

Pt Name:	
MR#	
DOS:	
NP:	
Physician:	

CPT Selected:	ICD-9 (s) Selected:
CPT Documented:	ICD-9 (s) Documented:
Modifier Selected:	
Modifier Documented:	

I. HPI:

- CC:** _____ (MUST DOCUMENT)
- Location:** Where is the pain/problem? _____
 - Quality:** What type of pain (throbbing, constant, improving, worsening, acute, chronic) _____
 - Severity:** How bad is the pain (scale of 1-10, functional status, compared to other types of pain) _____
 - Timing:** When did you first experience the problem? Specific time of day? Nocturnal? _____
 - Duration:** How long do the symptoms last? (Onset three days ago, since last Monday, yesterday) _____
 - Context:** What are you doing when the problem occurs? Associated with meals, exercise or stress? _____
 - Modifying factors:** What have you tried to alleviate problem? Medications attempted? What changes/alters the complaint _____
 - Associated sign/sympt:** What else is bothering you when this occurs? Fever w/ chills, headache w/ blurry vision, diaphoresis w/ chest pain _____

- Brief = 1-3 Extended = (4+) UNOBTAINABLE
(must document reason)

II.ROS:

<input type="checkbox"/> Constit	<input type="checkbox"/> Musculoskeletal	<input type="checkbox"/> All other systems were reviewed and are negative
<input type="checkbox"/> Eyes	<input type="checkbox"/> Integumentary	
<input type="checkbox"/> ENMT	<input type="checkbox"/> Neuro	<input type="checkbox"/> Pertinent = 1 <input type="checkbox"/> Extended=2-9 <input type="checkbox"/> Complete = 10+
<input type="checkbox"/> Cardio	<input type="checkbox"/> Psych	
<input type="checkbox"/> Respiratory	<input type="checkbox"/> Endocrine	
<input type="checkbox"/> GI	<input type="checkbox"/> Hem/Lymph	
<input type="checkbox"/> GU	<input type="checkbox"/> Allergy/Immuno	

III.PFSH:

Past: (past illness, injuries, operations, treatments, current medications, and allergies)	<input type="checkbox"/> Pertinent = 1 out of 3 <input type="checkbox"/> Complete = 2 out of 3 (estab. patients & ED) <input type="checkbox"/> Complete = 3 out of 3 (new patients & consults)
Family: (medical events of pt's family, hereditary dz)	
Social: (marital status, living arrangements, current employment, use of tobacco, alcohol, drugs)	

SUMMARY SCORE OF HISTORY: (I., II., III.)

**To qualify for a given hx, all 3 elements in the table must be met*
(Ex: extended HPI, pertinent ROS, pertinent PFSH would meet an expanded problem focus history)*

HPI	ROS	PFSH	= History Level
Brief	None	None	<input type="checkbox"/> problem focused
Brief	Pertinent	None	<input type="checkbox"/> expanded PF
Extended	Extended	Pertinent	<input type="checkbox"/> detailed
Extended	Complete	Complete	<input type="checkbox"/> comprehensive

IV. 1995 EXAM:

Body Areas

- head including face: _____
- neck: _____
- chest including breast/axillae: _____
- abdomen: _____
- genitalia, groin, buttocks: _____
- back, including spine: _____
- each extremity: _____

Organ Systems

- constitutional: _____
- eyes: _____
- ENMT: _____
- cardiovascular: _____
- respiratory: _____
- GI: _____
- GU: _____
- musculoskeletal: _____
- skin: _____
- neurologic: _____
- psychiatric: _____
- hem/lymph/immuno: _____

- 1 = problem focused *** Must be 8 or more organ systems (not body areas) for comprehensive exam
- 2-4 = expand PF
- 5-7 = detailed
- 8+ = comprehensive ***
- 1997 Single Organ Exam used – see other score sheet

NOTES:

- Signed Consultation Request
- Attestation
- Signed Physician Note
- Procedure Note
- Modifier

ICD9	E/M	Documented

Time: total % E/M

OVERALL LEVEL OF SERVICE

History	Exam		MDM	= Level

Complexity of Medical Decision Making:

