

Patient
Facility

DOB
Encounter Date

MRN

History <i>Chief Complaint is required in ALL documentation</i>				
Components	Criteria			
HPI (History of Present Illness) Status of 3 chronic problems <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 OR Choose Elements <input type="checkbox"/> Quality <input type="checkbox"/> Location <input type="checkbox"/> Duration <input type="checkbox"/> Severity <input type="checkbox"/> Timing <input type="checkbox"/> Context <input type="checkbox"/> Modifying factors <input type="checkbox"/> Associated Signs/Symptoms	<input type="checkbox"/> Status of 1-2 Chronic Conditions OR <input type="checkbox"/> Brief 1-3 Elements	<input type="checkbox"/> Status of 1-2 Chronic Conditions OR <input type="checkbox"/> Brief 1-3 Elements	<input type="checkbox"/> Status of 3 Chronic Conditions OR <input type="checkbox"/> Extended ≥4 Elements	<input type="checkbox"/> Status of 3 Chronic Conditions OR <input type="checkbox"/> Extended ≥4 Elements
ROS (Review of Systems) <input type="checkbox"/> Constitutional <input type="checkbox"/> ENT <input type="checkbox"/> Eyes <input type="checkbox"/> CV <input type="checkbox"/> Skin/Breasts <input type="checkbox"/> Resp <input type="checkbox"/> Endo <input type="checkbox"/> GI <input type="checkbox"/> GU <input type="checkbox"/> Heme/Lymph <input type="checkbox"/> MS <input type="checkbox"/> Neuro <input type="checkbox"/> Psych <input type="checkbox"/> Allergy/Immunology	NA	<input type="checkbox"/> <i>Pertinent to Problem</i> 1	<input type="checkbox"/> <i>Extended (Pertinent to problem and other related systems)</i> 2-9 Total	<input type="checkbox"/> <i>Complete (Pertinent and all related systems)</i> 10 Total
PFSH (Past Medical, Family Social History) <input type="checkbox"/> Past History (Illnesses, Surgeries, Injuries) <input type="checkbox"/> Past Family (Diseases, Hereditary illnesses) <input type="checkbox"/> Social (Review of current, past activities)	NA	NA	<input type="checkbox"/> <i>Pertinent</i> 1 Area	<input type="checkbox"/> <i>*Complete</i> 2-3 Areas
*Complete PFSH 3 history areas for ALL NEW Patients 2 history areas for ALL Follow Up/Established Visits OR Patients seen in Emergency Department	<input type="checkbox"/> PROBLEM FOCUSED	<input type="checkbox"/> EXPANDED PROBLEM FOCUSED	<input type="checkbox"/> DETAILED	<input type="checkbox"/> COMPREHENSIVE
ALL Criteria for selected level MUST be MET or EXCEEDED				

Examination			
Exam description	1995 Guideline	1997 Guideline	Type of Exam
Limited to affected body area or organ system	<input type="checkbox"/> 1 Body Area or Organ System	<input type="checkbox"/> 1-5 Bulleted Items	<input type="checkbox"/> PROBLEM FOCUSED
Affected body area/organ system and other symptomatic or related organ systems	<input type="checkbox"/> 2-7	<input type="checkbox"/> 6-11 or more	<input type="checkbox"/> EXPANDED PROBLEM FOCUSED
Extended exam of affected body areas/organ systems and other symptomatic or related organ systems	<input type="checkbox"/> 2-7	<input type="checkbox"/> 12-17 or more for 2 or more systems	<input type="checkbox"/> DETAILED
General Multi-System	<input type="checkbox"/> ≥8	<input type="checkbox"/> 18 or more for 9 or more systems	<input type="checkbox"/> COMPREHENSIVE
Complete Single Organ System	Not Defined	Refer to Guideline	
See 1995 or 1997 Guidelines for Evaluation & Management Services for specific requirements			

