Exam	Straightforward
99283	Medical appropriate HX and/or Exam	Low
99284	Medical appropriate HX and/or Exam	Moderate
99285	Medical appropriate HX and/or Exam	High

Split Shared E/M Services

E/M Visit Code Family	Substantive Portion
Other Outpatient (CMS does not allow in POS 11)	MDM or > 50% Total Time
Inpatient, Observation, Hospital, and SNF	MDM or > 50% Total Time
Emergency Department	MDM
Critical Care	> 50% Total Time

Critical Care

AMA Times	Code Sections	CMS Times
<30	Appropriate E/M Code	<30
30–74	99291 x 1	30–103
75–104	99291 x 1 and 99292 x 1	104–133
105–134	99291 x 1 and 99292 x 2	134–163
135–164	99291 x 1 and 99292 x 3	164–193
165–194	99291 x 1 and 99292 x 4	194–224
195+	99291 - 99292 as appropriate	225+