

Chief Complaint: \_\_\_\_\_

<b>HISTORY</b>	<b>HPI (history of present illness) elements:</b>			Status of 1-2 chronic conditions	Status of 3 chronic conditions		
	HPI: <b>Status of chronic conditions:</b> <input type="checkbox"/> 1 condition <input type="checkbox"/> 2 conditions <input type="checkbox"/> 3 conditions <b>OR</b>				Brief 1-3 elements	Extended ≥ 4 elements	
	<input type="checkbox"/> <b>Location</b> Where is problem?	<input type="checkbox"/> <b>Timing</b> Frequency of signs or symptoms	<input type="checkbox"/> <b>Modifying Factors</b> What have you done to alleviate or worsen symptoms?				
	<input type="checkbox"/> <b>Severity</b> How bad on a scale 1/10	<input type="checkbox"/> <b>Duration</b> Onset of signs or symptoms	<input type="checkbox"/> <b>Associated Signs/Symptoms</b> What else is bothering you?				
	<input type="checkbox"/> <b>Quality</b> Sharp/dull/hot/dry	<input type="checkbox"/> <b>Context</b> What are you doing when sxs occurs?					
	<b>ROS (Review of Systems)</b>			None	1 ROS	Extended 2-9 ROS	Complete ≥ 10 ROS or some systems + statement "all others negative"
	<input type="checkbox"/> Constitutional <input type="checkbox"/> Card/Vasc. <input type="checkbox"/> Musculo <input type="checkbox"/> Psych <input type="checkbox"/> "All Others Negative" <input type="checkbox"/> Eyes <input type="checkbox"/> Respiratory <input type="checkbox"/> Integument <input type="checkbox"/> Endo <input type="checkbox"/> Ears, Nose, Mouth, Throat <input type="checkbox"/> GI <input type="checkbox"/> GU <input type="checkbox"/> Hem/Lymph <input type="checkbox"/> Neuro <input type="checkbox"/> Allerg/Imm.						
	<b>No PFSH required: 99231, 99232 &amp; 99233</b>			Established/ Subsequent <b>*E.D.</b>	None	1 PFSH	2-3 PFSH
	<input type="checkbox"/> <b>Past History</b> (the pt's past experiences w/illnesses, operations, injuries, treatments, medications & allergies)						
	<input type="checkbox"/> <b>Family History</b> (review of medical events in the pt's family including diseases which are hereditary or put the pt at risk)						
<input type="checkbox"/> <b>Social History</b> (an age-appropriate review of past and current activities)			<b>Admit</b>	None	1-2 PFSH	3 PFSH	
To determine history level, draw a line down the column with the circle <b>farthest to the left.</b>			<b>PROBLEM FOCUSED</b> PF	<b>EXP. PROB. FOCUSED</b> EPF	<b>DETAILED</b> D	<b>COMPREHENSIVE</b> C	
Important Note: Allow a comprehensive history if the physician is <b>unable to obtain a history</b> from the patient <b>or other source</b> . The <b>record should describe</b> the patient's condition or circumstance that precludes obtaining history. <b>*99281-99285:</b> No distinction is made between <b>new &amp; established</b> patients in the <b>E.D</b>							

<b>EXAM</b>	<b>Affected Body Areas (BA)</b>	<b>Organ Systems (OS)</b>		<b>1995 Guidelines</b>			
	<input type="checkbox"/> Head/Face  <input type="checkbox"/> Neck  <input type="checkbox"/> Abdomen  <input type="checkbox"/> Chest + breast / axillae  <input type="checkbox"/> Genital/groin/buttocks  <input type="checkbox"/> Back, include spine  <input type="checkbox"/> Extremity/(ies) L / R Upper <div style="text-align: center;">L / R Lower</div>	<input type="checkbox"/> Constitutional  <input type="checkbox"/> Eyes  <input type="checkbox"/> Ears, nose, mouth, throat  <input type="checkbox"/> Cardiovascular  <input type="checkbox"/> Respiratory  <input type="checkbox"/> GI  <input type="checkbox"/> GU  <input type="checkbox"/> Musculo	<input type="checkbox"/> Skin  <input type="checkbox"/> Neuro  <input type="checkbox"/> Psych  <input type="checkbox"/> Hem/Lymph/Immune	1 (BA) or (OS)  (Limited exam of affected BA or OS)	2-7 (OS) or (BA)  (Limited exam of affected BA or OS and other symptomatic or related OS(s))	2-7 (OS) or (BA)  (Extended exam of affected BA(s) and other or related OS(s))	8 or more (OS) or (BA)  (A general multisystem exam or complete exam of a single organ system)
				PF	EPF	D	C

