

Office or Other Outpatient Visit: Established Patient

Level of E/M Service (I, II, III, IV, V)

To qualify for a specific level of E/M service (I, II, III, IV, V), two of the three key components (HISTORY, EXAMINATION, MEDICAL DECISION MAKING) must meet or exceed the stated requirements for that level.

Chief Complaint (cc): a concise statement describing the reason for the encounter (symptom, problem, condition, diagnosis, physician recommended return)

	HISTORY			
	HPI	ROS	PMH / FH / SH	
	<ul style="list-style-type: none"> • Location • Quality • Severity • Duration • Timing • Context • Modifying factors • Associated signs and symptoms 	<ul style="list-style-type: none"> • Constitutional symptoms • Eyes • Ears, nose, mouth, throat • Cardiovascular • Respiratory • Gastro Intestinal • Genitourinary • Musculoskeletal • Skin / Breast • Neurological • Psychiatric • Endocrine • Hematologic / Lymphatic • Allergic / Immunologic 	<ul style="list-style-type: none"> • Medical • Surgical • Injuries • Treatments • Current Meds • Allergies • Immunizations • Diet • Family History • Tobacco • Alcohol / Drugs • Sexual • Marital • Education / Empl. 	P M H FH S H
Level I: may not require presence of physician / presenting problem(s) minimal / typically < 5 minutes				
Level II: Problem Focused	Brief: 1 to 3			
Level III: Expanded Problem Focused	Brief: 1 to 3	Problem Pertinent: (+) and pertinent (-) for THE system related to cc		
Level IV: Detailed	Extended: ≥ 4 OR status of ≥ 3 chronic or inactive conditions.	Extended: (+) and pertinent (-) for 2 to 9 systems	Pertinent: ONE item DIRECTLY related to cc from (PMH), (FH) OR (SH)	
Level V: Comprehensive	Extended: ≥ 4 OR status of ≥ 3 chronic or inactive conditions.	Complete: ≥ 10 (or) (+) and pertinent (-) INDIVIDUALLY documented. Note " all other systems (-) " or document individually.	Complete: ≥ 1 item from TWO of the THREE (PMH / FH / SH)	

	EXAMINATION			
	HPI	ROS	PMH / FH / SH	SPECIAL EXAMS
Level I: N/A	• ≥ 3; sit or stand BP / supine BP / P / R / T / Ht / Wt	• heart palpation	• testes	• gait / station
Level II: Problem Focused 1-5 bullets	• general appearance	• auscultation	• penis	• digits / nails
Level III: Expanded Problem Focused ≥ 6 bullets	• conjunctiva / lids	• carotids	• prostate	JOINTS, BONES, MUSCLES (≥ 1 area; head & neck / spine & ribs & pelvis / RUE / LUE / RLE / LLE)
Level IV: Detailed ≥ 2 bullets from EACH of ≥ 6 areas / systems OR ≥ 12 bullets from ≥ 2 areas / systems	• pupils / irises	• abdominal aorta	• ext. genitalia / vagina	• inspection / palpation (note any asym. / eff. / tend. / crep.)
Level V: Comprehensive ≥ 2 bullets from EACH of ≥ 9 BA / OS REQUIRED (Should do ALL bullets.)	• fundi	• femorals	• urethra	• ROM (note any pain / crepitation / contracture)
	• ears / nose	• pedal	• bladder	• Stability (note any disloc. / sublux. / laxity)
	• TM's / EAC's	• edema / varicosities	• cervix	• Muscle strength / tone (note any atrophy / abnormal movement)
	• hearing	• breast inspection	• uterus	• inspect skin / sub Q tis.
	• nasal mucosa / septum	• palpation (include axilla)	• adnexa	• palpation skin / sub Q tis.
	• lips / dentition	• abd. mass / tenderness	• cranial nerves	
	• oropharynx	• liver / spleen	• DTR's / path. reflexes	
	• neck	• hernia	• sensation	
	• thyroid	• anus / rectum / perineum	• judgement / insight	
	• respiratory effort	• stool	• orientation (time / place / person)	
	• percussion	≥ 2	• memory	
	• palpation	• neck nodes	• mood / affect	
	• auscultation	• axillary nodes		
		• groin nodes		
		• other nodes		

(See reference cards for documentation guidelines of single organ system exams.)