I. Type and Number of Presenting Problems	A	x	B	=	C
<input type="checkbox"/> single self-limited or minor problem: stable, improved or worsening	max = 2		1		
<input type="checkbox"/> established problem (to examiner): stable, improved, resolving/resolved			1		
<input type="checkbox"/> established problem (to examiner): worsening, inadequately controlled			2		
<input type="checkbox"/> new problem (to examiner): no additional work-up planned	max = 1		3		
<input type="checkbox"/> new problem (to examiner): with additional assessment , consult or diagnostic studies			4		
Total					
II. Amount and Complexity of Data					Points
<input type="checkbox"/> review and/or order of clinical tests					1
<input type="checkbox"/> review and/or order of tests in CPT radiology section					1
<input type="checkbox"/> review and/or order of tests in CPT medicine section					1
<input type="checkbox"/> discussion of test results with performing physician					1
<input type="checkbox"/> independent review of image, tracing or specimen					2
<input type="checkbox"/> decision to obtain old records and/or obtain history from someone other than patient					1
<input type="checkbox"/> review and summarization of old records &/or obtaining hx from someone other than patient					2
Total					

III. TABLE OF RISK

Level of Risk	Presenting Problem (s)	Diagnostic Procedures Ordered	Management Options Selected
Minimal	<ul style="list-style-type: none"> • One self-limited or minor problem (rash or oral ulcers, cold, insect bites) 	<ul style="list-style-type: none"> • Lab tests requiring venipuncture • Chest x-rays • EKG/ECG • UA • Ultrasound 	<ul style="list-style-type: none"> • Rest • Splints • Superficial dressings
Low	<ul style="list-style-type: none"> • Two or more self-limited or minor problems or symptoms • One stable chronic illness (well-controlled HTN or NIDDM, BPH) • Acute uncomplicated illness (e.g., cystitis, allergic rhinitis, simple sprain) 	<ul style="list-style-type: none"> • MRI/CT, PFT's • Superficial needle biopsies • Clinical lab test requiring arterial puncture • Skin biopsies 	<ul style="list-style-type: none"> • OTC drugs • Minor surgery w/ no identified risk factors • PT/OT • IV fluids w/o additives
Moderate	<ul style="list-style-type: none"> • One or more chronic illness w/ mild exacerbation, progression, or side effect of treatment • Acute illness with systemic symptoms, eg. pyelonephritis, pneumonitis, colitis • Two or more stable chronic illnesses • Acute complicated injury (vertebral compression fracture, head injury w/ brief LOC) • Undiagnosed new problem with uncertain prognosis, eg. lump in breast 	<ul style="list-style-type: none"> • Diagnostic endoscopies with no identified risk factors • Cardiovascular imaging studies w/ contrast, no risk factors (arteriogram) • Arthrocentesis, LP • Physiologic tests under stress test eg. (cardiac stress test) • Deep needle or incisional biopsy 	<ul style="list-style-type: none"> • Prescription drug management • Minor surgery w/ identified risk factors • IV fluids w/ additives • Therapeutic nuclear medicine • Elective major surgery (open, percutaneous or endoscopic) w/ no identified risk factors • Closed treatment of fx or dislocation without manipulation
High	<ul style="list-style-type: none"> • One or more chronic illnesses w/ severe exacerbation, progression, or side effects of tx • Acute or chronic illness that may pose a threat to life or bodily function (eg. progressive severe RA, multiple trauma, acute MI, PE, severe respiratory distress, psych illness w/ threat to self or others, acute renal failure) • An abrupt change in neurological status, eg. Seizure, TIA, weakness, or sensory loss 	<ul style="list-style-type: none"> • Cardiac EP tests • Cardiovascular imaging studies w/contrast, w/ identified risk factors • Diagnostic endoscopies w/ identified risk factors • Discography 	<ul style="list-style-type: none"> • Elective major surgery w/ risk factors • Emergency major surgery • Administration of parenteral controlled substances • Drug therapy requiring intensive monitoring for toxicity • Decision not to resuscitate or to de-escalate care because of poor prognosis

The highest level of risk in any one category (presenting problem(s), diagnostic procedure(s) or management options determines the overall risk

To qualify for a given type of decision making, two of the three elements in the table must be either met or exceeded:

Type of Decision Making:	StrForward	Low	Moderate	High
I. Presenting Problems =	0 or 1	2	3	4 (+)
II. Amount of Data =	0 or 1	2	3	4 (+)
III. Overall risk =	Minimal	Low	Moderate	High