

|                | Chief Complaint must be documented.   | Problem Focused | Exp. Problem Focused | Detailed | Comprehensive                                    |
|----------------|---|-----------------|----------------------|----------|--|
| <b>HISTORY</b> | HPI:<br>____Location ____Severity ____Timing ____Modifying Factor<br>____Quality ____Duration ____Context ____Associated sign/symptom   | 1-3             | 1-3                  | 4+       | 4+   |
|                | Review of Systems:<br>____Constitutional ____Eyes ____ENMT ____Musculo ____Neuro<br>____Integumentary ____GI ____GU ____Cardio ____Resp<br>____Hem/Lymph ____Endo ____Psych ____Allergy/ Immuno                 | None            | 1                    | 2-9      | 10+ or<br>"All others<br>reviewed &<br>negative" |
|                | ____Past History: medications, past illness, surgeries, allergies to meds<br>____Family History: medical events/disease in family<br>____Social History: marital status, education, use of drugs, tobacco, etc. | None            | None                 | 1        | 3*   |

\*Complete PFSH: 2 HX areas for Est pts. Office, Domiciliary, Home, Emergency Dept, Subseq Nursing Facility

3 HX areas for New pts. Office, Consultation, Initial Hospital Obs, Comp Nursing facility assessment

|                |  |                              |                                    |  |  |
|----------------|--|------------------------------|------------------------------------|--|--|
| <b>95 EXAM</b> | Body Areas ____Head/Face ____Chest/Breast ____Abdomen ____Back/Spine<br>____Neck ____Genitalia/groin/buttocks ____Extremities<br>Organ Systems ____Constitutional ____Eyes ____ENMT ____CV ____Resp ____GI ____GU<br>____Skin ____Neuro ____Musculoskeletal ____Psych ____Hem/Lymph/Immuno | 1<br>Area or<br>Organ system | 2-7<br>Areas &/or<br>Organ systems | 2-7<br>Areas &/or<br>Organ Systems;<br>1 in Detail | <b>8+</b><br><b>Organ<br/>Systems<br/>Only</b> |
|----------------|--|------------------------------|------------------------------------|--|--|

|                |  |             |           |            |   |
|----------------|--|-------------|-----------|------------|---|
| <b>97 EXAM</b> | <b>Genitourinary - Female</b><br>Bullets listed on back. | 1-5 Bullets | 6+Bullets | 12 Bullets | <b>All bullets in<br/>shaded borders<br/>&amp; 1 in each<br/>unshaded</b> |
|----------------|--|-------------|-----------|------------|---|

| <b>BOX A: Number Of Diagnosis or Management Options (N x P = R)</b>  |                  |                |                     |                 |
|--|------------------|----------------|---------------------|-----------------|
| Problems   |                  | Number         | Points              | Results         |
| Self-limited or minor (stable, improved or worsening)  |                  | Max = 2        | 1                   |                 |
| Est. problem: stable or improving  |                  |                | 1                   |                 |
| Est problem: worsening   |                  |                | 2                   |                 |
| New problem: no additional work-up planned   |                  | Max = 1        | 3                   |                 |
| New problem: additional work-up planned  |                  |                | 4                   |                 |
| <b>Bring to line A in Final Result for MDM</b>   |                  |                | <b>Total</b>        |                 |
| <b>BOX B: Amount and/or Complexity of Data to be reviewed</b>  |                  |                |                     | Points          |
| Review and/or order of clinical lab test   |                  |                |                     | 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 obtaining history from someone other than patient  |                  |                |                     | 1               |
| Review and summarization of old records and/or obtaining history from someone other than patient and/or discussion of case with another health care provider |                  |                |                     | 2               |
| Independent visualization, tracing or specimen itself (not simply review of report)  |                  |                |                     | 2               |
| <b>Bring to line B in Final Result for MDM</b>   |                  |                | <b>Total</b>        |                 |
| <b>BOX D: Final Result for Complexity of Medical Decision Making: 2 of 3 required</b>  |                  |                |                     |                 |
| A Number of diagnoses or management options  | ≤ 1 Minimal      | 2 Limited      | 3 Multiple          | ≥ 4 Extensive   |
| B Amount and complexity of data to be reviewed   | ≤ 1 Minimal      | 2 Limited      | 3 Multiple          | ≥ 4 Extensive   |
| C Risk of complications and/or morbidity or mortality  | Minimal          | Low            | Moderate            | High            |
| <b>TYPE OF DECISION MAKING</b>   | Straight Forward | Low Complexity | Moderate Complexity | High Complexity |

