

## What is the level of risk for a referral to another physician?

Presented by Betsy Nicoletti, M.S., CPC

### Risk from diagnostic testing or treatment

**Q:**

What level of risk is assigned when a practitioner refers a patient to a physician in another specialty? Does the complexity of the problem (eg, melanoma) make a difference?

**A:**

Referral to a specialist is minimal or low risk. The risk of the problem is distinct from the risk of management.

Level of MDM 2 of 3	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
<b>Straight forward</b>	<b>Minimal</b> <input type="checkbox"/> 1 self-limited or minor problem	<b>Minimal or none</b>	<b>Minimal risk</b> of morbidity from additional diagnostic testing or treatment
<b>Low</b>	<b>Low</b> <input type="checkbox"/> 2 or more self-limited or minor problems; or <input type="checkbox"/> 1 stable chronic illness; or <input type="checkbox"/> 1 acute, uncomplicated illness or injury <input type="checkbox"/> 1 stable acute illness <input type="checkbox"/> 1 acute, uncomplicated illness or injury requiring hospital inpatient or observation level of care	<b>Limited</b> (Must meet the requirements of at least <b>1 of the 2 categories</b> ) <input type="checkbox"/> <b>Category 1:</b> Tests and documents <b>Any combination of 2 from the following:</b> <input type="checkbox"/> __Review of prior external note(s) from each unique source*; <input type="checkbox"/> __Review of the result(s) of each unique test*; <input type="checkbox"/> __Ordering of each unique test* OR <input type="checkbox"/> <b>Category 2:</b> Assessment requiring an independent historian(s)	<b>Low risk</b> of morbidity from additional diagnostic testing or treatment
<b>Moderate</b>	<b>Moderate</b> <input type="checkbox"/> 1 or more chronic illnesses with exacerbation, progression, or side effects of treatment; or <input type="checkbox"/> 2 or more stable chronic illnesses; or <input type="checkbox"/> 1 undiagnosed new problem with uncertain prognosis; or <input type="checkbox"/> 1 acute illness with systemic symptoms; or <input type="checkbox"/> 1 acute complicated injury	<b>Moderate</b> (Must meet the requirements of at least <b>1 out of 3 categories</b> ) <input type="checkbox"/> <b>Category 1:</b> Tests, documents, or independent historian(s) <b>Any combination of 3 from the following:</b> <input type="checkbox"/> __Review of prior external note(s) from each unique source* <input type="checkbox"/> __Review of the result(s) of each unique test*; <input type="checkbox"/> __Ordering of each unique test* <input type="checkbox"/> __Assessment requiring independent historian(s); or <input type="checkbox"/> <b>Category 2:</b> Independent interpretation of tests Independent interpretation of a test performed by another physician/other qualified health care professional (not separately reported); or <input type="checkbox"/> <b>Category 3:</b> Discussion of management or test interpretation Discussion of management or test interpretation with external physician/other qualified health care professional/ appropriate source (not separately reported)	<b>Moderate risk</b> of morbidity from additional diagnostic testing or treatment Examples only: <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>
<b>High</b>	<b>High</b> <input type="checkbox"/> 1 or more chronic illnesses with severe exacerbation, progression, or side effects of treatment; or <input type="checkbox"/> 1 acute or chronic illness or injury that poses a threat to life or bodily function	<b>Extensive</b> (Must meet the requirements of at least <b>2 out of 3 categories</b> ) (in the field right above.)	<b>High risk</b> of morbidity from additional diagnostic testing or treatment Examples only: <ul style="list-style-type: none"><li>• Drug therapy requiring intensive monitoring for toxicity</li><li>• Decision regarding elective major procedure with identified patient or procedure risk factors</li><li>• Decision regarding emergency major surgery</li><li>• Decision regarding hospitalization or escalation of hospital level care</li><li>• Decision not to resuscitate or to de-escalate care because of poor prognosis</li><li>• Decision regarding parenteral controlled substances</li></ul>

