

History		Physical Examination		Medical Decision Making		
HPI: <input type="checkbox"/> Location <input type="checkbox"/> Duration <input type="checkbox"/> Timing <input type="checkbox"/> Severity <input type="checkbox"/> Quality <input type="checkbox"/> Mod. Factors <input type="checkbox"/> Assoc. <input type="checkbox"/> Signs/Sym <input type="checkbox"/> Context ROS: <input type="checkbox"/> Const <input type="checkbox"/> Eyes	<input type="checkbox"/> ENMT <input type="checkbox"/> Cardio <input type="checkbox"/> Resp <input type="checkbox"/> GI <input type="checkbox"/> GU <input type="checkbox"/> Musc/Skl <input type="checkbox"/> Integ <input type="checkbox"/> Neuro <input type="checkbox"/> Psych <input type="checkbox"/> Endo <input type="checkbox"/> Hem/Lym <input type="checkbox"/> Allergy/Imm <input type="checkbox"/> All others (-)	PFSH: Past Medical <input type="checkbox"/> Meds. <input type="checkbox"/> Allergies <input type="checkbox"/> Surg. / Hosp. <input type="checkbox"/> Diet/Exercise <input type="checkbox"/> Illness/Injury <input type="checkbox"/> Immunizations Past Family <input type="checkbox"/> Health / Cause of death <input type="checkbox"/> Diseases related to illness Past Social <input type="checkbox"/> Marital <input type="checkbox"/> Employment <input type="checkbox"/> Education <input type="checkbox"/> Hobbies <input type="checkbox"/> Alcoh/Tob/Drug <input type="checkbox"/> Sexual Hx.	Organ Systems: <input type="checkbox"/> Constitutional <input type="checkbox"/> Eyes <input type="checkbox"/> ENMT <input type="checkbox"/> Cardiovascular <input type="checkbox"/> Respiratory <input type="checkbox"/> Gastrointestinal <input type="checkbox"/> Genitourinary <input type="checkbox"/> Musculoskeletal <input type="checkbox"/> Integumentary <input type="checkbox"/> Neurologic <input type="checkbox"/> Psychiatric <input type="checkbox"/> Hematologic / Lymphatic / Immunologic	Dx/Mgmt Options: <input type="checkbox"/> Self Lim/Minor (max 2): 1 <input type="checkbox"/> Estab Prob Stable: 1 <input type="checkbox"/> Estab Prob Worse: 2 <input type="checkbox"/> New Prob, no planned W/U (max 1); 3 <input type="checkbox"/> New Prob with W/U planned: 4	Data (Ordered/Reviewed): <input type="checkbox"/> Clinical Lab Tests: 1 <input type="checkbox"/> X-rays: 1 <input type="checkbox"/> Medical Tests: 1 <input type="checkbox"/> Discuss test results w/ performing physician: 1 <input type="checkbox"/> Decision to obtain old records &/or history from someone else: 1 <input type="checkbox"/> Review & summarizing old records &/or obtaining history from someone else: 2 <input type="checkbox"/> Dr's visualization of test/study: 2	Risk of Complications, Morbidity, Mortality (*Refer to Risk Table on Back of Card)

HISTORY			PHYSICAL EXAM (organ systems)	LEVEL	MEDICAL DECISION MAKING		
HPI	ROS	PM/F/S			Dx/Mgmt options	Data	Level of Risk
1-3	-	-	1	99281	1	0-1	Minimal
1-3	1	-	2-4	99282	2	2	Low
1-3	1	-	2-4	99283	3	3	Moderate
4 or more	2-9	1 of 3	5-7	99284	3	3	Moderate
4 or more	10 or more	2 of 3	8 or more	99285	4 or more	4 or more	High
You must document ALL of the elements required for the level of coding you selected					Middle of the 3 categories determines your level of coding		

CRITICAL CARE: 1. MUST DOCUMENT TIME. 2. If any procedures were done at the time, the statement should read "Critical care time was ____ minutes, in addition to the procedures that were performed". 3. Must document "medical necessity".
TEACHING PHYSICIAN GUIDELINES: When performed with a resident, the code level is determined by a combination of the resident's and teaching physician's (TP) notes. The TP must see the patient, perform critical portions of the service, and agree with the resident's note or revise it. EXAMPLE: "I saw and evaluated the patient. Reviewed resident's note. Agree with plan as written." OR "I saw and evaluated the patient. Agree with resident's note but"

*** BASED ON HIGHEST “ONE” ELEMENT OF ENTIRE TABLE**

Level of Risk	Presenting Problem	Diagnostic Procedure Ordered	Management Options Selected
Minimal	<ul style="list-style-type: none"> • One self-limited or minor problem, e.g., cold, insect bite, tinea corporis 	<ul style="list-style-type: none"> • Laboratory tests requiring venipuncture • Chest x-rays • ECG/EEG • Urinalysis • Ultrasound, e.g., echocardiography • KOH prep 	<ul style="list-style-type: none"> • Rest • Gargles • Elastic bandages • Superficial dressings
Low	<ul style="list-style-type: none"> • Two or more self-limited or minor problems • One stable chronic illness, e.g., well-controlled HTN or NIDDM, cataract, BPH • Acute uncomplicated illness or injury, e.g., cystitis, allergic rhinitis, simple sprain 	<ul style="list-style-type: none"> • Physiologic tests not under stress, e.g., pulmonary function tests • Noncardiovascular imaging studies with contrast, e.g., barium enema • Superficial needle biopsies • Clinical laboratory tests requiring arterial puncture • Skin biopsies 	<ul style="list-style-type: none"> • Over-the-counter drugs • Minor surgery with no identified risk factors • Physical therapy/Occupational therapy • IV fluids without additives
Moderate	<ul style="list-style-type: none"> • One or more chronic illnesses with mild exacerbation, progression, or side effects of treatment • Two or more stable chronic illnesses • Undiagnosed new problem with uncertain prognosis, e.g., lump in breast • Acute illness with systemic symptoms, e.g., pyelonephritis, pneumonitis, colitis • Acute complicated injury, e.g., head injury with brief loss of consciousness 	<ul style="list-style-type: none"> • Physiologic tests under stress, e.g., cardiac stress test, fetal contraction stress test • Diagnostic endoscopies with no identified risk factors • Deep needle or incisional biopsy • Cardiovascular imaging studies with contrast and no identified risk factors, e.g., arteriogram, cardiac catheterization • Obtain fluid from body cavity, e.g., lumbar puncture, thoracentesis, culdocentesis 	<ul style="list-style-type: none"> • Minor surgery with identified risk factors • Elective major surgery (open, percutaneous or endoscopic) with no identified risk factors • Prescription drug management • Therapeutic nuclear medicine • IV fluids with additives • Closed treatment of fracture or dislocation without manipulation
High	<ul style="list-style-type: none"> • One or more chronic illnesses with severe exacerbation, progression, or side effects of treatment • Acute or chronic illnesses or injuries that may pose a threat to life or bodily function, e.g., multiple trauma, acute MI, pulmonary embolus, severe respiratory distress, progressive severe rheumatoid arthritis, psychiatric illness with potential threat to self or others, peritonitis, acute renal failure • An abrupt change in neurologic status, e.g., seizure, TIA, weakness, or sensory loss 	<ul style="list-style-type: none"> • Cardiovascular imaging studies with contrast with identified risk factors • Cardiac electrophysiological tests • Diagnostic endoscopies with identified risk factors • Discography 	<ul style="list-style-type: none"> • Elective major surgery (open, percutaneous, or endoscopic) with identified risk factors • Emergency major surgery (open, percutaneous, 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