

**Chief Complaint:**

|  |   |                          |                                 |   |  |   |                     |
|--|---|--------------------------|---------------------------------|---|--|---|---------------------|
| 1997 EXAM HISTORY  | <b>HPI (history of present illness)</b>   |                          | <b>Brief</b>                    | <b>Brief</b>  | <b>Extended</b>                                | <b>Extended</b>   |                     |
|  | <input type="checkbox"/> Location <input type="checkbox"/> Severity <input type="checkbox"/> Timing <input type="checkbox"/> Modifying factor<br><input type="checkbox"/> Quality <input type="checkbox"/> Duration <input type="checkbox"/> Context <input type="checkbox"/> Associated signs and symptoms   |                          | 1-3 elements                    |   | ≥ 4 elements or chronic or inactive conditions | status of ≥ 3   |                     |
|  | <b>ROS (review of systems)</b>  |                          | <b>None</b>                     | <b>Pertinent to problem</b>   | <b>Extended</b>                                | <b>Complete</b>   |                     |
|  | <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<br><input type="checkbox"/> Eyes <input type="checkbox"/> Card/Vasc <input type="checkbox"/> GU <input type="checkbox"/> Neuro <input type="checkbox"/> All/Immun<br><input type="checkbox"/> Resp <input type="checkbox"/> Musculo <input type="checkbox"/> Psych <input type="checkbox"/> "All others negative" <i>must give neg w/systems</i> |                          |                                 | 1 system  | 2-9 systems                                    | ≥ 10 systems or some systems with statement "all others negative" |                     |
|  | <b>PFSH (past family and social history)</b>  |                          | <b>None</b>                     | <b>None</b>   | <b>One history area</b>                        | <b>Two or three history areas</b>                                 |                     |
|  | <input type="checkbox"/> Past medical history<br><input type="checkbox"/> Family history<br><input type="checkbox"/> Social history<br>2 PFSH required: 99281-99285<br>No PFSH required: 99231-33, 99334-99335  |                          | Established subsequent          |   |  |   |                     |
|  |   |                          | 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  |                          | <b>PROBLEM FOCUSED</b>          | <b>EXP. PROB FOCUSED</b>  | <b>DETAILED</b>                                | <b>COMPREHENSIVE</b>  |                     |
|  | <b>General Multi-System Exam</b>  |                          | <b>Single Organ System Exam</b> |   |  |   |                     |
|  | 1-5 elements identified by •  |                          | PROBLEM FOCUSED                 |   | 1-5 elements identified by •                   |   |                     |
| ≥ 6 elements identified by •   |   | EXPANDED PROBLEM FOCUSED |                                 | ≥ 6 elements identified by •  |  |   |                     |
| ≥ 2 elements identified by • from 6 areas/systems OR<br>≥ 12 elements identified by • from at least 2 areas/system |   | DETAILED                 |                                 | ≥ 12 elements identified by • EXCEPT<br>≥ 9 elements identified by • for eye and psychiatric exams                  |  |   |                     |
| ≥ 2 elements identified by • from 9 areas/systems  |   | COMPREHENSIVE            |                                 | Perform all elements identified by • document all elements in shaded boxes, document > 1 element in unshaded boxes. |  |   |                     |

|   |   |  |                                  |                  |              |
|---|---|--|----------------------------------|------------------|--------------|
| COMPLEXITY  | <b>A</b>  | <b>Number of Diagnoses or Treatment Options</b>        |                                  |                  |              |
|   | <b>Problems to Exam Physician</b>                       |  | <b>Number x points = Results</b> |                  |              |
|   | 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>B</b>  | <b>Amount and/or Complexity of Data to be reviewed</b> |                                  |                  |              |
| <b>Data to be reviewed</b>  |   |  | <b>Points</b>                    |                  |              |
| 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         |   |  |                                  |                  |              |
| <b>A</b>  | Number of diagnoses or treatment options                | ≤ 1  | 2                                | 3                | ≥ 4          |
| <b>B</b>  | Amount and complexity of data                           | Minimal or low   | Limited                          | Multiple         | Extensive    |
| <b>C</b>  | Highest risk  | Minimal  | Low                              | Moderate         | High         |
| <b>Type of decision making</b>  |   | STRAIGHT FORWARD                                       | LOW COMPLEX                      | MODERATE COMPELX | HIGH COMPLEX |

|                      |   |   |  |  |
|----------------------|---|---|--|--|
| <b>C</b>             | <b>Risk of Complications and/or Morbidity or Mortality</b>  |   |  |  |
| <b>Level of Risk</b> | <b>Presenting Problem(s)</b>  | <b>Diagnostic Procedure Ordered</b>   | <b>Management Options Selected</b>   |  |
| Minimal              | <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</li> <li>EKG/EEG-Urinalysis</li> <li>Ultrasound e.g. echo</li> </ul>  | <ul style="list-style-type: none"> <li>Rest</li> <li>Gargles</li> <li>Elastic bandages</li> <li>Superficial dressings</li> </ul>   |  |
| Low                  | <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 HTN, NIDM, cataract, BPH</li> <li>Acute uncomplicated illness or injury e.g. cystitis, allergic rhinitis, simple spray</li> </ul>  | <ul style="list-style-type: none"> <li>Physiologic test not under stress e.g. PFT</li> <li>Non-cardiovascular imaging studies w/contrast e.g. barium enema</li> <li>Superficial needle biopsies</li> <li>Clinical laboratory tests requiring arterial puncture</li> <li>Skin biopsies</li> </ul>  | <ul style="list-style-type: none"> <li>OTC 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>  |  |
| Moderate             | <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 complicated injury e.g. head injury with brief loss of consciousness</li> <li>Acute illness w/syst. symptoms e.g. pyelonephritis, pneumonitis, colitis</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 no identified risk factors</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>Prescription drug management</li> <li>Minor surgery with identified risk factors</li> <li>Elective major surgery (open, percutaneous or endoscopic) with no identified risk factors</li> <li>Therapeutic nuclear medicine</li> <li>IV fluids with additives</li> <li>Closed treatment of fracture or dislocation without manipulation</li> </ul>                    |  |
| High                 | <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 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</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 identified risk factors</li> <li>Discography</li> </ul>   | <ul style="list-style-type: none"> <li>Elective major surgery (open, percutaneous or endoscopic) with identified risk factors</li> <li>Emergency major surgery (open, percutaneous or endoscopic)</li> <li>Parenteral controlled substances</li> <li>Drug therapy requiring invasive monitoring for toxicity</li> <li>Decision not to resuscitate or de-escalate care because of poor prognosis</li> </ul> |  |

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<br>ER:EPF                      | C<br>ER:D                        | C                                | <i>Minimal problem that may not require presence of physician</i>  | PF    | EPF   | D     | C     |
| Examination                    | PF   | EPF                              | D<br>ER:EPF                      | C<br>ER:D                        | C                                |  | PF    | EPF   | D     | C     |
| Complexity of medical decision | SF   | SF<br>ER:L                       | L<br>ER:M                        | M                                | H                                | SF   | L     | M     | H     |       |
|                                | 99201<br>99241<br>99251<br>99281   | 99202<br>99242<br>99252<br>99282 | 99203<br>99243<br>99253<br>99283 | 99204<br>99244<br>99254<br>99284 | 99205<br>99245<br>99255<br>99285 | 99211  | 99212 | 99213 | 99214 | 99215 |

**Inpatient**

|                                | Initial Hospital/Observation   |                         |                         | Subsequent Inpatient/Observation   |                |                |
|--------------------------------|--|-------------------------|-------------------------|--|----------------|----------------|
|                                | 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                       | PF interval  |                | D interval     |
| Examination                    | D or C   |                         | C                       | EPF interval   |                | D              |
| Complexity of medical decision | SF/L   |                         | M                       | EPF  |                | H              |
|                                | 99221<br>99218<br>99234  | 99222<br>99219<br>99235 | 99223<br>99220<br>99236 | 99231<br>99224   | 99232<br>99225 | 99233<br>99226 |

**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     | PF interval  | EPF Interval | D interval | C interval     |
| Examination                    | D or C   |  | C     | PF   | EPF          | D          | C              |
| Complexity of medical decision | SF/L   |  | M     | SF   | L            | M          | H              |
|                                | 99304  |  | 99035 | 99306  | 99307        | 99308      | 99309<br>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