

QUANTIFYING RISK OF COMPLICATIONS, MORBIDITY, MORTALITY

Clinical examples are included to help determine the level of risk. The assessment of risk of the presenting problem(s) is based on the risk related to the disease process anticipated between the present encounter and the next one. The assessment of risk of selecting diagnostic procedures and management options is based on risk during and immediately following any procedures or treatment. The highest level of risk in any one category determines the overall risk.

| Risk level | Examples |
|-----------------|--|
| Minimal | Problems: One self-limited/minor problem Dx procedures: Venipuncture, CXR, EKG, UA, US, echo, KOH prep Mx options: Rest, gargles, elastic bandages, superficial dressings |
| Low | Problems: > 1 self-limited/minor problem, one stable chronic illness, acute uncomplicated illness/injury Dx procedures: Pulmonary function tests, barium enema, superficial needle biopsy, arterial puncture, skin biopsy Mx options: OTC drugs, minor surgery w/no risk factors, PT, OT, IV fluids w/o additives |
| Moderate | Problems: 1+ chronic illnesses w/mild Rx side effects; >1 stable chronic illnesses, new problem, no Dx, (e.g. breast lump); acute illness w/ systemic Sx (e.g. pyelonephritis); Acute complicated injury (e.g. head injury /brief loss of consciousness) Dx procedures: Cardiac stress test, fetal contraction stress test, Dx endoscopy w/no risk factors, deep needle or incisional biopsy, arteriogram, lumbar puncture, thoracentesis Mx options: Minor surgery w/risk factors, Rx drugs, IV fluids w/additives, closed Mx of fracture/dislocation w/o manipulation |
| High | Problems: 1+ chronic illnesses w/severe Rx side effects; potentially life-threatening problems (e.g. acute MI, progressive severe RA, potential threat of suicide); abrupt neuro. change (e.g. seizure, TIA, weakness or sensory loss) Dx procedures: Dx endoscopy w/risk factors Mx options: parenteral controlled substances, Rx needing intensive monitoring for toxicity, DNR decision |

Teaching Physician Attestation

The following should be documented if a resident or fellow participated in the patient workup:

I personally interviewed and examined the patient on (date) _____

I reviewed the findings with Dr./Resident/Fellow _____

- I confirm (or revise) the key elements of the history, including: _____
- I confirm (or revise) the key elements of the physical exam, including: _____
- I agree with (or revise) the assessment and plan to: _____

See resident's note for further details.

