

Chief Complaint:

HISTORY	HPI (history of present illness) <input type="checkbox"/> Location <input type="checkbox"/> Severity <input type="checkbox"/> Timing <input type="checkbox"/> Modifying factors <input type="checkbox"/> Quality <input type="checkbox"/> Duration <input type="checkbox"/> Context <input type="checkbox"/> Associated signs and symptoms		Brief 1-3 elements	Brief	Extended ≥ 4 elements or status of ≥ 3 chronic or inactive conditions	Extended
	ROS (review of systems) <input type="checkbox"/> Constitutional (wt loss, etc) <input type="checkbox"/> Eyes <input type="checkbox"/> Ears, nose, mouth, throat <input type="checkbox"/> Card/vasc <input type="checkbox"/> Resp <input type="checkbox"/> GI <input type="checkbox"/> GU <input type="checkbox"/> Musculo <input type="checkbox"/> Integumentary (skin, breast) <input type="checkbox"/> Neuro <input type="checkbox"/> Psych <input type="checkbox"/> Endo <input type="checkbox"/> Hem/lymph <input type="checkbox"/> All/imm <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 No PFSH required: 99231-33, 99261-63, 99311-33		Established/ER	None	One history area	Two or three history areas
			New/Consult/Admit	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 the circle farthest to the left.			PROBLEM FOCUSED	EXP. PROB. FOCUSED	DETAILED	COMPREHENSIVE

1995 EXAM	Organ systems: <input type="checkbox"/> Constitutional (e.g. vitals, gen app) <input type="checkbox"/> Eyes <input type="checkbox"/> Ears, nose, mouth, throat <input type="checkbox"/> Cardiovascular <input type="checkbox"/> Resp <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/imm <input type="checkbox"/> Affected body area	Body area or system related to problem	2-7 systems	2-7 systems	8 or more systems
		PROBLEM FOCUSED	EXP. PROB. FOCUSED	DETAILED	COMPREHENSIVE

COMPLEXITY	Final Result of 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 diagnoses or treatment options	≤ 1 Minimal	2 Limited	3 Multiple	≥ 4 Extensive
	B	Amount and complexity of data	≤ 1 Minimal or low	2 Limited	3 Moderate	≥ 4 Extensive
	C	Highest risk	Minimal	Low	Moderate	High
		Type of decision making	STRAIGHT-FORWARD	LOW COMPLEX	MODERATE COMPLEX	HIGH COMPLEX
	MODERATE • 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 • 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					
	HIGH • One or more chronic illnesses with severe exacerbation, progression or side effects of bc • 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 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					
	BRING TOTAL TO LINE B IN FINAL RESULT FOR COMPLEXITY					
	888-608-5601					

Transfer the history, exam and medical decision making results to the appropriate chart below and follow the specific instructions for that chart.

PF = Problem focused
SF = Straightforward

EPF = Expanded Problem Focused
L = Low

M = Moderate
D = Detailed

H = High
C = Comprehensive

OUTPATIENT, CONSULTS (OUTPATIENT, INPATIENT & CONFIRMATORY)

	New/Consults					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 the center circle and circle the code.				
History	PF	EPF	D	C	C	<i>Minimal problem that may</i>	PF	EPF	D	C
Examination	PF	EPF	D	C	C	<i>not require presence</i>	PF	EPF	D	C
Complexity of medical decision	SF	SF	L	M	H	<i>of physician</i>	SF	L	M	H
	99201-10 99241-15 99251-20 99271-N/A	99202-20 99242-30 99252-40 99272-N/A	99203-30 99243-40 99253-55 99273-N/A	99204-45 99244-60 99254-80 99274-N/A	99205 - 60 99245 - 80 99255-110 99275-N/A	99211 5	99212 10	99213 15	99214 25	99215 40

LEVEL OF SERVICE

	Initial Hospital/Observation			Subsequent Inpatient/Follow-up Consult		
	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 the center circle and circle the code.		
History	PF	EPF	D	C	C	<i>Minimal problem that may</i>
Examination	PF	EPF	D	C	C	<i>not require presence</i>
Complexity of medical decision	SF	SF	L	M	H	<i>of physician</i>
	99221-50 99218-N/A 99221-N/A	99219-N/A 99235-N/A	99220-N/A	99221-15 99261-10	99232-20	99263-30

	Annual Assessment/Admission			Subsequent		
	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 the center circle and circle the code.		
History	D Interval	D Interval	C	PF Interval	EPF Interval	D Interval
Examination	PF	EPF	C	PF	EPF	C
Complexity of medical decision	SF	L	M	M	M	H
	99221-50 99218-N/A 99221-N/A	99219-N/A 99235-N/A	99220-N/A	99221-15 99261-10	99232-20	99263-30

ER					
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.					
History	PF	EPF	EPF	D	C
Examination	PF	EPF	EPF	D	C
Complexity of medical decision	SF	L	M	M	H
	99281-N/A	99282-N/A	99283-N/A	99284-N/A	99285-N/A

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.	
	Does documentation reveal total time? Time: <small>Face-to-face in outpatient setting Unit/Floor in inpatient setting</small>	<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 more than half of time was counseling or coordinating care?	<input type="checkbox"/> Yes <input type="checkbox"/> No

If all answers are "yes," may select level based on time

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