

| | Chief Complaint must be documented. | Problem Focused | Exp. Problem Focused | Detailed | Comprehensive |
|----------------|---|-----------------|----------------------|----------|--|
| HISTORY | HPI: ____Location ____Severity ____Timing ____Modifying Factor ____Quality ____Duration ____Context ____Associated sign/symptom | 1-3 | 1-3 | 4+ | 4+ |
| | Review of Systems: ____Constitutional ____Eyes ____ENMT ____Musculo ____Neuro ____Integumentary ____GI ____GU ____Cardio ____Resp ____Hem/Lymph ____Endo ____Psych ____Allergy/ Immuno | None | 1 | 2-9 | 10+ or "All others reviewed & negative" |
| | ____Past History: medications, past illness, surgeries, allergies to meds ____Family History: medical events/disease in family ____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, Hospital Obs, Comp Nursing facility assessment

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

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|----------------|--|-------------|------------|------------|---|
| 97 EXAM | Genitourinary - Male Bullets listed on back. | 1-5 Bullets | 6+ Bullets | 12 Bullets | All bullets in shaded borders & 1 in each unshaded |
|----------------|--|-------------|------------|------------|---|

| BOX A: Number Of Diagnosis or Management Options (N x P = R) | | | | |
|--|-------------------------|-----------------------|----------------------------|------------------------|
| 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 | | |
| Bring to line A in Final Result for MDM | | | Total | |
| BOX B: Amount and/or Complexity of Data to be reviewed | | | 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 | | |
| Bring to line B in Final Result for MDM | | | Total | |
| BOX D: Final Result for Complexity of Medical Decision Making: 2 of 3 required | | | | |
| 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 |
| TYPE OF DECISION MAKING | Straight Forward | Low Complexity | Moderate Complexity | High Complexity |

| | Presenting Problems | Diagnostic Procedures ordered | Management Options Selected |
|-----------------|---|---|---|
| MINIMAL | • 1 self-limited or minor problem (eg. Cold, insect bite, tinea corporis) | • Lab tests requiring venipuncture • EKG/EEG • Urinalysis • Ultrasound • X-RAYS • KOH prep | • Rest • Gargles • Elastic bandages • Superficial dressings |
| LOW | • 2 or more self-limited or minor problems • 1 staple chronic illness • Acute uncomplicated illness or injury | • Physiologic test not under stress • Non-cardiovascular imaging • Superficial needle biopsies • Clinical lab test requiring arterial puncture • Skin biopsies | • Over-the-counter drugs • Minor surgery w/ no identified risk factors • Physical therapy • Occupational therapy • IV fluids without additives |
| MODERATE | • 1 or more chronic illnesses w/mild exacerbation, progression or side effects of treatment • 2 or more stable chronic illnesses • Undiagnosed new problem w/ uncertain prognosis • Acute illness with systemic symptoms • Acute complicated injury | • Physiologic test under stress • Diagnostic endoscopies w/o identified risk factors • Deep needle or incisional biopsy • Cardiovascular imaging studies w/contrast, no identified risk factors • Obtain fluid from body cavity | • Minor surgery with identified risk factors • Elective major surgery (open, percut, or endoscopic) no identified risk factors • Prescription drug management • Therapeutic nuclear medicine • IV fluids with additives • Closed treatment of fracture or dislocation w/o manipulation |
| HIGH | • 1 or more chronic illnesses w/ severe exacerbation, progression, side effects of treatment • Acute or chronic illnesses or injuries that pose a threat to life or bodily function • Abrupt change in neurologic status | • Cardiovascular imaging studies w/contrast w/ identified risk factors • Cardiac electrophysiological tests • Diagnostic endoscopies w/identified risk factors • Discography | • Elective major surgery (open, percut or endoscopic) w/ identified risk factors • Emergency major surgery (open, percut, or endoscopic) • Parenteral controlled substances • Drug therapy requiring intensive monitoring for toxicity • 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"> Measurement of any three of the following seven 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) General appearance of patient (eg, development, nutrition, body habitus, deformities, attention to grooming) |
| Neck | <ul style="list-style-type: none"> Exam of neck (eg, masses, overall appearance, symmetry, tracheal position, crepitus) Exam of thyroid (eg, enlargement, tenderness, mass) |
| Respiratory | <ul style="list-style-type: none"> Assessment of respiratory effort (eg, intercostal retractions, use of accessory muscles, diaphragmatic movement) Auscultation of lungs (eg, breath sounds, adventitious sounds, rubs) |
| Cardiovascular | <ul style="list-style-type: none"> Auscultation of heart with notation of abnormal sounds and murmurs Exam of peripheral vascular system by observation (eg, swelling, varicosities) and palpation (eg, pulses, temperature, edema, tenderness) |
| Gastrointestinal | <ul style="list-style-type: none"> Examination of abdomen with notation of presence of masses or tenderness Examination for presence or absence of hernia Examination of liver and spleen Obtain stool sample for occult blood test when indicated |
| Genitourinary MALE: | <ul style="list-style-type: none"> Inspection of anus and perineum <p>Examination (with or without specimen collection for smears and cultures) of genitalia including:</p> <ul style="list-style-type: none"> Scrotum (eg, lesions, cysts, rashes) Epididymides (eg, size, symmetry, masses) Testes (eg, size, symmetry, masses) Urethral meatus (eg, size, location, lesions, discharge) Penis (eg, lesions, presence or absence of foreskin, foreskin retractability, plaque, masses, scarring, deformities) <p>Digital rectal examination including:</p> <ul style="list-style-type: none"> Prostate gland (eg, size, symmetry, nodularity, tenderness) Seminal vesicles (eg, symmetry, tenderness, masses, enlargement) Sphincter tone, presence of hemorrhoids, rectal masses |
| Lymphatic | <ul style="list-style-type: none"> Palpation of lymph nodes in neck, axillae, groin and/or other location |
| Skin | <ul style="list-style-type: none"> Inspection and/or palpation of skin and subcutaneous tissue (eg, rashes, lesions, ulcers) |
| Neurological/ Psychiatric | <p>Brief assessment of mental status including</p> <ul style="list-style-type: none"> Orientation (eg, time, place and person) and Mood and affect (eg, depression, anxiety, agitation) |

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.