Medical Decision-Making Point System

A casual review of the official rules for interpreting the key component of Medical Decision-Making shows that the criteria for quantifying physician cognitive labor are quite ambiguous. Medicare discovered that auditors were having a hard time nailing down the level of Medical Decision-Making during the medical review process. In response to this problem, a more objective Medical Decision-Making Point System was developed by CMS. Although not part of the official E/M guidelines, this MDM Point System was distributed to all Medicare carriers to be used on a "voluntary" basis. In point of fact, this is the way your Medical Decision-Making will be graded in the event of an audit.

Problem Points

The "nature and number of clinical problems" are quantified into **Problem Points** by referring to the following table:

Problems	Points
Self-limited or minor (maximum of 2)	1
Established problem, stable or improving	1
Established problem, worsening	2
New problem, with no additional work-up planned (maximum of 1)	3
New problem, with additional work-up planned	4

The above table is fairly self explanatory. An example of a "self-limited or minor" problem may be a common cold or an insect bite. An "established problem" refers to a diagnosis which is already known to the examiner, such as hypertension, osteoarthritis or diabetes. An example of a "new problem with no additional work-up planned" may be a new diagnosis of essential hypertension. Examples of "new problem, with additional work-up planned" may include any new clinical issue which requires further investigation such as chest pain, proteinuria, anemia, shortness of breath, etc

Data Points

The "amount and complexity of the data reviewed" are quantified by referring to the following table:

Data Reviewed	Points
Review or order clinical lab tests	1
Review or order radiology test (except heart catheterization or echo)	1
Review or order medicine test (PFTs, EKG, cardiac echo or catheterization)	1
Discuss test with performing physician	1
Independent review of image, tracing, or specimen	2
Decision to obtain old records	1
Review and summation of old records	2

The physician should be aware that no "double dipping" is allowed. For example, if you review lab results and order labs during the same visit, you only get one point (not one point for ordering and one point for reviewing). This same rules applies to imaging studies or other medicine tests such as EKGs or PFTs. Commonly overlooked points are those garnered for obtaining or reviewing old records. If you do review old records, you *must* summarize your findings in the chart. It is not acceptable to just say, "Old records were reviewed."

TABLE OF RISK

Level of Risk	Presenting Problem(s)	Diagnostic Procedure(s) Ordered	Management Options Selected
Minimal	• One self-limited or minor problem, eg, cold, insect bite, tinea corporis	• Laboratory tests requiring venipuncture • Chest x-rays • EKG/EEG • Urinalysis • Ultrasound, eg, echocardiography • KOH prep	• Rest • Gargles • Elastic bandages • Superficial dressings
Low	• Two or more self-limited or minor problems • One stable chronic illness, eg, well controlled hypertension, non-insulin dependent diabetes, cataract, BPH • Acute uncomplicated illness or injury, eg, cystitis, allergic rhinitis, simple sprain	• Physiologic tests not under stress, eg, pulmonary function tests • Non-cardiovascular imaging studies with contrast, eg, barium enema • Superficial needle biopsies • Clinical laboratory tests requiring arterial puncture • Skin biopsies	• Over-the-counter drugs • Minor surgery with no identified risk factors • Physical therapy • Occupational therapy • IV fluids without additives
Moderate	• 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, eg, lump in breast • Acute illness with systemic symptoms, eg, pyelonephritis, pneumonitis, colitis • Acute complicated injury, eg, head injury with brief loss of consciousness	• Physiologic tests under stress, eg, cardiac stress test, fetal contraction stress test • Diagnostic endoscopies with no identified risk factors • Deep needle or incisional biopsy • Cardiovascular imaging studies with contrast and no identified risk factors, eg, arteriogram, cardiac catheterization • Obtain fluid from body cavity, eg lumbar puncture, thoracentesis, culdocentesis	• Minor surgery with identified risk factors • Elective major surgery (open, percutaneous or endoscopic) with no identified risk factors • Prescription drug management • Therapeutic nuclear medicine • IV fluids with additives • Closed treatment of fracture or dislocation without manipulation
High	• One or more chronic illnesses with severe exacerbation, progression, or side effects of treatment • Acute or chronic illnesses or injuries that pose a threat to life or bodily function, eg, multiple trauma, acute MI, pulmonary embolus, severe respiratory distress, progressive severe rheumatoid arthritis, psychiatric illness with potential threat to self or others, peritonitis, acute renal failure • An abrupt change in neurologic status, eg, seizure, TIA, weakness, sensory loss	• Cardiovascular imaging studies with contrast with identified risk factors • Cardiac electrophysiological tests • Diagnostic Endoscopies with identified risk factors • Discography	• Elective major surgery (open, percutaneous or endoscopic) with identified 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

MDM Points Table

(Two out of three must be present to qualify for a given level of MDM)

Overall MDM	Problem Points	Data Points	Risk
Straightforward Complexity	1	1	Minimal
Low complexity	2	2	Low
Moderate Complexity	3	3	Moderate
High Complexity	4	4	High