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| Hospital Inpatient Services ¹ | | Hospital Observation Service more than one day, for admit and daily care | | Emergency Department Services | |
|--|------------------------|--|---|---|--------------------|
| Initial | Follow-up ² | Discharge Day or Observation | Observation or Inpatient Care (Including Admission & Discharge Service) | History Examination Medical Decision Making | Typical Time |
| 99251 PF 20 | 99252 PF 20 | 99253 PF 20 | 99254 PF 20 | 99281 PF 15 | 99285 PF 15 |
| 99252 EPF 40 | 99253 EPF 40 | 99254 EPF 40 | 99255 EPF 40 | 99282 EPF 40 | 99286 EPF 40 |
| 99253 SF 40 | 99254 SF 40 | 99255 SF 40 | 99256 SF 40 | 99283 EPF 40 | 99287 EPF 40 |
| 99254 LC 40 | 99255 LC 40 | 99256 LC 40 | 99257 LC 40 | 99284 EPF 40 | 99288 EPF 40 |
| 99255 MC 40 | 99256 MC 40 | 99257 MC 40 | 99258 MC 40 | 99285 EPF 40 | 99289 EPF 40 |
| 99256 HC 40 | 99257 HC 40 | 99258 HC 40 | 99259 HC 40 | 99286 EPF 40 | 99290 EPF 40 |
| 99257 MC/HC 40 | 99258 MC/HC 40 | 99259 MC/HC 40 | 99260 MC/HC 40 | 99287 EPF 40 | 99291 EPF 40 |
| 99258 SF/HC 40 | 99259 SF/HC 40 | 99260 SF/HC 40 | 99261 SF/HC 40 | 99288 EPF 40 | 99292 EPF 40 |
| 99259 D 30 | 99260 D 30 | 99261 D 30 | 99262 D 30 | 99289 EPF 40 | 99293 EPF 40 |
| 99260 D/C 30 | 99261 D/C 30 | 99262 D/C 30 | 99263 D/C 30 | 99290 EPF 40 | 99294 EPF 40 |
| 99261 D/C 30 | 99262 D/C 30 | 99263 D/C 30 | 99264 D/C 30 | 99291 EPF 40 | 99295 EPF 40 |
| 99262 SF/HC 30 | 99263 SF/HC 30 | 99264 SF/HC 30 | 99265 SF/HC 30 | 99292 EPF 40 | 99296 EPF 40 |
| 99263 D 30 | 99264 D 30 | 99265 D 30 | 99266 D 30 | 99293 EPF 40 | 99297 EPF 40 |
| 99264 D/C 30 | 99265 D/C 30 | 99266 D/C 30 | 99267 D/C 30 | 99294 EPF 40 | 99298 EPF 40 |
| 99265 SF/HC 30 | 99266 SF/HC 30 | 99267 SF/HC 30 | 99268 SF/HC 30 | 99295 EPF 40 | 99299 EPF 40 |
| 99266 D 30 | 99267 D 30 | 99268 D 30 | 99269 D 30 | 99296 EPF 40 | 99300 EPF 40 |
| 99267 D/C 30 | 99268 D/C 30 | 99269 D/C 30 | 99270 D/C 30 | 99297 EPF 40 | 99301 EPF 40 |
| 99268 SF/HC 30 | 99269 SF/HC 30 | 99270 SF/HC 30 | 99271 SF/HC 30 | 99298 EPF 40 | 99302 EPF 40 |
| 99269 D 30 | 99270 D 30 | 99271 D 30 | 99272 D 30 | 99299 EPF 40 | 99303 EPF 40 |
| 99270 D/C 30 | 99271 D/C 30 | 99272 D/C 30 | 99273 D/C 30 | 99300 EPF 40 | 99304 EPF 40 |
| 99271 SF/HC 30 | 99272 SF/HC 30 | 99273 SF/HC 30 | 99274 SF/HC 30 | 99301 EPF 40 | 99305 EPF 40 |
| 99272 D 30 | 99273 D 30 | 99274 D 30 | 99275 D 30 | 99302 EPF 40 | 99306 EPF 40 |
| 99273 D/C 30 | 99274 D/C 30 | 99275 D/C 30 | 99276 D/C 30 | 99303 EPF 40 | 99307 EPF 40 |
| 99274 SF/HC 30 | 99275 SF/HC 30 | 99276 SF/HC 30 | 99277 SF/HC 30 | 99304 EPF 40 | 99308 EPF 40 |
| 99275 D 30 | 99276 D 30 | 99277 D 30 | 99278 D 30 | 99305 EPF 40 | 99309 EPF 40 |
| 99276 D/C 30 | 99277 D/C 30 | 99278 D/C 30 | 99279 D/C 30 | 99306 EPF 40 | 99310 EPF 40 |