|                 | <b>Presenting Problems</b>  | <b>Diagnostic Procedures ordered</b>  | <b>Management Options Selected</b>  |
|-----------------|---|---|---|
| <b>MINIMAL</b>  | • 1 self-limited or minor problem (eg. Cold, insect bite, tinea corporis)   | • Lab tests requiring venipuncture<br>• EKG/EEG<br>• Urinalysis<br>• Ultrasound<br>• X-RAYS<br>• KOH prep   | • Rest<br>• Gargles<br>• Elastic bandages<br>• Superficial dressings  |
| <b>LOW</b>      | • 2 or more self-limited or minor problems<br>• 1 stable chronic illness<br>• Acute uncomplicated illness or injury   | • Physiologic test not under stress<br>• Non-cardiovascular imaging<br>• Superficial needle biopsies<br>• Clinical lab test requiring arterial puncture<br>• Skin biopsies  | • Over-the-counter drugs<br>• Minor surgery w/ no identified risk factors<br>• Physical therapy<br>• Occupational therapy<br>• IV fluids without additives  |
| <b>MODERATE</b> | • 1 or more chronic illnesses w/mild exacerbation, progression or side effects of treatment<br>• 2 or more stable chronic illnesses<br>• Undiagnosed new problem w/ uncertain prognosis<br>• Acute illness with systemic symptoms<br>• Acute complicated injury | • Physiologic test under stress<br>• Diagnostic endoscopies w/o identified risk factors<br>• Deep needle or incisional biopsy<br>• Cardiovascular imaging studies w/contrast, no identified risk factors<br>• Obtain fluid from body cavity | • Minor surgery with identified risk factors<br>• Elective major surgery (open, percut, or endoscopic) no identified risk factors<br>• Prescription drug management<br>• Therapeutic nuclear medicine<br>• IV fluids with additives<br>• Closed treatment of fracture or dislocation w/o manipulation                             |
| <b>HIGH</b>     | • 1 or more chronic illnesses w/ severe exacerbation, progression, side effects of treatment<br>• Acute or chronic illnesses or injuries that pose a threat to life or bodily function<br>• Abrupt change in neurologic status                                  | • Cardiovascular imaging studies w/contrast w/ identified risk factors<br>• Cardiac electrophysiological tests<br>• Diagnostic endoscopies w/identified risk factors<br>• Discography   | • Elective major surgery (open, percut or endoscopic) w/ identified risk factors<br>• Emergency major surgery (open, percut, or endoscopic)<br>• Parenteral controlled substances<br>• Drug therapy requiring intensive monitoring for toxicity<br>• Decision not to resuscitate or to de-escalate care because of poor prognosis |

| System/Body Area                | Elements of Examination   |
|---------------------------------|---|
| Constitutional                  | <ul style="list-style-type: none"> <li>Measurement of <b>any three of the following seven</b> vital signs: 1) sitting or standing blood pressure, 2) supine blood pressure, 3) pulse rate and regularity, 4) respiration, 5) temperature, 6) height, 7) weight (May be measured and recorded by ancillary staff)</li> <li>General appearance of patient (eg, development, nutrition, body habitus, deformities, attention to grooming)</li> </ul>   |
| Neck                            | <ul style="list-style-type: none"> <li>Exam of neck (eg, masses, overall appearance, symmetry, tracheal position, crepitus)</li> <li>Exam of thyroid (eg, enlargement, tenderness, mass)</li> </ul>   |
| Respiratory                     | <ul style="list-style-type: none"> <li>Assessment of respiratory effort (eg, intercostal retractions, use of accessory muscles, diaphragmatic movement)</li> <li>Auscultation of lungs (eg, breath sounds, adventitious sounds, rubs)</li> </ul>  |
| Cardiovascular                  | <ul style="list-style-type: none"> <li>Auscultation of heart with notation of abnormal sounds and murmurs</li> <li>Exam of peripheral vascular system by observation (eg, swelling, varicosities) and palpation (eg, pulses, temperature, edema, tenderness)</li> </ul>   |
| Gastrointestinal                | <ul style="list-style-type: none"> <li>Examination of abdomen with notation of presence of masses or tenderness</li> <li>Examination for presence or absence of hernia</li> <li>Examination of liver and spleen</li> <li>Obtain stool sample for occult blood test when indicated</li> </ul>  |
| Genitourinary<br><b>FEMALE:</b> | <p>Includes <b>at least seven of the following eleven</b> elements identified by bullets:</p> <ul style="list-style-type: none"> <li>Inspection and palpation of breasts (eg, masses or lumps, tenderness, symmetry, nipple discharge)</li> <li>Digital rectal examination including sphincter tone, presence of hemorrhoids, rectal masses</li> </ul> <p>Pelvic examination (with or without specimen collection for smears and cultures) including:</p> <ul style="list-style-type: none"> <li>External genitalia (eg, general appearance, hair distribution, lesions)</li> <li>Urethral meatus (eg, size, location, lesions, prolapse)</li> <li>Urethra (eg, masses, tenderness, scarring)</li> <li>Bladder (eg, fullness, masses, tenderness)</li> <li>Vagina (eg, general appearance, estrogen effect, discharge, lesions, pelvic support, cystocele, rectocele)</li> <li>Cervix (eg, general appearance, lesions, discharge)</li> <li>Uterus (eg, size, contour, position, mobility, tenderness, consistency, descent or support)</li> <li>Adnexa/parametria (eg, masses, tenderness, organomegaly, nodularity)</li> <li>Anus and perineum</li> </ul> |
| Lymphatic                       | <ul style="list-style-type: none"> <li>Palpation of lymph nodes in neck, axillae, groin and/or other location</li> </ul>  |
| Skin                            | <ul style="list-style-type: none"> <li>Inspection and/or palpation of skin and subcutaneous tissue (eg, rashes, lesions, ulcers)</li> </ul>   |
| Neurological/<br>Psychiatric    | <p>Brief assessment of mental status including</p> <ul style="list-style-type: none"> <li>Orientation (eg, time, place and person) and</li> <li>Mood and affect (eg, depression, anxiety, agitation)</li> </ul>   |

### Content and Documentation Requirements

#### Level of Exam

#### Perform and Document:

Problem Focused

**One to five** elements identified by a bullet.

Expanded Problem Focused

**At least six** elements identified by a bullet.

Detailed

**At least 12** elements identified by a bullet.

Comprehensive

Perform **all** elements identified by a bullet; document every element in each box with a shaded border and at least one element in each box with an unshaded border.