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A. Complexity of Medical Decision Making						
Number of Diagnoses or Treatment Options						
		Number	x	Points	=	Result
Problem (Status)		Number		Points		Result
Self-limited or minor (stable, improved or worsening) Max = 2				1		
Est. problem (to examiner) <i>stable, improved</i>				1		
Est. problem (to examiner) <i>worsening</i>				2		
New problem (to examiner) <i>no additional workup planned</i> Max = 1				3		
New problem (to examiner) <i>additional workup planned</i>				4		
Circle corresponding answer on Line A of Final Result for Complexity				Total		
B. Amount and/or Complexity of Data Reviewed						
Reviewed Data					Points	
Review and/or Order of lab tests					1	
Review and/or Order of tests in the radiology section of CPT					1	
Review and/or Order of tests in the medicine section of CPT					1	
Discussion of test results with performing physician					1	
Decision to obtain old records and/or obtain history from someone other than the patient					1	
Review and summarization of old records and/or obtaining history from someone other than the patient and/or discussion of case with another health care provider					2	
Independent visualization of image, specimen or tracing (NOT simply review of report)					2	
Circle corresponding answer Line B of Final Result for Complexity				TOTAL		
C. Risk of Complications, Morbidity and/or Mortality						
Choose highest risk level and select corresponding risk level on line C in Final Result for Complexity						
Risk	Presenting problems	Dx procedures ordered	Management options			
Min <input type="checkbox"/>	1 minor or self-limited <input type="checkbox"/>	Venipuncture, CXR, EKG, EEG <input type="checkbox"/>	Rest, elastic bandages <input type="checkbox"/>			
Low <input type="checkbox"/>	2 or more minor 1 stable chronic problem Acute uncomp illness/injury <input type="checkbox"/>	Physiol tests NOT under stress Non CV imaging with contrast Superficial needle biopsies <input type="checkbox"/>	OTC drugs, PT, OT IV fluids without additives Minor surgery NO risk factors <input type="checkbox"/>			
Mod <input type="checkbox"/>	Mild exac ≥ 1 chron prob ≥ 2 stable chron prob Acute illness + systemic Sx Acute complicated injury <input type="checkbox"/>	Physiologic tests under stress Dx endoscopies NO risk factors Deep needle or incisional bx CV imaging + contrast Obtain fluid from body cavity <input type="checkbox"/>	Minor surgery + risk factors Elective major surgery Prescription drug therapy Therapeutic nuclear medicine IV fluids + additives <input type="checkbox"/>			
High <input type="checkbox"/>	Sev exac, ≥ 1 chron prob Acute or chronic illness posing threat to life/limb Abrupt change neuro status <input type="checkbox"/>	CV imaging + contrast, risk factors Card electrophysiologic studies Dx endoscopies + risk factors Discography <input type="checkbox"/>	Elective maj surg + risk factors Emergency major surgery Parenteral controlled sub Rx requiring intense monitoring DNR or de-escalation of care <input type="checkbox"/>			
Final Result for Complexity of Medical Decision Making						
The column with 2 or 3 circles determines overall complexity of Medical Decision Making						
A	Number Tx Options	<input type="checkbox"/> 1 or less <i>Minimal</i>	<input type="checkbox"/> 2 <i>Limited</i>	<input type="checkbox"/> 3 <i>Multiple</i>	<input type="checkbox"/> 4 <i>Extensive</i>	
B	Amount of Data	<input type="checkbox"/> 1 or less <i>Minimal</i>	<input type="checkbox"/> 2 <i>Limited</i>	<input type="checkbox"/> 3 <i>Multiple</i>	<input type="checkbox"/> 4 <i>Extensive</i>	
C	Highest Risk	<input type="checkbox"/> <i>Minimal</i>	<input type="checkbox"/> <i>Low</i>	<input type="checkbox"/> <i>Moderate</i>	<input type="checkbox"/> <i>High</i>	
	Decision Making Level	<input type="checkbox"/> SF	<input type="checkbox"/> Low	<input type="checkbox"/> Moderate	<input type="checkbox"/> High	