**A Presenting Problems to the Treating Provider**  
 (# Diags Require Active Management or Affect Treatment Options)

**B Amount and/or Complexity of Data to be Reviewed Pts.**

	Points = Result
Self limited / minor (stable, improved or worse)	Max=2 1
Est. problem (stable, improved)	1
Est. problem (worsening)	2
<b>New problem (to Provider)</b> (no add'l workup)	Max=1 3
<b>New problem (to Provider)</b> (additional workup)	4
Bring total to Line A in Final Result for Complexity <b>TOTAL</b>	

Review or order of clinical lab tests	1
Review or order of tests in the radiology section of CPT	1
Review or order of tests in the medicine section of CPT	1
<b>Discussion</b> of test results with performing physician	1
Decide <b>to obtain</b> old records or <b>to obtain</b> history from someone else	1
Review & summarize old records <b>or get Hx</b> from someone <b>or</b> talk with <b>another provider</b>	2
<b>Independent visualization</b> of <u>image</u> , <u>tracing</u> or <u>specimen</u> itself (not simply review of the paper copy report)	2
Bring total to Line B in Final Result for Complexity <b>TOTAL</b>	

**C Risk of Complications / Morbidity / Mortality:** Check off all that apply. The **highest** level of risk in any one column determines the overall risk.

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

<b>A</b>	Circle the Total number in section A	≤ 1 Minimal	2 Limited	3 Multiple	≥ 4 Extensive
<b>B</b>	Circle the Total number in section B	≤ 1 Minimal or None	2 Limited	3 Multiple	≥ 4 Extensive
<b>C</b>	Circle the Level in section C	Minimal	Low	Moderate	High
<b>Complexity Level of Medical Decision Making (Mdm)</b>		<b>STRAIGHT FORWARD SF</b>	<b>LOW L</b>	<b>MODERATE M</b>	<b>HIGH H</b>

Draw a line down the column with 2 or 3 circles and circle decision making level OR Draw a line down the column with the center circle = level of **Mdm**

<b>TIME</b>	If the physician documents <b>total time</b> and suggests that counseling or coordinating care dominates the encounter, time may determine level of service. Documentation may refer to: prognosis, differential diagnosis, risks, benefits of treatment, instructions, compliance, and/or risk reduction.			If all answers are "yes," you may select the level based on time.
	Does documentation reveal total time? Time: Face-to-face 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 > 50% of time was counseling/coordinating care?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	

DECISION MAKING



Directions: Transfer history, exam and medical decision-making results to appropriate chart below and follow the specific instructions for chart.

**These are PER DAY CODES, time factors effective 2007**

	Initial Nursing Facility Care			Subsequent Nursing Facility Care			
<b>Level</b>	Draw a line down the column which has a key component identified which is the farthest to the left (leveled by the lowest)			If a column has 2 or 3 circles, draw a line down the column and circle the code OR draw a line down the column with the center circle and circle the code			
HX	D	C	C	PF	EPF	D	C
EX	D	C	C	PF	EPF	D	C
MDM	L	M	H	SF	L	M	M to H
<b>CPT Code</b>	99304-25	99305-35	99306-45	99307-10	99308-15	99309-25	99310-35

	New Patient Home/Domiciliary/Custodial/Rest Home Etc.					Established Home/Domiciliary/Custodial/Rest Home Etc.			
	Draw a line down the column which has a key component identified which is the farthest to the left (leveled by the lowest).					If a column has 2 or 3 circles, draw a line down the column and circle the code OR draw a line down the column with the center circle and circle the code			
HX	PF	EPF	D	C	C	PF interval	EPF interval	D interval	C interval
EX	PF	EPF	D	C	C	PF	EPF	D	C
MDM	SF	SF	L	M	H	SF	L	M	M to H
<b>CPT Code</b>	99341-20 99324-20	99342-30 99325-30	99343-45 99326-45	99344-60 99327-60	99345-75 99328-75	99347-15 99334-15	99348-25 99335-25	99349-40 99336-40	99350-60 99337-60

**Abbreviation Legend:**

CC = Chief Complaint	ROS = Review of System	PFSH = (Past, Family, Social) History
HX = History	EX = Exam	Mdm = Medical Decision Making
PF = Problem Focused	EPF = Expanded Problem Focused	D = Detailed
SF = Straightforward	L = Low	C = Comprehensive
		M = Moderate
		H = High

Additional Comments:

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