| 99277 SF/HC 30 | 99278 SF/HC 30 | 99279 SF/HC 30 | 99280 SF/HC 30 | 99307 EPF 40 | 99311 EPF 40 |
| 99278 D 30 | 99279 D 30 | 99280 D 30 | 99281 D 30 | 99308 EPF 40 | 99312 EPF 40 |
| 99279 D/C 30 | 99280 D/C 30 | 99281 D/C 30 | 99282 D/C 30 | 99309 EPF 40 | 99313 EPF 40 |
| 99280 SF/HC 30 | 99281 SF/HC 30 | 99282 SF/HC 30 | 99283 SF/HC 30 | 99310 EPF 40 | 99314 EPF 40 |
| 99281 D 30 | 99282 D 30 | 99283 D 30 | 99284 D 30 | 99311 EPF 40 | 99315 EPF 40 |
| 99282 D/C 30 | 99283 D/C 30 | 99284 D/C 30 | 99285 D/C 30 | 99312 EPF 40 | 99316 EPF 40 |
| 99283 SF/HC 30 | 99284 SF/HC 30 | 99285 SF/HC 30 | 99286 SF/HC 30 | 99313 EPF 40 | 99317 EPF 40 |
| 99284 D 30 | 99285 D 30 | 99286 D 30 | 99287 D 30 | 99314 EPF 40 | 99318 EPF 40 |
| 99285 D/C 30 | 99286 D/C 30 | 99287 D/C 30 | 99288 D/C 30 | 99315 EPF 40 | 99319 EPF 40 |
| 99286 SF/HC 30 | 99287 SF/HC 30 | 99288 SF/HC 30 | 99289 SF/HC 30 | 99316 EPF 40 | 99320 EPF 40 |
| 99287 D 30 | 99288 D 30 | 99289 D 30 | 99290 D 30 | 99317 EPF 40 | 99321 EPF 40 |
| 99288 D/C 30 | 99289 D/C 30 | 99290 D/C 30 | 99291 D/C 30 | 99318 EPF 40 | 99322 EPF 40 |
| 99289 SF/HC 30 | 99290 SF/HC 30 | 99291 SF/HC 30 | 99292 SF/HC 30 | 99319 EPF 40 | 99323 EPF 40 |
| 99290 D 30 | 99291 D 30 | 99292 D 30 | 99293 D 30 | 99320 EPF 40 | 99324 EPF 40 |
| 99291 D/C 30 | 99292 D/C 30 | 99293 D/C 30 | 99294 D/C 30 | 99321 EPF 40 | 99325 EPF 40 |
| 99292 SF/HC 30 | 99293 SF/HC 30 | 99294 SF/HC 30 | 99295 SF/HC 30 | 99322 EPF 40 | 99326 EPF 40 |
| 99293 D 30 | 99294 D 30 | 99295 D 30 | 99296 D 30 | 99323 EPF 40 | 99327 EPF 40 |
| 99294 D/C 30 | 99295 D/C 30 | 99296 D/C 30 | 99297 D/C 30 | 99324 EPF 40 | 99328 EPF 40 |
| 99295 SF/HC 30 | 99296 SF/HC 30 | 99297 SF/HC 30 | 99298 SF/HC 30 | 99325 EPF 40 | 99329 EPF 40 |
| 99296 D 30 | 99297 D 30 | 99298 D 30 | 99299 D 30 | 99326 EPF 40 | 99330 EPF 40 |
| 99297 D/C 30 | 99298 D/C 30 | 99299 D/C 30 | 99300 D/C 30 | 99327 EPF 40 | 99331 EPF 40 |
| 99298 SF/HC 30 | 99299 SF/HC 30 | 99300 SF/HC 30 | 99301 SF/HC 30 | 99328 EPF 40 | 99332 EPF 40 |
| 99299 D 30 | 99300 D 30 | 99301 D 30 | 99302 D 30 | 99329 EPF 40 | 99333 EPF 40 |
| 99300 D/C 30 | 99301 D/C 30 | 99302 D/C 30 | 99303 D/C 30 | 99330 EPF 40 | 99334 EPF 40 |
| 99301 SF/HC 30 | 99302 SF/HC 30 | 99303 SF/HC 30 | 99304 SF/HC 30 | 99331 EPF 40 | 99335 EPF 40 |
| 99302 D 30 | 99303 D 30 | 99304 D 30 | 99305 D 30 | 99332 EPF 40 | 99336 EPF 40 |
| 99303 D/C 30 | 99304 D/C 30 | 99305 D/C 30 | 99306 D/C 30 | 99333 EPF 40 | 99337 EPF 40 |
| 99304 SF/HC 30 | 99305 SF/HC 30 | 99306 SF/HC 30 | 99307 SF/HC 30 | 99334 EPF 40 | 99338 EPF 40 |
| 99305 D 30 | 99306 D 30 | 99307 D 30 | 99308 D 30 | 99335 EPF 40 | 99339 EPF 40 |
| 99306 D/C 30 | 99307 D/C 30 | 99308 D/C 30 | 99309 D/C 30 | 99336 EPF 40 | 99340 EPF 40 |
