

Chief Complaint: _____

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

EXAM	Affected Body Areas (BA)	Organ Systems (OS)		1995 Guidelines			
	<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
New problem (to Provider) (no add'l workup)	Max=1 3
New problem (to Provider) (additional workup)	4
Bring total to Line A in Final Result for Complexity TOTAL	

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
Discussion of test results with performing physician	1
Decide to obtain old records or to obtain history from someone else	1
Review & summarize old records or get Hx from someone or talk with another provider	2
Independent visualization 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 TOTAL	

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
MINIMAL	<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-rays KOH prep or EKG/EEG Urinalysis or Ultrasound e.g., echo Potassium Dydroxide prep etc. 	<ul style="list-style-type: none"> Rest Gargles Elastic bandages Superficial dressings
LOW	<ul style="list-style-type: none"> Two or more self-limited or minor problems One stable chronic illness e.g., well controlled hypertension, 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 test not under stress e.g., pulm. function tests Non-cardiovascular imaging studies with contrast e.g., barium enema Superficial needle biopsies or Skin biopsies Clinical laboratory tests requiring arterial puncture 	<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
MODERATE	<ul style="list-style-type: none"> One or more chronic illnesses with mild exacerbation, progression or side effects of treatment Two or more stable chronic illnesses Undiagnosed new problem with uncertain prognosis e.g., lump in breast Acute illness with systemic symptoms e.g., pyelonephritis pneumonia, colitis Acute complicated injury e.g., head injury with brief loss of consciousness 	<ul style="list-style-type: none"> Physiologic test under stress e.g., cardiac stress test, fetal contraction stress test Diagnostic endoscopies with no identified risk factors 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
HIGH	<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 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 An abrupt change in neurological status e.g., seizure, TIA, weakness, 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 factor Emergency major surgery (open, percutaneous or endoscopic) Parenteral controlled substances Drug therapy requiring intensive monitoring for toxicity Decision not to resuscitate or de-escalate care because of poor prognosis

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

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**

DECISION MAKING

TIME

If the physician documents total time 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	

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			
Level	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
CPT Code	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
CPT Code	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:
