

History: Check all elements supported by the documentation in left column and mark corresponding score in right column. Circle the level of history from the right columns that corresponds to any box checked farthest to the left.	Problem Focused	Ex. Problem Focused	Detailed	Comprehensive
<input type="radio"/> Chief Complaint				
HPI <input type="radio"/> Location <input type="radio"/> Severity <input type="radio"/> Timing <input type="radio"/> Modifying Factors <input type="radio"/> Quality <input type="radio"/> Duration <input type="radio"/> Context <input type="radio"/> Associated signs and symptoms	<input type="radio"/> 1 - 3 elements	<input type="radio"/> 1 - 3 elements	<input type="radio"/> 4 - 8 elements	<input type="radio"/> 4 - 8 elements
Review Of Systems <input type="radio"/> Constitutional <input type="radio"/> Gastrointestinal <input type="radio"/> Hematologic/Lymphatic <input type="radio"/> Eyes <input type="radio"/> Genitourinary <input type="radio"/> Endocrine <input type="radio"/> Ear, Nose, Mouth, Throat <input type="radio"/> Integumentary <input type="radio"/> Allergic/Immunologic <input type="radio"/> Cardiovascular <input type="radio"/> Musculoskeletal <input type="radio"/> Psychiatric <input type="radio"/> Respiratory <input type="radio"/> Neurological <input type="radio"/> All others negative	<input type="radio"/> None	<input type="radio"/> 1 system	<input type="radio"/> 2 - 9 systems	<input type="radio"/> 10 - 14 systems -or- <input type="radio"/> CVI
PFSH (not needed for SH or FC codes) <input type="radio"/> Past History <input type="radio"/> Social History <input type="radio"/> Family History	<input type="radio"/> None	<input type="radio"/> None	<input type="radio"/> any 1	<input type="radio"/> all 3 -or- <input type="radio"/> PFH

Exam: Check all elements supported by the documentation in left column and mark corresponding score in right column. Circle the level of exam from the right columns that corresponds to any box checked.	Problem Focused	Ex. Problem Focused	Detailed	Comprehensive
<input type="radio"/> Constitutional <input type="radio"/> Brachial arteries <input type="radio"/> Examination of peripheral hemo- <input type="radio"/> General appearance <input type="radio"/> Radial arteries dialysis A-V fistula <input type="radio"/> Palpation of heart <input type="radio"/> Ulnar arteries <input type="radio"/> Examination of bypass graft <input type="radio"/> Auscultation <input type="radio"/> Femoralarteries <input type="radio"/> Other examination (specify) <input type="radio"/> Auscultation w/maneuvers <input type="radio"/> Popliteal arteries <input type="radio"/> Carotid arteries <input type="radio"/> Dorsalis pedis arteries Body Areas <input type="radio"/> Axillary arteries <input type="radio"/> Posterior tibial arteries <input type="radio"/> Head <input type="radio"/> Each extremity <input type="radio"/> Abdominal aorta <input type="radio"/> Peripheral veins <input type="radio"/> Chest <input type="radio"/> Other (specify) <input type="radio"/> Renal artery auscultation <input type="radio"/> Jugular veins <input type="radio"/> Abdomen	<input type="radio"/> [1-5] Limited exam of affected body area or organ system	<input type="radio"/> [6-11] Limited exam of affected body area or organ system and other symptomatic or related organ system(s)	<input type="radio"/> [12-17] Extended exam of the affected body area(s) and other symptomatic or related organ systems	<input type="radio"/> [18 or more] General multi-system exam or complete exam of a single organ system

Medical Decision Making

Table of Risk (level of risk in any one category - enter below. **The highest level of any one of the three aspects of medical decision making will determine the overall complexity level chosen for coding purposes)**

Level of Risk	Presenting Problem	Diagnostic Procedure(s) Ordered	Management Options Selected
Low	<ul style="list-style-type: none"> One or two self-limited or minor problems One stable chronic illness, e.g., well controlled hypertension or non-insulin dependent diabetes, cataract, BPH Acute uncomplicated illness or injury, e.g., cystitis, allergic rhinitis, simple sprain Risk of complications, morbidity or mortality is low 	<ul style="list-style-type: none"> Noninvasive or minimally invasive lab tests (urinalysis, venipuncture, etc.) Non-invasive diagnostic procedures (ECG, EEG, echocardiogram, ultrasound) Physiologic tests not under stress Non-CV imaging studies w/o IV or intrathecal contrast (upper GI, barium enema) Superficial needle biopsies Clinical laboratory tests requiring arterial puncture Skin biopsies 	<ul style="list-style-type: none"> Rest or exercise, diet, stress management Medication management with minimal risk Referrals not requiring detailed discussion or detailed care plan
Moderate	<ul style="list-style-type: none"> Three or more self-limited problems One or more chronic mild and/or self-limited problem(s) with ongoing activity or side effects of treatment Two or three stable chronic illness or problems requiring evaluation Undiagnosed new illness, injury or problem with uncertain progress Risk of complications, morbidity or mortality is moderate 	<ul style="list-style-type: none"> Physiologic tests under stress, e.g., cardiac stress test, fetal contraction stress test Diagnostic endoscopies for average risk patient Deep needle or incisional biopsy Interventional cardiovascular or radiologic procedure for average risk patient (stable patient, low risk procedure) I.V. contrast imaging Percutaneous removal of body fluid Data to be obtained/reviewed requires at least 10 minutes of physician time Therapeutic or diagnostic spinal/nerve injections 	<ul style="list-style-type: none"> Referrals requiring detailed discussion or detailed care plan Management of medications with moderate risk requiring detailed discussion or limited laboratory monitoring (e.g., digoxin, warfarin, iv heparin, iv antiarrhythmics beyond 1st day) Surgery or procedure with ASA 1 risk status Discussion for psychotherapy and/or counseling Arranging hospitalization for non-critical illness/injury Initiation of total parenteral nutrition Referral for comprehensive pain management rehabilitation
High	<ul style="list-style-type: none"> One or more acute or chronic illnesses with severe exacerbation Four or more stable chronic illnesses or problems requiring evaluation Acute, complicated injury with significant risk of morbidity or mortality One or more acute or chronic illnesses or problems that pose immediate threat to life or bodily function An abrupt change in bodily function (e.g., seizure, CVA, acute mental status change) The risk of complications, morbidity, or mortality is high. 	<ul style="list-style-type: none"> Intra-arterial cerebral angiography (excludes MRA) Data to be obtained/reviewed requiring at least 20 minutes of physician time Endoscopy for high risk patient Interventional cardiovascular or radiologic procedure for high risk patient (e.g., unstable condition) 	<ul style="list-style-type: none"> Emergency hospitalization Surgery or procedure with ASA 2 or higher risk status Mechanical ventilator management Medications requiring intensive monitoring, bearing untoward risks of serious morbidity if adverse effects occur (e.g., initiation of i.v. heparin, iv antiarrhythmics, antineoplastics) Decision not to resuscitate or de-escalate care because of poor prognosis

Coding Based on Time

If the physician documents total time and suggests that counseling or coordinating care dominates (more than 50%) the encounter, time may determine level of service. Documentation may refer to: prognosis, differential diagnosis, risks, benefits of treatment, instructions, compliance, risk reduction or discussion with another health care provider.

Total unit/floor time documented _____ (amount)

Counseling and/or coordination of care should be greater than 50% of total time

Coding based on time should include documentation of topics discussed or coordination of care provided.

If all the above are documented, select level of service in appropriate E&M code section that results in highest level, either by "average time" or by components (history, exam, decision making)