

Client _____ Dr. _____ Signature Yes No D.O.S _____ Match: Yes No

Patient # _____ Primary DX Billed: _____ Agree Disagree 2nd Dx: _____ Agree Disagree

Chief Complaint:

HISTORY

HPI (history of present illness) elements:

- Location Severity Timing Modifying factors
 Quality Duration Context Associated signs and symptoms

ROS (review of systems):

- Constitutional (wt loss, etc) Ears, nose, mouth, throat GI
 Integumentary (skin, breast) Endo GU Hem/lymph
 Eyes Cardiovascular Musculo Neuro Allgy, imm.
 Respiratory Psych "All others neg."

PFSH (past medical, family, social history) areas:

- Past history (the pt.'s experiences with illnesses, operations, injuries & treatments)
 Family history (a review of medical events in the patient's family, including diseases which may be hereditary or place the patient at risk)
 Social history (an age appropriate review of past and current activities)

Problem Focused

- Brief (1-3)

- None

- None

Exp. Prob. Focused

- Brief (1-3)

- Pertinent to problem
(1 system)

- None

Detailed

- Extended (4+ or status of 3+ chronic/inactive cond.)

- Extended
(2-9 systems)

- Pertinent (1 history area)

Comprehensive

- Extended (4+ or status of 3+ chronic/inactive cond.)

- Complete (10 or more systems or some systems with statement -all other neg.)

- Complete (2 or 3 history area)

Circle an entry for history in the table above. a) If a column has 3 elements circled, draw a line up that column to the top row and circle the type of history. b) If no column has all of the elements circled, find the circle(s) farthest to the left. Draw a line up that column to the top row and circle the type of history.

EXAM

Body areas:

- Head, including face Chest, including breast and axillae Abdomen
 Back, including spine Neck Genitalia, groin, buttocks Each

- 1 body area/system

- 2-4 systems

- 5-7 systems

- 8+ systems

Organ system:

- Constitutional (e.g. vitals, gen app) Ears, nose, mouth, throat Resp
 Musculo Psych GI Skin Hem/lymph/imm. Eyes
 Cardiovascular GU Neuro

- 1997**
1-5 bullets/elements

- 1997**
6 bullets / elements

- 1997**
12 bullets / elements

- 1997**
18 bullets - see exam sheets

COMPLEXITY Number of Diagnoses or Treatment Options

Problem to Exam Physician	No. x Points = Result		
	No.	Point	Result
Self-limited or minor (stable, improved or worsening)	Max. = 2	1	
Established problem (to examiner); stable, improved		1	
Established problem (to examiner) worsening		2	
New problem (to examiner); no additional work-up planned	Max. = 2	3	
New prob. (to examiner); add, work-up planned		4	
TOTAL			

Bring total to **line A** in Final Result for Complexity Amount and/or Complexity of Data to be Reviewed

Data to be Reviewed	Points
Review and/or order of clinical lab tests	1
Review and/or order of tests in the radiology sections of CPT	1
Review and/or order of tests in the medicine sections of CPT	1
Discussion of test results with performing physician	1
Review and summarization of old records and/or obtaining history from someone other than patient and/or discussion of case with another health care provider	2
Independent visualization of image, tracing or specimen itself (not simply review of report)	2
TOTAL	

Bring total to **line C** in Final Result for Complexity

TIME

If the physician documents total time and suggests that counseling or coordinating care dominates (more than 50%) the encounter, time may determine level of service. Documentation may refer to: prognosis, differential diagnosis, risks, benefits of treatment, instructions, compliance, risk reduction or discussion with another health care provider.

Does documentation reveal total time? - Time: Face-to-face in outpatient setting Unit/floor in inpatient setting	<input type="checkbox"/> Yes <input type="checkbox"/> No
Does documentation describe the content of counseling or coordinating care?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Does documentation reveal that more than half of time was counseling or coordinating care?	<input type="checkbox"/> Yes <input type="checkbox"/> No

H: _____

E: _____

MD: _____

E/M Billed: _____

FINAL RESULT FOR COMPLEXITY

A	Number of diagnoses or management options	<1 Min.	2 Limit	3 Multi	4 Exten
B	Highest risk	Min.	Low	Mod	High
C	Amount and complexity of data	<1 Min. or none	2 Limited	3 Mod.	>4 Exten.
Type of decision making	Straight Forward	Low Comp	Mod. Comp	High Comp	

Draw a line down any column with 2 or 3 circles and circle the level of decision-making in that column. Otherwise, draw a line down the column with the 2nd circle from the left.

