Medical Decision Making: What it is and What it Means to You

By

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Introduction

- We are hearing a lot about Medical Decision Making (often abbreviated as MDM) now that it is one of the only two ways to determine the appropriate Evaluation and Management code level.
- I thought that it would be a good idea to take a minute and explain exactly what MDM is and how it relates to us.

Medical Decision Making

- A good definition for Medical Decision Making is; "the process by which a diagnosis or treatment plan is formulated from the available test information".
- This is the one thing that differentiates doctors from support staff such as CAs, nurses, and technicians.
- We determine what is wrong with the patient and how to best take care of the problem.

S.O.A.P.

- To look at this in greater detail let's bring in our old friend S.O.A.P.
- Of course, we know that S.O.A.P. is the acronym for Subjective, Objective, Assessment, and Plan, which outlines how our documentation is laid out.
- The Subjective data is the information that we get from the patient or their caregiver or family member.
- We gather that information by the use of written history forms, direct consultation with the patient, discussions with family members or caregivers, and review of outside documentation such as accident reports or charts from other providers.
- The Objective data is the information that the doctor gets by direct observation of the patient.
- That observation can be in the form of an examination, imaging, lab results, or just watching the patient walk down the hall.
- The Assessment is the doctor's opinion as to what is wrong with the patient. It contains the diagnoses but it should be so much more.
- To quote your high school math teacher, you need to show your work.
- The Assessment should note which elements of the subjective data and objective data are significant and how they factor into your decision to diagnose the patient's condition in the way that you did. It should also note any complicating factors that would extend treatment times.
- A good Assessment should look like this:
- "The patient presented with low back pain radiating down the right leg to below the knee. The Laseque's test was positive on the right at 35 degrees and the confirmatory Braggard's test was also positive on the right. This would indicate a diagnosis of M54.41 Lumbago with Sciatica, right side. The fact that the patient did not seek treatment for 2 weeks and reported a pain level of 9 on the numeric pain

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scale combine to indicate that the treatment time for this case could be double that normally expected. The patient will be seen 3 times per week for 4 weeks then re-examined to determine progress and the need for further care. Started preparing to see the patient at 8:15 A.M by preparing initial patient packet and finished at 8:19 A.M. for a total of 4 minutes. Started reviewing patient's history at 10:12 A.M then performed consultation and examination, finishing at 10:34 A.M. for a total of 22 minutes. X-rays were ordered and patient was told to return this afternoon to review plan of care and start treatment. Reviewed x-ray and exam results and developed plan of care starting at 12:42 P.M. and finishing at 12:57 P.M. for a total of 15 minutes. Patient returned in the afternoon and reviewed exam results, x-ray results, and plan of care starting at 3:16 P.M. and finishing at 3:30 P.M. for a total of 14 minutes. Total time spent on E/M service was 55 minutes resulting in code 99204. Treatment was initiated at 3:35 P.M."

- The Plan is the roadmap to what the doctor is going to do the take care of the patient's condition.
- A good treatment plan outlines the frequency and duration of visits, the treatment goals, and what measures will be utilized to determine if those goals have been met.
- If we put S.O.A.P. into a formula it would look like this:
- Subjective + Objective = Assessment " Plan
- Now let's show where MDM is involved in the process:
- Subjective + Objective =(MDM occurs here)= Assessment "(MDM occurs here)" Plan
- So you can see that Medical Decision Making occurs twice in the S.O.A.P process; first in determining the assessment and second in determining the plan.
- The subjective and objective elements are for data collection and the forms and procedures that you use are simply tools that aid you in that data collection.
- The assessment and plan elements are where you put your skills and expertise as a doctor to use.
- You employ your most valuable asset, your professional opinion.
- And always remember, you are the world's leading expert on your opinion.
- I should mention here that with the change in coding criteria for the Evaluation and Management service codes that some people now think that we do not need to perform exams or take a history.
- This is wrong.
- The CPT manual states that a clinically appropriate history and examination are to be performed and part of the Evaluation and Management service.

Record Requests

- Most of the time when doctors respond to requests for records from third party payers they send in their history and exam forms along with an x-ray report and a list of diagnoses.
- In other words, they are submitting the raw data from the subjective and objective portions of their documentation.
- Doing this forces the reviewer to do the Medical Decision Making for your case and they are not qualified to do that.
- And there is no guarantee that they will reach the same conclusions that you did.

- After all, they are not chiropractors and they do not have the training and expertise necessary to look at the raw data and make decisions regarding the nature of the problem and how to properly treat it.
- Your notes should contain a summary of the subjective information reported to you, a summary of the objective information that you observed, your assessment regarding which of that information is significant and what it means, and the plan should outline what you are going to do about it and how you will know when you are done.
- The history and exam forms are then included to support what you have stated in your notes.
- Failure to submit documentation in this manner causes false denials that cost time and money to appeal and overturn.
- The other side of this is when third party payers state that your submitter treatment plan should be ignored and a different treatment frequency should be approved are actually over-ruling your professional judgment and inserting their own in its place.
- This is getting very close to practicing medicine without a license.

Coding MDM

- To properly code an Evaluation and Management service you can use either time of Medical decision Making.
- I have demonstrated how to use time in the sample Assessment earlier.
- When you code an Evaluation and Management service using Medical Decision Making there are three elements that you need to consider.
- They are:
    - Number and Complexity of Problems Addressed
    - Amount and/or Complexity of Data to Be Reviewed and Analyzed
    - Risk of Complications and/or Morbidity or Mortality of Patient Management
- These elements were designed to quantify and put a value to the doctor’s thought process.
- Whether using time or Medical Decision Making you need to be careful not to over-value or under-value the code in relation to actual nature of the case.
- For example; a high level E/M code such as 99204 would not be appropriate for the case of a simple headache the resolved in five visits.
- Conversely, a low level code such as 99202 would not be appropriate for a case involving injuries resulting from a car accident that took seven months to resolve.
- Keep in mind that you may not be the only person to look at your documentation.
- It may be reviewed by a third party payer to determine if you should be paid the amount that you billed.
- It may be reviewed by peer reviewers if someone files a complaint against you.
- It may be reviewed by attorneys should you go to court for either malpractice or to get the settlement that your patient deserves.
- One of the best ways to determine if your documentation is good is to read it out loud and imagine that you are reading it to a jury in open court.
- If you are not that comfortable and confident in your documentation then look at it with a critical eye and see where you could improve.

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Summary

- Developing accurate and complete documentation puts you in a very strong position when it comes to third party payer reviews and audits.
- When you state your opinion and show how you arrived at that opinion then the reviewer can only disagree with your opinion and then only if they have equal or greater credentials than you.
- Another important part of the Medical Decision Making is coding to the correct level so that you don't harm your credibility in the eyes of the reviewers or your peers.

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