include Table 1, which shows the relationship among these three factors.

The documentation guidelines were integral to the development of “score sheets” that are used by Medicare Administrative Contractors and by physicians, coders, electronic medical record systems, and private payers to evaluate the complexity of medical decision making. Before being released, the 1995 E/M documentation guidelines were beta-tested at Marshfield Clinic in Wisconsin. As part of the testing process, the clinic’s staff helped their regional Medicare carrier develop an audit worksheet that included a scoring system for medical decision making. Although these score sheets have never been included in the “official” CMS or CPT documentation guidelines, they are commonly used to evaluate medical decision making.

Tables 2 through 5 represent a facsimile of the medical decision-making scoring sheets, which may vary slightly in language by payer. The system quantifies some of the elements of medical decision making defined in CPT with points scoring. Table 2 shows the final results for determining the level of decision making. Activities that result in data review and diagnosis/management options points are outlined in Tables 3 and 4. Table 5 outlines activities that determine the level of medical decision-making risk, but it does not rely on a points system for risk assignment.

To determine the level of medical decision making, providers must first complete Tables 3 and 4, then transfer the result to Table 2. For example, in Table 3, for each category of reviewed data identified, the provider would first circle the number in the points column, then total the points and insert the total in Table 2.

The provider would then complete Table 4 by identifying each problem or treatment option mentioned in the record. The number of each problem or treatment option mentioned would then be entered in each of the categories in Column B of Table 4. Note that two categories have a maximum number. The number of problems or treatment options would then be multiplied by the points shown in Column C and the result listed in both Column D and Table 2. Finally, the risk table (Table 5) would be used as a guide to assign points. It should be understood that the table does not contain all specific instances of medical care. The provider would circle the most appropriate factor(s) in each category. The overall measure of risk is the highest level circled. That level of risk would then be transferred to Table 2.

Risk determination Although the tables quantified with points are not included in Medicare’s official guidelines, the narrative risk table (Table 5) is included in the original and current CMS documentation guidelines, with the following instructions:

- Comorbidities/underlying diseases or other factors that increase the complexity of medical decision making by increasing...