POINT-OF-CARE TEMPLATE

The 90-Second MDM Note Builder

NATREVMD

A four-step structure that turns the clinical reasoning you already perform into a concise, defensible narrative, without adding length to the note.

KEY INSIGHT

The core principle

Code selection for most office and outpatient E/M services is based on Medical Decision Making or Total Time. History and exam are required when medically appropriate but do not determine the level. Documentation volume should not drive the code. **[1] [2]**

1

Status

What is the current state of the problem?

2

Data

What information informed my decision?

3

Decision & Risk

What action did I take, and what is the risk?

4

Next Steps

What happens next?

STEP	WHAT YOU WRITE	WHAT IT CLARIFIES
1. Status	"I addressed [condition/problem], which was [new / worsening / not at goal / stable with side effects / of uncertain cause]."	Establishes the complexity of the problem addressed during the encounter.
2. Data	"I reviewed/ordered/discussed [specific relevant data, prior record, test, or collateral history] because [clinical reason]."	Proves the cognitive work of reviewing or analyzing data, moving beyond a generic "records reviewed" statement.
3. Decision & Risk	"Given [finding/context], I [started / changed / continued / deferred / referred / escalated] [specific plan]; the key risk or consideration was [patient-specific rationale]."	Links the management decision directly to the patient's specific risk of complications, morbidity, or mortality.
4. Next Steps	"The patient will [follow up / monitor / seek urgent care] for [specific trigger or timeline]."	Demonstrates active management and safety-netting.

CLINICAL PEARL

Could a clinician who did not see this patient understand exactly what made this visit medically necessary, and why this specific plan was chosen?

If the answer is no, add the missing clinical reasoning, not more templated text.