

## MEDICAL DECISION MAKING TABLE

Code selection requires 2 of 3 Elements be Met (Complexity, Data to Review, Risk)		
Complexity	Data to Review	Risk
<p><b>Straightforward:</b> 1 self-limited or minor problem</p>	<p><b>Minimal:</b> No data</p>	<p><b>Minimal</b> risk of morbidity from additional diagnostic testing or treatment</p>
<p><b>Low Complexity:</b> 2 or more self-limited or minor problem OR 1 stable chronic illness OR 1 acute, uncomplicated illness or injury</p>	<p><b>Limited</b> (meet <b>1 of 2</b> categories) <b>Category 1: Tests and Documents</b> <b>Any combination of 2</b> from the following:</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Review of prior external note(s) from each unique source</li> <li><input type="checkbox"/> Review of the result(s) of each unique test</li> <li><input type="checkbox"/> Ordering of each unique test</li> </ul> <p style="text-align: center;"><b>OR</b></p> <p><b>Category 2:</b> Assessment requiring an independent historian</p>	<p><b>Low</b> risk of morbidity from additional diagnostic testing or treatment</p>
<p><b>Moderate Complexity:</b> 2 or more stable chronic illnesses <b>OR</b> 1 or more chronic illness with exacerbation, progression of side effect <b>OR</b> 1 undiagnosed new problem with uncertain prognosis <b>OR</b> 1 acute illness with systemic symptoms <b>OR</b> 1 acute complicated injury</p>	<p><b>Moderate</b> (meet <b>1 of 3</b> categories) <b>Category 1: Tests and Documents</b> <b>Any combination of 3</b> from the following</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Review of prior external note(s) from each unique source</li> <li><input type="checkbox"/> Review of the result(s) of each unique test</li> <li><input type="checkbox"/> Ordering of each unique test</li> <li><input type="checkbox"/> <b>Assessment requiring an independent historian(s)</b></li> </ul> <p style="text-align: center;"><b>OR</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> <b>Category 2: Independent Interpretation of test</b> (performed by another physician / not reported separately)</li> </ul> <p style="text-align: center;"><b>OR</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> <b>Category 3: Discussion of management or test interpretation with external physician and/or appropriate source</b></li> </ul>	<p><b>Moderate</b> risk of morbidity from additional diagnostic testing or treatment</p> <p><i>Examples only:</i></p> <ul style="list-style-type: none"> <li>• Prescription drug management</li> <li>• Decision regarding minor surgery with identified patient or procedure risk factors</li> <li>• Decision regarding elective major surgery without identified patient or procedure risk factors</li> <li>• Diagnosis or treatment significantly limited by social determinants of health</li> </ul>
<p><b>High Complexity:</b> 1 or more chronic illness with severe exacerbation, progression of side effect <b>OR</b> 1 acute or chronic illness or injury posing a threat to life or bodily function</p>	<p><b>Extensive</b> (meet <b>2 of 3</b> categories) <b>Category 1: Tests and Documents:</b> Any combination of 3 from the following:</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Review of prior external note(s) from each unique source</li> <li><input type="checkbox"/> Review of the result(s) of each unique test</li> <li><input type="checkbox"/> Ordering of each unique test</li> <li><input type="checkbox"/> Assessment requiring an independent historian(s)</li> </ul> <p style="text-align: center;"><b>OR</b></p> <p><b>Category 2: Independent Interpretation of test</b> (performed by another physician / not reported separately)</p> <p style="text-align: center;"><b>OR</b></p> <p><b>Category 3:</b> Discussion of management or test interpretation with external physician/appropriate source</p>	<p><b>High</b> risk of morbidity from additional diagnostic testing or treatment</p> <p><i>Examples only:</i></p> <ul style="list-style-type: none"> <li>• Drug therapy requiring intensive monitoring for toxicity</li> <li>• Decision regarding elective major surgery with identified patient or procedure risk factors</li> <li>• Decision regarding emergency major surgery</li> <li>• Decision regarding hospitalization</li> <li>• Decision not to resuscitate or to de-escalate care because of poor prognosis</li> </ul>

## Definitions

**Stable, chronic illness:** A problem with an expected duration of at least a year or until the death of the patient. For the purpose of defining chronicity, conditions are treated as chronic whether or not stage or severity changes (e.g., uncontrolled diabetes and controlled diabetes are a single chronic condition). 'Stable' for the purposes of categorizing medical decision making is defined by the specific treatment goals 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 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.

**Chronic illness with exacerbation, progression, or side effects of treatment:** A chronic illness that is acutely worsening, poorly controlled or progressing with an intent to control progression and requiring additional supportive care or requiring attention to treatment for side effects, but that does not require consideration of hospital level of care

**Independent historian(s): is defined as:** An individual (e.g., parent, guardian, surrogate, spouse, witness) who provides a history in addition to a history provided by the patient who is unable to provide a complete or reliable history (e.g., due to developmental stage, dementia, or psychosis) or because a confirmatory history is judged to be 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.**

**AMA Defines Appropriate source as:** For the purpose of the Discussion of Management data element, an appropriate source includes professionals who are not health care professionals but may be involved in the management of the patient (e.g., lawyer, parole officer, case manager, teacher). It does not include discussion with family or informal caregivers.

**Risk:** The probability and/or consequences of an event. The assessment of the level of risk is affected by the nature of the event 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 physician or other qualified health care professional 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 medical decision making, level of risk is based upon consequences of the problem(s) addressed at the encounter when appropriately treated. Risk also includes medical decision making related to the need to initiate or forego further testing, treatment and/or hospitalization**

Resource: <https://www.ama-assn.org/system/files/2019-06/cpt-office-prolonged-svs-code-changes.pdf>