Risk of Complications and/or Morbidity or Mortality

Level Of Risk	Presenting Problem(s)	Diagnostic Procedure(s) Ordered	Management Options Selected
M I N I M A L	<ul style="list-style-type: none"> One self-limited or minor problem, e.g., cold, insect bite, tinea corporis 	<ul style="list-style-type: none"> Laboratory tests requiring venipuncture Chest x-ray EKG/EEG Urinalysis Ultrasound, e.g., echo KOH prep 	<ul style="list-style-type: none"> Rest Gargles Elastic bandages Superficial dressing
L O W	<ul style="list-style-type: none"> Two or more self-limited or minor problems One stable chronic illness, e.g., well controlled hypertension or non-insulin dependent diabetes, cataract, BPH Acute uncomplicated illness or injury, e.g., cystitis, allergic rhinitis, simple sprain 	<ul style="list-style-type: none"> Physiologic tests not under stress, e.g., pulmonary function tests Non-cardiovascular imaging studies with contrast, e.g., barium enema Clinical laboratory tests requiring arterial puncture Skin biopsies 	<ul style="list-style-type: none"> Over-the-counter drugs Minor surgery with no identified risk factors Physical therapy Occupational therapy IV fluids without additives
M O D E R A T E	<ul style="list-style-type: none"> One or more chronic illnesses with mild exacerbation, progression, or side effects of treatment Undiagnosed new problem with uncertain prognosis, e.g., lump in breast Acute illness with systemic symptoms, e.g., pyelonephritis, pneumonitis, colitis Acute complicated injury, e.g., head injury with brief loss of consciousness 	<ul style="list-style-type: none"> Physiologic tests under stress, e.g., cardiac stress test, fetal contraction stress test Diagnostic endoscopies with no identified risk factor Deep needle or incisional biopsy Cardiovascular imaging studies with contrast and no identified risk factors, e.g., arteriogram, cardiac cath. Obtain fluid from body cavity, e.g., lumbar puncture, thoracentesis, culdocentesis 	<ul style="list-style-type: none"> Minor surgery with identified risk factors Elective major surgery (open percutaneous or endoscopic) with no identified risk factors Prescription drug management Therapeutic nuclear medicine IV fluids with additives Closed treatment of fracture or dislocation without manipulation
H I G H	<ul style="list-style-type: none"> One or more chronic illnesses with severe exacerbation, progression, or side effects of treatment Acute or chronic illnesses or injuries that may pose a threat to life or bodily function, e.g., multiple trauma, acute MI, pulmonary embolus, severe respiratory distress, progressive severe rheumatoid arthritis, psychiatric illness with potential threat to self or others, peritonitis, acute renal failure An abrupt change in neurologic status, e.g., seizure, TIA, weakness, or sensory loss 	<ul style="list-style-type: none"> Cardiovascular imaging studies with contrast with identified risk factors Cardiac electrophysiological tests Diagnostic endoscopies with identified risk factors Discography 	<ul style="list-style-type: none"> Elective major surgery (open percutaneous or endoscopic) with identified risk factors Emergency major surgery (open percutaneous or endoscopic) with identified risk factors Emergency major surgery (open percutaneous or endoscopic) Parenteral controlled substances Drug therapy requiring intensive monitoring for toxicity Decision not to resuscitate or to de-escalate care because of poor prognosis

Result - circle nearest to the bottom. Bring result to **Line B** in Final Result for Complexity

Comments: _____

OUTPATIENT, CONSULTS (Outpatient, Inpatient & Confirmatory) and ER

NEW / CONSULTS / ER

Requires 3 components within shaded area

ESTABLISHED

Requires 2 components within shaded area

History	PF	EPF	D ER: EPF	C ER:D	C	Minimal problem that may not require presence of physician	PF	EPF	D	C
Examination	PF	EPF	D ER: EPF	C ER:D	C		PF	EPF	D	C
Medical Decision Making	SF	SF ER:L	L ER:M	M	H		SF	L	M	H
Average time (minutes)	10 New 99201	20 New 99202	30 New 99203	45 New 99204	60 New 99205	5 99211	10 99212	15 99213	25 99214	40 99215
Confirmatory consults & ER have no average time	15 OP const 99241	30 OP const 99242	40 OP const 99243	60 OP const 99244	80 OP const 99245					
	20 IP const 99251	40 IP const 99252	55 IP const 99253	80 IP const 99254	110 IP const 99255					
	Cnfrm const 99271 ER 99281	Cnfrm const 99272 ER 99282	Cnfrm const 99273 ER 99283	Cnfrm const 99274 ER 99284	Cnfrm const 99275 ER 99285					
Level	I	II	III	IV	V	I	II	III	IV	V

INITIAL HOSPITAL / OBSERVATION

Requires 3 components within shaded area

Subsequent Inpatient / Follow-up Consult

Requires 2 components within shaded area

INPATIENT

History	D or C	C	C	PF interval	EPF interval	D interval
Examination	D or C	C	C	PF	EPF	D
Medical Decision	SF/L	M	H	SF/L	M	H
Patient Status				Stable	Not responding, Minor complication	Unstable, Major Complication
Average time (minutes) Services/CPT:	30 Init. hosp. 99221 Observ. 99218 Adm/Dis. 99234	50 Init hosp. 99222 Observ 99219 Adm/Dis 99235	70 Init hosp. 99223 Observ. 99220 Adm/Dis. 99236	15 Subsequent 99231 10 FU consult 99261	25 Subsequent 99232 20 FU consult 99262	35 Subsequent 99233 30 FU consult 99263
Level	I	II	III	I	II	III