Level of E/M service is determined by time, if counseling and/or coordination of care dominate the encounter (i.e. > 50% of the physician/patient and/or family encounter).

Office or Other Outpatient Visit: Established Patient Level I = 5 minutes, Level II = 10 minutes, Level III = 15 minutes, Level IV = 25 minutes, Level V = 40 minutes.
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To qualify for a specific type of MEDICAL DECISION MAKING (straightforward, low complexity, moderate complexity, high complexity), two of the three following elements (Number of diagnoses, Amount of data, Risk) must be met or exceeded for that type.

Self-limited or Minor (stable, improving or worsening)	Number x Points = Score
Established problem (stable, improved)	(max. 2) 1
Established problem (worsening)	1
New problem (no additional work up planned)	2
New problem (additional work up planned)	(max. 1) 3
	4
	TOTAL

Amount and/or complexity of data	Points
Review and/or order of clinical lab tests	1
Review and/or order radiologic tests (e.g. x-rays, ultrasound, nuclear, angiography)	1
Review and/or order medical tests (e.g. EKG, echo, cardiac cath, B-mode US, PFT's, EEG, Holter, EMG)	1
Discuss test results with performing physician	1
Independent review of image, tracing or specimen	2
Decision to obtain old records and/or obtain history from others	1
Review AND summarize old records, and/or obtain history from others	2
TOTAL	

MEDICAL DECISION MAKING

	Level II Straightforward Minimal ≤ 1	Level III Low Complexity Limited = 2	Level IV Moderate Complexity Multiple = 3	Level V High Complexity Extensive ≥ 4
Number of diagnoses or management options	Minimal / None ≤ 1	Limited = 2	Moderate = 3	Extensive ≥ 4
Amount and/or complexity of data to be reviewed	Minimal	Low	Moderate	High
Presenting Problem	One self-limited or minor problem (e.g. cold, insect bite, three corporis)	≥ 2 self-limited or minor problems. One stable chronic illness (e.g. controlled HTN / NIDDM, cataract, BPH) Acute uncomplicated illness or injury (e.g. cystitis, allergic rhinitis, simple sprain)	≥ 1 chronic illness w/ mild exacerbation, progression or side effects of treatment ≥ 2 stable chronic illnesses Undiagnosed new problem w/ uncertain prognosis (e.g. breast lump) Acute illness w/ systemic symptoms (e.g. pyelonephritis, pneumonia, colitis) Acute complicated injury (e.g. head injury w/ brief LOC)	≥ 1 chronic illness w/ severe exacerbation, progression or side effects of tx Acute or chronic illness / injury that poses threat to life or bodily function (e.g. multiple trauma, AMI, PE, severe respiratory distress, progressive severe RA, psychiatric illness w/ potential threat to self / others, peritonitis, ARF) Abrupt change in neurologic status (e.g. seizure, TIA, weakness, sensory loss)
Diagnostic Procedure(s) Ordered	Lab tests requiring venipuncture Chest x-ray EKG / EEG UA Ultrasound KOH prep	Physiologic tests not under stress (e.g. pulmonary function) Non-cardiovascular imaging studies w/ contrast (e.g. BE) Superficial needle biopsy ABG Skin biopsy	Physiologic tests under stress (e.g. GXT, stress echo) Diagnostic endoscopies without i.r.f. Deep needle or incisional biopsies CV imaging w/ contrast and no i.r.f. (e.g. arteriogram, cardiac cath) Obtain fluid from body cavity (e.g. LP, thoracentesis, culdocentesis)	CV imaging w/ contrast w/ i.r.f. Cardiac EPS Diagnostic endoscopies w/ i.r.f. Diaphragm
Management Options Selected	Rest Goggles Elastic bandage Superficial dressing	OTC med Minor surgery without identified risk factors (i.r.f.) Physical therapy Occupational therapy IVF's without additives	Minor surgery w/ i.r.f. Elective major surgery (open, percutaneous or endoscopic) w/ i.r.f. Rx drug management Therapeutic nuclear medicine IVF's w/ additives Closed tx of fx or dislocation w/o manipulation	Elective major surgery (open percutaneous, endoscopic) w/ i.r.f. Emergency major surgery Parenteral controlled substances Drug therapy requiring intensive monitoring for toxicity Decision not to resuscitate or to de-escalate care due to poor prognosis
Risk of significant complications, morbidity and/or mortality (highest level of risk in any one category determines overall risk)				