UNIVERSITY of VIRGINIA HEALTH SYSTEM

ORTHOPAEDIC SURGERY ENCOUNTER FORM

CHARGE CONTROL NO.	DIV. NO.	DIV. NAME		INVOICE NO.	MULT. SURG.?
				FSC LIST	
MRN	PATIENT NAME		ADMIT DATE	DISCHARGE DATE	
CASE	PROVIDER		FSC OVERRIDE	DISC TYPE / DISC %	
REFERRING PHYSICIAN		UPIN	INJURY DATE	ADJ. AMT.	
SVC. CTR.	RESIDENT		TIME	THRU DATE	
REFERRAL #	LMP	ONSET	TREATMENT TIME	TYPE	
BILLING AREA	LOCATION / HOSPITAL	SERVICE DATE	AUTHORIZATION		
		COMMERCIAL LAB			

ORTHOPAEDIC SURGERY ENCOUNTER NOTE

I CHIEF COMPLAINT:

II HISTORY OF PRESENT ILLNESS (HPI)

Was this an accident? If yes, what was the date and approximate hour of the day? _____/_____/_____ Hour:_____
Work related? ☐ Yes ☐ No

Location Quality Severity Duration Timing Context Modifying Factors Associated Signs & Symptoms

PAST MEDICAL, SOCIAL, FAMILY HISTORY (PFSH)

III MEDICAL (Illness, Operations, Injuries and Treatment)

IV SOCIAL (Review of Past & Current Activities)
☐ TOBACCO_____ ☐ ETOH_____ ☐ LIVING ARRANGEMENTS_____

V FAMILY (Review of Medical Events in Patient's Family)
☐ CAD ☐ IDDM ☐ ARTHRITIS ☐ CA

VI REVIEW OF SYSTEMS (ROS)

CONSTITUTIONAL	NO COMPLAINT ☐	CARDIOVASCULAR	NO COMPLAINT ☐
HEMATOLOGICAL/LYMPHATIC	NO COMPLAINT ☐	RESPIRATORY	NO COMPLAINT ☐
INTEGUMENTARY	NO COMPLAINT ☐	PSYCHIATRIC	NO COMPLAINT ☐
NEUROLOGICAL	NO COMPLAINT ☐	MUSCULOSKELETAL	NO COMPLAINT ☐
EARS/NOSE/THROAT/MOUTH	NO COMPLAINT ☐	ALLERGIC/IMMUNOLOGIC	NO COMPLAINT ☐
GASTROINTESTINAL	NO COMPLAINT ☐	ENDOCRINE	NO COMPLAINT ☐
EYES	NO COMPLAINT ☐	GENITOURINARY	NO COMPLAINT ☐

SCORE

(2) Problem Focused: CC; 1-3 HPI elements
(3) Expanded problem: CC; 1-3 HPI elements; 1 ROS
(4) Detailed: CC; ≥ 4 HPI elements (acute) or ≥ 3 HPI elements (chronic); 2-9 ROS; 1 PFSH element
(5) Comprehensive: CC; ≥ HPI elements (acute) or ≥ 3 HPI elements (chronic); 10+ ROS; 3 PFSH elements (new or consult) or 2 PFSH elements (established)

PHYSICAL EXAM

VII

CONSTITUTIONAL – ☐ Measure any three of following vital signs
Height_____ Weight_____
BP Supine_____ BP Sitting/Standing_____
Pulse Rate_____ Respiration _____
Temperature_____

CARDIOVASCULAR ☐ Observation and palpation of peripheral vascular system
LYMPHATIC ☐ Palpation of lymph nodes in neck, axilae, groin/or other

MUSCULOSKELETAL ☐ Examination of gait and station

(2) Problem Focused: One to five elements identified by bullet
(3) Expanded problem: At least six elements identified by bullet
(4) Detailed: At least twelve elements identified by bullet
(5) Comprehensive: All elements identified below

SCORE

NEUROLOGICAL/PSYCHIATRIC
☐ Examination of Sensation ☐ Examination of deep tendon reflexes
☐ Test Coordination ☐ Orientation
☐ Mood and affect

	JOINT EXAMINATION		SKIN
INSPECT 4 OF 6 AREAS	• **Inspection, percussion, and/or palpation** • **Range of motion**	• **Stability** • **Muscle strength, tone**	• **Inspection, or** • **Palpation**
☐ Head and Neck			
☐ Spine, Ribs & Pelvis			
☐ L upper extremity			
☐ R upper extremity			
☐ L lower extremity			
☐ R lower extremity			

VIII MEDICAL DECISION MAKING: Circle the appropriate value in each column. Two of the three elements must be met or exceeded to achieve the level.

Number of possible Diagnoses or	Amount and/or complexity	Risk of Complications and/or	Type of Decision Making	Score
Minimal (1)	Minimal or None (<1)	Minimal	◄ Straightforward	2
Limited (2)	Limited (2)	Low	◄ Low Complexity	3
Multiple (3)	Moderate (3)	Moderate	◄ Moderate Complexity	4
Extensive (4+)	Extensive (4+)	High	◄ High Complexity	5

IX

LEVEL OF CARE CALCULATION: Initial visit or consultation: score. Follow-up visit; remove lowest score. Choose next lowest.	**History**	**Orthopaedic Examination**	**Medical Decision Making**	**LEVEL OF CARE**

CIRCLE LEVEL OF VISIT	LEVEL 1	LEVEL 2	LEVEL 3	LEVEL 4	LEVEL 5
CONSULTATIONS	**99241** (63110308)	**99242** (63110316)	**99243** (63110324)	**99244** (63110332)	**99245** (63110340)
CONFIRM CONSULT.	**99271** (63110456)	**99272** (63110464)	**99273** (63110472)	**99274** (63110480)	**99275** (63110498)
NEW PT VISIT	**99201** (63110357)	**99202** (63110365)	**99203** (63110373)	**99204** (63110381)	**99205** (63011399)
ESTAB. PT VISIT	**99211** (63110407)	**99212** (63110415)	**99213** (63110423)	**99214** (63110431)	**99215** (63110449)

PROCEDURES (CIRCLE, CHECK OR COMPLETE)

ASPIRATION/INJECTION	**20600** (63121693)	**20605** (63121685)	**20610** (63121677)	**20550** (63120042)
	SMALL JOINT BURSA OR GANGLION CYST	INTERMEDIATE JOINT, BURSA OR GANGLION	MAJOR JOINT OR BURSA	TENDON SHEATH, LIGAMENT, TRIGGER POINTS OR CYST

99499 (63110118)	**99024** (63110506)
PRE-OP H&P	POST-OP/VISIT

INJECTABLE
DRUG TYPE:_____ AMOUNT_____
HCPCS Code:_____ SMS CODE:_____

FRACTURE CARE (Check and/or complete)
SITE_____
_____Without manipulation _____ With manipulation _____Initial Treatment Only _____Follow-up Care Only
_____Open Treatment CPT Code:_____ SMS Code:_____ Recasting (specify type)_____
Casting Material: _____Plaster (A4580) _____Fiberglass (A4590) CPT Code:_____ SMS Code:_____

X

DIAGNOSIS	**DX Code**	**Description**
1		
2		
3		

MISCELLANEOUS (Complete)

Description:_____ HCPCS CPT Code:_____

RETURN APPOINTMENT (SPECIFY): WITHIN_____(WEEKS) WITHIN_____(MONTHS) OTHER_____

ATTENDING PHYSICIAN SIGNATURE:_____ RESIDENT FELLOW SIGNATURE: _____