Provider Name & ID **Pt Name:** _____

Code Billed: **Auditor's Code:** _____ **D.O.S.**

Consult: Yes ☐ No ☐ If yes, ALL 3 must be documented (Request ☐ Report ☐ Recommendation ☐)

Chief Complaint: _____

HISTORY

HPI (history of present illness) elements:

HPI: **Status of chronic conditions:**
☐ 1 condition ☐ 2 condition ☐ 3 condition

OR

☐ **Location** Where is problem?	☐ **Timing** Frequency of signs or symptoms	☐ **Modifying Factors** What have you done to alleviate or worsen symptoms?
☐ **Severity** How bad on a scale 1/10	☐ **Duration** Onset of signs or symptoms	☐ **Associated Signs/Symptoms** What else is bothering you?
☐ **Quality** Sharp/dull/ hot/dry	☐ **Context** What are you doing when sxs occurs?	

	Status of 1-2 chronic conditions		Status of 3 chronic conditions
	Brief 1-3 elements		Extended ≥ 4 elements

ROS (Review of Systems)

☐ Constitutional ☐ Card/Vasc ☐ Musculo ☐ Psych ☐ "All Others Negative"
☐ Eyes ☐ Respiratory ☐ Integument ☐ Endo
☐ Ears, Nose Mouth, Throat ☐ GI ☐ GU ☐ Hem/Lymph
☐ Neuro ☐ 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.**

☐ **Past History** (the pt.'s past experiences w/illnesses, operations, injuries, treatments, medications & allergies)

☐ **Family History** (review of medical events in the pt.'s family including diseases which are hereditary or put the pt. at risk)

☐ **Social History** (an age appropriate review of past and current activities)

New/ Consult/ Admit

	None	1 PFSH	2-3 PFSH
	None	1-2 PFSH	3 PFSH

To determine history level, draw a line down the column with the circle **farthest to the left**.

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**

PROBLEM FOCUSED	EXP. PROB. FOCUSED	DETAILED	COMPRE-HENSIVE
PF	EPF	D	C

EXAM

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

Provider ID #_____ **Pt Initials:** _____ **D.O.S.** _____

DECISION MAKING

A Presenting Problems to the Treating Provider

(# Diags Require Active Management **or Affect Treatment Options**)

	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**			

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

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 **other provider**	2
Independent visualization of image, tracing or specimen 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	• One self-limited or minor problem, *e.g., cold, insect bite, tinea corporis*	• Laboratory tests requiring venipuncture • Chest x-rays KOH prep or EKG/EEG • Urinalysis or Ultrasound e.g., echo • Potassium Dydroxide prep etc.	• Rest • Gargles • Elastic bandages • Superficial dressings
LOW	• 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*	• 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	• Over the counter drugs • Minor surgery with no identified risk factors • Physical therapy • Occupational therapy • IV fluids without additives
MODERATE	• 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 pneumonitis, colitis* • Acute complicated injury *e.g., head injury with brief loss of consciousness*	• 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*	• 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	• 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 w/potential threat to self or others, peritonitis, acute renal failure* • An abrupt change in neurological status *e.g., seizure, TIA, weakness, sensory loss*	• Cardiovascular imaging studies with contrast with identified risk factors • Cardiac electrophysiological tests • Diagnostic endoscopies with **identified risk factors** • Discography	• 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)	STRAIGHTFORWARD **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**

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.

Does documentation reveal total time? Time: Face-to-face outpatient setting Unit/floor in inpatient setting	☐ Yes	☐ No	If all answers are "yes," you may select the level based on time.
Does documentation describe the content of counseling or coordinating care?	☐ Yes	☐ No	
Does documentation reveal that > 50% of time was counseling/coordinating care?	☐ Yes	☐ No	

Provider ID_____ **Pt. Initials:** _____ **D.O.S.** _____

PLEASE NOTE: Time factors are indicated by CPT code followed by **–xx (**example: 99201-10 indicates 10 minutes)
Directions: Transfer the history, exam and medical decision making results to the correct chart below & follow the instructions for that Code family

New Office/Outpatient Visits & Office/Inpatient Consultations						**Established Patient Office/Outpatient Visits**				
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	**PF**	**EPF**	**D**	**C**	**C**	*Minimal problem that may not require presence of MD/DO*	**PF**	**EPF**	**D**	**C**
EX	**PF**	**EPF**	**D**	**C**	**C**		**PF**	**EPF**	**D**	**C**
MDM	**SF**	**SF**	**L**	**M**	**H**		**SF**	**L**	**M**	**H**
CPT Code	**99201-**10 **99241-**15 **99251-**20	**99202-**20 **99242-**30 **99252-**40	**99203-**30 **99243-**40 **99253-**55	**99204-**45 **99244-**60 **99254-**80	**99205-**60 **99245-**80 **99255-**110	**99211-**5	**99212-**10	**99213-**15	**99214-**25	**99215-**40

	Initial Hosp. Visits & Observation Care			**Subsequent Hosp.**		
Level	**Draw a line down the column which has a key component identified which is the farthest to the left (leveled by the lowest) These are PER DAY CODES**			**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 This is a PER DAY CODE**		
HX	**D or C**	**C**	**C**	**PF interval**	**EPF interval**	**D interval**
EX	**D or C**	**C**	**C**	**PF**	**EPF**	**D**
MDM	**SF/L**	**M**	**H**	**SF/L**	**M**	**H**
CPT Code	**99221-**30 **99218** **99234**	**99222-**50 **99219** **99235**	**99223-**70 **99220** **99236**	**99231-**15	**99232-**25	**99233-**35

	EMERGENCY CARE SERVICES				
	Draw a line down the column which has a key component identified which is the farthest to the left (leveled by the lowest)				
HX	**PF**	**EPF**	**EPF**	**D**	**C**
EX	**PF**	**EPF**	**EPF**	**D**	**C**
MDM	**SF**	**L**	**M**	**M**	**H**
CPT Code	**99281**	**99282**	**99283**	**99284**	**99285**

Additional Comments: _____

Provider ID_____ **Pt. Initials:** _____ **D.O.S.** _____

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

Additional Comments: _____