

Provider: _____ DOS: _____

Coded: _____ Audited: _____

Chief Complaint:

1995 EXAM	HPI (history of present illness) <input type="checkbox"/> Location <input type="checkbox"/> Severity <input type="checkbox"/> Timing <input type="checkbox"/> Modifying factor <input type="checkbox"/> Quality <input type="checkbox"/> Duration <input type="checkbox"/> Context <input type="checkbox"/> Associated signs and symptoms		Brief	Brief	Extended	Extended	
			1-3 elements		≥ 4 elements or status of ≥ 3 chronic or inactive conditions		
	ROS (review of systems) <input type="checkbox"/> Constitutional (wt loss, etc.) <input type="checkbox"/> Ears, nose, mouth, throat <input type="checkbox"/> GI <input type="checkbox"/> Integumentary (Skin, breast) <input type="checkbox"/> Endo <input type="checkbox"/> Heme/Lymph <input type="checkbox"/> Eyes <input type="checkbox"/> Card/Vasc <input type="checkbox"/> GU <input type="checkbox"/> Neuro <input type="checkbox"/> All/Immun <input type="checkbox"/> Resp <input type="checkbox"/> Musculo <input type="checkbox"/> Psych <input type="checkbox"/> "All others negative"		None	Pertinent to problem 1 system	Extended 2-9 systems	Complete ≥ 10 systems or some systems with statement "all others negative"	
	PFSH (past family and social history) <input type="checkbox"/> Past medical history <input type="checkbox"/> Family history <input type="checkbox"/> Social history 2 PFSH required: 99281-99285 No PFSH required: 99231-33, 99311-33		Established subsequent	None	None	One history area	Two or three history areas
			New/Consult/Admit	None	None	One or two history area(s)	Three history areas
Circle the entry farthest to the right for each history area. To determine history level, draw a line down the column with a circle farthest to the left			PROBLEM FOCUSED	EXP. PROB FOCUSED	DETAILED	COMPREHENSIVE	
Organ Systems <input type="checkbox"/> Constitutional e.g. vitals, (gen app) <input type="checkbox"/> Ears, nose, mouth, throat <input type="checkbox"/> Resp <input type="checkbox"/> Musculo <input type="checkbox"/> Psych <input type="checkbox"/> GI <input type="checkbox"/> Skin <input type="checkbox"/> Heme/Lymph/Imm <input type="checkbox"/> Eyes <input type="checkbox"/> Cardiovascular <input type="checkbox"/> GU <input type="checkbox"/> Neuro <input type="checkbox"/> Affected body area		Body area or system related to problem	2 – 7 systems or body areas	2 – 7 systems or body areas	8 or more systems		
			PROBLEM FOCUSED	EXP. PROB FOCUSED	DETAILED	COMPREHENSIVE	

COMPLEXITY	A	Number of Diagnoses or Treatment Options			
	Problems to Exam Physician		Number x points = Results		
	Self-limited or minor (stable, improved or worsening)		Max = 2	1	
	Est. Problem (to examiner); stable improved			1	
	Est. Problem (to examiner); worsening			2	
	New problem (to examiner); no additional workup planned		Max = 1	3	
	New problem (to examiner); add workup planned			4	
	TOTAL				
	Bring total to line A in Final Results for Complexity				
	B	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 section of CPT		1		
	Review and/or order of tests in the medicine section of CPT		1		
	Discussion of test results with performing physician		1		
Decision to obtain old records and/or obtain history from someone other than patient		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), performed by a different entity and billed by that entity, <i>with interpretation</i>		2			
TOTAL					
Bring total to line B in Final Result for Complexity					
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 and circle the decision making level					
A	Number of diagnoses or treatment options	≤ Minimal	2 Limited	3 Multiple	≥4 Extensive
B	Amount and complexity of data	≤ Minimal or low	2 Limited	3 Multiple	≥4 Extensive
C	Highest risk	Minimal	Low	Moderate	High
Type of decision making		STRAIGHT FORWARD	LOW COMPLEX	MODERATE COMPELX	HIGH COMPLEX