NURSING FACILITY

ANNUAL ASSESSMENT/ADMISSION

Requires 3 components within shaded area

Subsequent Nursing Facility

Requires 2 components within shaded area

	Old Plan Review	New Plan	Admission			
History	D interval	D interval	C	PF interval	EPF interval	D interval
Examination	C	C	C	PF	EPF	D
Medical Decision	SF/L	M to H	M to H	SF/L	M	M to H
Patient Status	Stable, Recovering, Improving	Complication, New Problem, Major Permanent Change	Creation of Medical Plan of Care Required	Stable	Not responding to therapy, Minor Complication	Unstable, Major Complication
Average time- minutes	30 99301	40 99302	50 99303	15 99311	25 99312	35 99313
Level	I	II	III	I	II	III

DOMICILIARY (Rest Home, Custodial Care and Home Care)

	New - requires 3 components within shaded area			Established - requires 2 components within shaded area		
History	PF	EPF	D	PF interval	EPF interval	D interval
Examination	PF	EPF	D	PF	EPF	D
Complexity of Medical decision	SF/L	M	H	SF/L	M	H
No average time established	Domiciliary 99321 Home Care 99341	Domiciliary 99322 Home Care 99342	Domiciliary 99323 Home Care 99343	Domiciliary 99311 Home Care 99351	Domiciliary 99332 Home Care 99352	Domiciliary 99333 Home Care 99353
Level	I	II	III	I	II	III

PF = Problem focused, **EPF** = Exp. prob. focused, **D** = Detailed, **C**= Comprehensive, **SF** = Straight Forward, **L** = Low, **M** = Moderate, **H** =High

PATIENT NAME: _____

DOB: _____

DOS: _____

CHIEF COMPLAINT:

1) HISTORY:

unable to obtain (indicate reason)

MEDICATIONS:

unchanged from _____

ALLERGIES: NKDA

Review of Systems:		<input type="checkbox"/> Remainder negative	<input type="checkbox"/> unable to obtain (indicate reason)
	N L	Comments (positives or pertinent negs)	NL
Constitutional			Integumentary
Eyes			Musculoskeletal
Ears/Nose/Mouth/Throat			Neurologic
Respiratory			Psychiatric
Cardiovascular			Endocrinologic
Gastrointestinal			Hematologic
Genitourinary			Immunologic

FHx unchanged from _____ SHx unchanged from _____ PMHx unchanged from _____
Occupation *Marital Status*
Tobacco *Alcohol* *Illicit Drugs*

2) EXAMINATION: each item/system examined; elaborate all abnormal findings

<p>Constitutional: T: _____ P: _____ RR: _____</p> <p>H: _____ WT: _____ B/P: _____</p> <p><input type="checkbox"/> See Vital Sign Flow Sheet</p> <p><input type="checkbox"/> Appearance: _____</p> <p>Eyes: <input type="checkbox"/> no scleral icterus</p> <p><input type="checkbox"/> PERRLA</p> <p>Ears Nose Mouth Throat: <input type="checkbox"/> nl teeth, lips, gums <input type="checkbox"/> mucous membranes moist <input type="checkbox"/> clear oropharynx</p> <p>Neck: <input type="checkbox"/> nl appearance and movements; nl JVP <input type="checkbox"/> trachea midline <input type="checkbox"/> no thyroid enlargement, masses</p> <p>Respiratory: <input type="checkbox"/> symmetrical chest expansion and respiratory effort <input type="checkbox"/> clear to auscultation and palpation</p> <p>Cardiovascular: <input type="checkbox"/> nl sounds; no murmurs, gallops, rubs <input type="checkbox"/> RRR <input type="checkbox"/> no edema</p>	<p>Abdominal: <input type="checkbox"/> nl sounds; no tenderness; no distention <input type="checkbox"/> no hepatosplenomegaly <input type="checkbox"/> no hernias present</p> <p>Lymphatic: <input type="checkbox"/> no adenopathy (indicate below): <input type="checkbox"/> cervical <input type="checkbox"/> axillary <input type="checkbox"/> inguinal <input type="checkbox"/> auricular</p> <p>Extremities: <input type="checkbox"/> no edema <input type="checkbox"/> no clubbing, cyanosis</p> <p>Skin: <input type="checkbox"/> no rash or ulcers <input type="checkbox"/> no nodules or sclerosis</p> <p>Neuro: <input type="checkbox"/> alert and oriented x 3 <input type="checkbox"/> nl sensation <input type="checkbox"/> nl gait <input type="checkbox"/> nl muscle strength and tone</p> <p>Other:</p>
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PATIENT NAME: _____

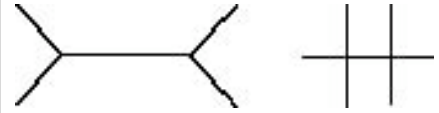
DOB: _____

DOS: _____

3) MEDICAL DECISION MAKING:

Assessment and Plan: *(Possible Dx/ Treatment Options / Additional Testing / Therapeutic Intervention)*

Data Review:



interpreter used old records reviewed

Counseling and/or Coordination of Care: (time _____)

Points of Discussion:

MD Print Name: _____ Signature: _____ Date: _____