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3

Level of MDM 2 of 3	Number and Complexity of Problems Addressed
<b>Straight forward</b>	<b>Minimal</b> <input type="checkbox"/> 1 self-limited or minor problem
<b>Low</b>	<b>Low</b> <input type="checkbox"/> 2 or more self-limited or minor problems; or <input type="checkbox"/> 1 stable chronic illness; or <input type="checkbox"/> 1 acute, uncomplicated illness or injury; or <input type="checkbox"/> 1 stable acute illness; or <input type="checkbox"/> 1 acute, uncomplicated illness or injury requiring hospital inpatient or observation level of care
<b>Moderate</b>	<b>Moderate</b> <input type="checkbox"/> 1 or more chronic illnesses with exacerbation, progression, or side effects of treatment; or <input type="checkbox"/> 2 or more stable chronic illnesses; or <input type="checkbox"/> 1 undiagnosed new problem with uncertain prognosis; or <input type="checkbox"/> 1 acute illness with systemic symptoms; or <input type="checkbox"/> 1 acute complicated injury
<b>High</b>	<b>High</b> <input type="checkbox"/> 1 or more chronic illnesses with severe exacerbation, progression, or side effects of treatment; or <input type="checkbox"/> 1 acute or chronic illness or injury that poses a threat to life or bodily function

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4

Elements of Medical Decision Making
Amount and/or Complexity of Data to be Reviewed and Analyzed
*Each unique test, order, or document contributes to the combination of 2 or combination of 3 in Category 1 below
<p><b>Category 1: Tests, documents, or independent historian(s)</b>  <i>Any combination of 3 from the following:</i></p> <ul style="list-style-type: none"> <li>• Review of prior external note(s) from each unique source*;</li> <li>• Review of the result(s) of each unique test*;</li> <li>• Ordering of each unique test*;</li> <li>• Assessment requiring an independent historian(s)</li> </ul> <p>or</p> <p><b>Category 2: Independent interpretation of tests</b></p> <ul style="list-style-type: none"> <li>• Independent interpretation of a test performed by another physician/other qualified health care professional (not separately reported);</li> </ul> <p>or</p> <p><b>Category 3: Discussion of management or test interpretation</b></p> <ul style="list-style-type: none"> <li>• Discussion of management or test interpretation with external physician/other qualified health care professional/appropriate source (not separately reported)</li> </ul>

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5

Level of MDM 2 of 3	Risk of Complications and/or Morbidity or Mortality of Patient Management
<b>Straight forward</b>	<b>Minimal risk</b> of morbidity from additional diagnostic testing or treatment
<b>Low</b>	<b>Low risk</b> of morbidity from additional diagnostic testing or treatment
<b>Moderate</b>	<p><b>Moderate risk</b> of morbidity from additional diagnostic testing or treatment</p> <p>Examples only:</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>
<b>High</b>	<p><b>High risk</b> of morbidity from additional diagnostic testing or treatment</p> <p>Examples only:</p> <ul style="list-style-type: none"> <li>• Drug therapy requiring intensive monitoring for toxicity</li> <li>• Decision regarding elective major procedure with identified patient or procedure risk factors</li> <li>• Decision regarding emergency major surgery</li> <li>• Decision regarding hospitalization or escalation of hospital level care</li> <li>• Decision not to resuscitate or to de-escalate care because of poor prognosis</li> <li>• Decision regarding parenteral controlled substances</li> </ul>

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6

## Number and complexity of problems

In 2024, CPT® AMA added a statement clarifying risk in the definition of problems addressed versus risk from additional diagnostic testing or treatment.

*“The term “risk” as used in the definition of this element relates to risk from the condition. While condition risk and management risk may often correlate, the risk from the condition is distinct from the risk of management.” CPT® 2024 p. 8*



The risk related to the condition itself is assessed separately from the risk of additional diagnostic testing and/or treatment

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7

## Management at the encounter

*“The risk of patient management criteria applies to the patient management decisions made by the reporting physician or other qualified health care professional as part of the reported encounter.” CPT® 2024 p 12*

- Risk applies to the decisions made by the clinician who is reporting the service for the encounter.
- Risk does not apply to the decisions that another practitioner will make

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8

## Why doesn't the severity of the condition "count" for the risk element at the time of the referral?

- The risk of the problem is assessed separately from the risk of additional diagnostic testing or treatment
  - The risk of the melanoma itself is assessed in the first element
- Credit the risk of additional diagnostic testing or treatment that occurs at the encounter, not at a future encounter with another practitioner
  - The risk of treating the melanoma will be assessed/"counted" at the visit by the physician who will treat the condition

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9

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**A:**

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10



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