COMPLEXITY	C	Risk of Complications and/or Morbidity or Mortality		
	Level of Risk	Presenting Problem(s)	Diagnostic Procedure 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 EKG/EEG-Urinalysis Ultrasound e.g. echo 	<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 HTN, NIDM, cataract, BPH Acute uncomplicated illness or injury e.g. cystitis, allergic rhinitis, simple spray 	<ul style="list-style-type: none"> Physiologic test not under stress e.g. PFT Non-cardiovascular imaging studies w/contrast e.g. barium enema Superficial needle biopsies Clinical laboratory tests requiring arterial puncture Skin biopsies 	<ul style="list-style-type: none"> OTC 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 complicated injury e.g. head injury with brief loss of consciousness Acute illness w/syst. symptoms e.g. pyelonephritis, pneumonitis, colitis 	<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"> Prescription drug management Minor surgery with identified risk factors Elective major surgery (open, percutaneous or endoscopic) with no identified risk factors 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 trauma, acute MI, pulm emb, severe resp 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 factors Emergency major surgery (open, percutaneous or endoscopic) Parenteral controlled substances Drug therapy requiring invasive monitoring for toxicity Decision not to resuscitate or de-escalate care because of poor prognosis 	

Transfer the history, exam and medical decision making results to the appropriate chart below and follow the specific instructions for the chart.
Outpatient, consults (Outpatient & Inpatient) and ER

	New/Consult/ER					Established				
	If a column has 3 circles, draw a line down the column and circle the code OR find the column with the circle farthest to the left, draw a line down the column and circle the code.					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 a center circle and circle the code.				
History	PF	EPF	D ER:EPF	C ER:D	C	<i>Minimal problem that may not require presence of physician</i>	PF	EPF	D	C
Examination	PF	EPF	D ER:EPF	C ER:D	C		PF	EPF	D	C
Complexity of medical decision	SF	SF ER:L	L ER:M	M	H	SF	L	M	H	
	99201 99241 99251 99281	99202 99242 99252 99282	99203 99243 99253 99283	99204 99244 99254 99284	99205 99245 99255 99285	99211	99212	99213	99214	99215

Inpatient

	Initial Hospital/Observation			Subsequent Inpatient		
	If a column has 3 circles, draw a line down the column and circle the code OR find the column with the circle farthest to the left, draw a line down the column and circle the code.			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 a center circle and circle the code.		
History	D or C		C	C		C
Examination	D or C		C	C		C
Complexity of medical decision	SF/L		M	H		H
	99221 99218 99234		99222 99219 99235	99223 99220 99236		99231 99224

Nursing Facility *Annual Eval: Detailed Interval Hx, Comprehensive Exam, Decision Complexity Low/Moderate = 99318

	Initial Nursing Facility Care			Subsequent Nursing Facility Care					
	If a column has 3 circles, draw a line down the column and circle the code OR find the column with the circle farthest to the left, draw a line down the column and circle the code.			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 a center circle and circle the code.					
History	D or C		C	C		PF interval	EPF Interval	D interval	C interval
Examination	D or C		C	C		PF	EPF	D	C
Complexity of medical decision	SF/L		M	H		SF	L	M	H
	99304		99035	99306		99307	99308	99309	99310

Domiciliary (Rest Home, Custodial Care)

	New Patient					Established Patient			
	If a column has 3 circles, draw a line down the column and circle the code OR find the column with the circle farthest to the left, draw a line down the column and circle the code.					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 a center circle and circle the code.			
History	PF	EPF	D	C	C	PF interval	EPF interval	D interval	C interval
Examination	PF	EPF	D	C	C	PF	EPF	D	C
Complexity of medical decision	SF	L	M	M	H	SF	L	M	M/H
	99324	99325	99326	99327	99328	99334	99335	99336	99337

PF = Problem focused EPF = Expanded problem focused D = Detailed C = Comprehensive SF = Straightforward L = Low M = Moderate H = High

If the physician documents total time and suggests that counseling or coordinating care dominates (more than 50%) of the encounter, time may determine level of service. Documentation may refer to: prognosis, differential diagnosis, risks, benefits of treatment, instructions, compliance, risk reduction of 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	<i>If all the answers are "yes", may select level based on time.</i>
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	

Documentation should reflect e.g., spent 15 mins of this 20 min appt counseling (coordinating care) for ...

Level of Service

TIME