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OVERALL OUTPATIENT ENCOUNTER LEVEL										
	New Office / Consult / ER Requires 3 components within shaded area					Established Office Requires 2 components within shaded area				
History	<input type="checkbox"/> PF ER: PF	<input type="checkbox"/> EPF ER: EPF	<input type="checkbox"/> D ER: EPF	<input type="checkbox"/> C ER: D	<input type="checkbox"/> C ER: C	Minimal problem that may not require presence of physician	<input type="checkbox"/> PF	<input type="checkbox"/> EPF	<input type="checkbox"/> D	<input type="checkbox"/> C
Exam	<input type="checkbox"/> PF ER: P	<input type="checkbox"/> EPF ER: EPF	<input type="checkbox"/> D ER: EPF	<input type="checkbox"/> C ER: D	<input type="checkbox"/> C ER: C		<input type="checkbox"/> PF	<input type="checkbox"/> EPF	<input type="checkbox"/> D	<input type="checkbox"/> C
Complexity Medical Decision	<input type="checkbox"/> SF ER: SF	<input type="checkbox"/> SF ER: L	<input type="checkbox"/> L ER: M	<input type="checkbox"/> M ER: M	<input type="checkbox"/> H ER: H		<input type="checkbox"/> SF	<input type="checkbox"/> L	<input type="checkbox"/> M	<input type="checkbox"/> H
LEVEL	<input type="checkbox"/> I	<input type="checkbox"/> II	<input type="checkbox"/> III	<input type="checkbox"/> IV	<input type="checkbox"/> V	<input type="checkbox"/> I	<input type="checkbox"/> II	<input type="checkbox"/> III	<input type="checkbox"/> IV	<input type="checkbox"/> V
PF = Prob focused EPF = Expanded prob focused D = Detailed C = Comprehensive SF = Straightforward L = Low complexity M = Moderate complexity H = High complexity										

OVERALL INPATIENT ENCOUNTER LEVEL						
	Initial Hosp Encounter or Observation			Subsequent Inpatient or Follow Up		
History	<input type="checkbox"/> D or C	<input type="checkbox"/> C	<input type="checkbox"/> C	<input type="checkbox"/> PF	<input type="checkbox"/> EPF	<input type="checkbox"/> D
Exam	<input type="checkbox"/> D or C	<input type="checkbox"/> C	<input type="checkbox"/> C	<input type="checkbox"/> PF	<input type="checkbox"/> EPF	<input type="checkbox"/> D
Complexity Medical Decision	<input type="checkbox"/> SF / L	<input type="checkbox"/> M	<input type="checkbox"/> H	<input type="checkbox"/> SF / L	<input type="checkbox"/> M	<input type="checkbox"/> H
LEVEL	<input type="checkbox"/> I	<input type="checkbox"/> II	<input type="checkbox"/> III	<input type="checkbox"/> I	<input type="checkbox"/> II	<input type="checkbox"/> III
PF = Prob focused EPF = Expanded prob focused D = Detailed C = Comprehensive SF = Straightforward L = Low complexity M = Moderate complexity H = High complexity						

Time <i>If ALL responses regarding time are "Yes", billing may be based on Time</i>	
"If the physician documents total time <i>and</i> 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? Must be face-to-face (Outpatient or Inpatient)	<input type="checkbox"/> Yes <input type="checkbox"/> No
Does documentation discuss the content of counseling or coordination of care?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Does documentation reveal that more than half the time was spent on counseling or coordination of care?	<input type="checkbox"/> Yes <input type="checkbox"/> No

References

1997 Guidelines for Evaluation and Management Services
<http://www.cms.hhs.gov/MLNProducts/Downloads/MASTER1.pdf>

HGSAdministrators Documentation Worksheet
www.aace.com/advocacy/pdf/AUDITTOOLMEDICARE.pdf

Evaluation and Management Coding and Documentation Reference Guide
Trailblazer Health Enterprises, LLC