

Provider : _____ **Patient Name or MR #:** _____ **D.O.S.:** _____

Select one of the below to identify the complexity of the patient's presenting problem(s) then plug into decision making chart below
 New – No additional work = 3 New - Additional work= 4 Established – Worsening = 2 Minor = 1 Established – Stable= 1

Today's Chief Complaint: _____ **Admit [] Subsequent []**

Key Components: _____ *Inpatient / Hospital*

| <i>HISTORY</i> | <i>HPI</i> | <i>Elements</i> | <i>ROS</i> | <i>Systems</i> | <i>PFSH</i> | <i>[]-P</i> | <i>[]-F</i> | <i>[]-S</i> |
|---|-----------------|--|-----------------|-------------------------------------|------------------------------|--------------|--------------|--------------|
| Problem | Brief | 1 -3 ___ Location ___ Timing | N/A | 0 ___Const ___Skin ___CV | N/A | | 0 | |
| Expanded | Brief | 1- 3 ___ Quality ___ Context | Problem | 1 ___All/Im ___Eye ___Resp | N/A | | 0 | |
| Detailed | Extended | 4 -3c ___ Severity ___ Mod. Factors | Extended | 2 -9 ___Endo ___GI ___GU | Pertinent | | 1 | |
| Comprehensive | Extended | 4 -3c ___ Duration ___ Assoc. Sn & Sx | Complete | 10 ___M/ske ___Neur ___Psy | Complete | New = 3 | Est = 2 | |
| *****All elements must meet or exceed level requirements***** | | | | | Not Required for Interval Hx | | | |

| <i>EXAM</i> | <i>Multi - System (old)</i> | <i>Elements Documented & Performed (new)</i> | <i>OR</i> | <i>Single System Elements</i> |
|----------------------|-----------------------------|--|-----------|---|
| Problem | 1 | 1 - 5 | | 1 - 5 |
| Expanded | 2 - 7 | 6 - 11 | | 6 - 11 |
| Detailed | 5 + detailed | 12 or more | | 12 (except Eye & Psych =9) |
| Comprehensive | 8 or more | 18 / 9 sys | | Perform ALL & Document ALL shaded plus 1 unshaded |

| Description of CPT and Procedure Codes Billed | | Description of ICD-9CM Codes Billed | |
|---|------------------|-------------------------------------|--|
| 1. _____ | CPT _____ | _____ | ICD _____ Supported [Y] [N] _____ |
| 2. _____ | CPT _____ | _____ | ICD _____ Supported [Y] [N] _____ |
| 3. _____ | CPT _____ | _____ | ICD _____ Supported [Y] [N] _____ |
| 4. _____ | CPT _____ | _____ | ICD _____ Supported [Y] [N] _____ |

Circle all appropriate then add total points together and plug into decision making chart below:
 Clinical data = 1, X-Ray data = 1, Non invasive data = 1, Disc w/ interph = 1, Independent review = 2, Decision for old records / consult = 1, Summary of = 2

| Table of Risk | Presenting Problems(s) | Diagnostic Procedures(s) Ordered | Management Options Selected |
|-----------------|--|---|--|
| Minimal | * One self-limited or minor problem, (cold, insect bite, tinea corporis) | * Laboratory test requiring venipuncture * Chest x-rays * Urinalysis * KOH prep * EKG / EEG * Ultrasound (EKG) | * Rest * Gargles * Elastic or * Superficial dressings |
| Low | * 2 or more self-limited or minor problems * 1 stable chronic illness (well controlled hypertension, cataract, BPH) * Acute uncomplicated illness or injury (cystitis, allergic rhinitis, simple sprain) | * Physiologic tests not under stress * Non CV imaging studies w/ contrast * Superficial needle biopsy * Clinical lab tests requiring Arterial puncture * Skin biopsies | * Over the counter drug * Minor surgery w/no identified risks * Physical therapy * Occupational therapy * IV fluids w/out additives |
| Moderate | * 1 or more chronic illnesses w/ mild exacerbation * 2 or more stable chronic illnesses * Undiagnosed new problem w/ uncertain prognosis * Acute illness w/ systemic symptoms (colitis) * Acute complicated injury (head injury brief loss of consciousness) | * Physiologic test under stress * Diagnostic endoscopies w/no identified risks * Deep needle or incision biopsy * CV imaging w/ contrast no identified risks (cath) * Obtain fluid from body cavity (lumbar puncture thoracentesis, culdocentesis) | * Minor surgery w/ identified risks * Elective major surgery - no identified risks * Prescription drug management * Therapeutic nuclear medicine * IV fluids w/ additives * Closed treatment of fracture |
| High | * 1 or more chronic illness w/ server exacerbation * Acute or chronic illness or injuries- threat to life or bodily function (acute MI, psych w/ potential threat) * An abrupt change in neurologic status (seizure, TIA) | * CV imaging w/ contract w. identified risks * Cardiac electrophysiologic test * Diagnostic endoscopies w/ identified risks * Discography | * Elective major surgery w/ identified risks * ER Major surgery (open or endoscopic) * Parenteral controlled substances * Drug therapy w/ intensive monitoring * Decision not resuscitate / de-escalate care |

| Decision Making Chart | | | | To identify the overall level of MDM at least two must be met in a specific level, otherwise chose the one in the middle. |
|------------------------|-------------|-------------------|------------------------------|---|
| | 1. Problems | 2. Amount of data | 3. Overall Risk *(use table) | |
| Straightforward | 0 - 1 | 0 - 1 | minimal | |
| Low | 2 | 2 | low | |
| Moderate | 3 | 3 | moderate | |
| High | 4+ | 4+ | high | |



| Hospital Admission | | | | Hospital Subsequent Care [Interval HX] | | | |
|--|-------------|---------------|---------------|--|----------|----------|--|
| <i>HX</i> | 99221 30 | 99222 50 | 99223 70 | 99231 15 | 99232 25 | 99233 35 | |
| <i>EX</i> | detailed | comprehensive | comprehensive | problem | expanded | detailed | |
| <i>DX</i> | detailed | comprehensive | comprehensive | problem | expanded | detailed | |
| | straight /f | moderate | high | straight /f | moderate | high | |
| ***At least three elements must meet or exceed level requirements*** | | | | ***at least 2 elements must meet or exceed level requirements*** | | | |

| Initial Consultations | | | | | |
|--|-------------|-------------|----------|---------------|---------------|
| <i>HX</i> | 99251 20 | 99252 40 | 99253 55 | 99254 80 | 99255 110 |
| <i>EX</i> | problem | expanded | detailed | comprehensive | comprehensive |
| <i>DX</i> | problem | expanded | detailed | comprehensive | comprehensive |
| | straight /f | straight /f | low | moderate | high |
| ***At least three elements must meet or exceed level requirements*** | | | | | |

Auditor's Remarks:
 If compliant place a check mark in the box if there is a compliance concern place an X in the box

| | | | | | |
|-------------------------|--------------------------|--------------------------|--------------------------|----------------------------|--------------------------|
| Documentation Exists | <input type="checkbox"/> | E & M Category supported | <input type="checkbox"/> | Diagnostic tests supported | <input type="checkbox"/> |
| Diagnostic Linked to DX | <input type="checkbox"/> | Procedures supported | <input type="checkbox"/> | Procedure Unbundled | <input type="checkbox"/> |
| Compliant recorded | <input type="checkbox"/> | Dx Linked to E & M | <input type="checkbox"/> | Procedure Linked to DX | <input type="checkbox"/> |
| E & M level supported | <input type="checkbox"/> | | | | |