| 99307 SF/HC 30 | 99308 SF/HC 30 | 99309 SF/HC 30 | 99310 SF/HC 30 | 99337 EPF 40 | 99341 EPF 40 |
| 99308 D 30 | 99309 D 30 | 99310 D 30 | 99311 D 30 | 99338 EPF 40 | 99342 EPF 40 |
| 99309 D/C 30 | 99310 D/C 30 | 99311 D/C 30 | 99312 D/C 30 | 99339 EPF 40 | 99343 EPF 40 |
| 99310 SF/HC 30 | 99311 SF/HC 30 | 99312 SF/HC 30 | 99313 SF/HC 30 | 99340 EPF 40 | 99344 EPF 40 |
| 99311 D 30 | 99312 D 30 | 99313 D 30 | 99314 D 30 | 99341 EPF 40 | 99345 EPF 40 |
| 99312 D/C 30 | 99313 D/C 30 | 99314 D/C 30 | 99315 D/C 30 | 99342 EPF 40 | 99346 EPF 40 |
| 99313 SF/HC 30 | 99314 SF/HC 30 | 99315 SF/HC 30 | 99316 SF/HC 30 | 99343 EPF 40 | 99347 EPF 40 |
| 99314 D 30 | 99315 D 30 | 99316 D 30 | 99317 D 30 | 99344 EPF 40 | 99348 EPF 40 |
| 99315 D/C 30 | 99316 D/C 30 | 99317 D/C 30 | 99318 D/C 30 | 99345 EPF 40 | 99349 EPF 40 |
| 99316 SF/HC 30 | 99317 SF/HC 30 | 99318 SF/HC 30 | 99319 SF/HC 30 | 99346 EPF 40 | 99350 EPF 40 |
| 99317 D 30 | 99318 D 30 | 99319 D 30 | 99320 D 30 | 99347 EPF 40 | 99351 EPF 40 |
| 99318 D/C 30 | 99319 D/C 30 | 99320 D/C 30 | 99321 D/C 30 | 99348 EPF 40 | 99352 EPF 40 |
| 99319 SF/HC 30 | 99320 SF/HC 30 | 99321 SF/HC 30 | 99322 SF/HC 30 | 99349 EPF 40 | 99353 EPF 40 |
| 99320 D 30 | 99321 D 30 | 99322 D 30 | 99323 D 30 | 99350 EPF 40 | 99354 EPF 40 |
| 99321 D/C 30 | 99322 D/C 30 | 99323 D/C 30 | 99324 D/C 30 | 99351 EPF 40 | 99355 EPF 40 |
| 99322 SF/HC 30 | 99323 SF/HC 30 | 99324 SF/HC 30 | 99325 SF/HC 30 | 99352 EPF 40 | 99356 EPF 40 |
| 99323 D 30 | 99324 D 30 | 99325 D 30 | 99326 D 30 | 99353 EPF 40 | 99357 EPF 40 |
| 99324 D/C 30 | 99325 D/C 30 | 99326 D/C 30 | 99327 D/C 30 | 99354 EPF 40 | 99358 EPF 40 |
| 99325 SF/HC 30 | 99326 SF/HC 30 | 99327 SF/HC 30 | 99328 SF/HC 30 | 99355 EPF 40 | 99359 EPF 40 |
| 99326 D 30 | 99327 D 30 | 99328 D 30 | 99329 D 30 | 99356 EPF 40 | 99360 EPF 40 |
| 99327 D/C 30 | 99328 D/C 30 | 99329 D/C 30 | 99330 D/C 30 | 99357 EPF 40 | 99361 EPF 40 |
| 99328 SF/HC 30 | 99329 SF/HC 30 | 99330 SF/HC 30 | 99331 SF/HC 30 | 99358 EPF 40 | 99362 EPF 40 |
| 99329 D 30 | 99330 D 30 | 99331 D 30 | 99332 D 30 | 99359 EPF 40 | 99363 EPF 40 |
| 99330 D/C 30 | 99331 D/C 30 | 99332 D/C 30 | 99333 D/C 30 | 99360 EPF 40 | 99364 EPF 40 |
| 99331 SF/HC 30 | 99332 SF/HC 30 | 99333 SF/HC 30 | 99334 SF/HC 30 | 99361 EPF 40 | 99365 EPF 40 |
| 99332 D 30 | 99333 D 30 | 99334 D 30 | 99335 D 30 | 99362 EPF 40 | 99366 EPF 40 |
| 99333 D/C 30 | 99334 D/C 30 | 99335 D/C 30 | 99336 D/C 30 | 99363 EPF 40 | 99367 EPF 40 |
| 99334 SF/HC 30 | 99335 SF/HC 30 | 99336 SF/HC 30 | 99337 SF/HC 30 | 99364 EPF 40 | 99368 EPF 40 |
| 99335 D 30 | 99336 D 30 | 99337 D 30 | 99338 D 30 | 99365 EPF 40 | 99369 EPF 40 |
| 99336 D/C 30 | 99337 D/C 30 | 99338 D/C 30 | 99339 D/C 30 | 99366 EPF 40 | 99370 EPF 40 |
| 99337 SF/HC 30 | 99338 SF/HC 30 | 99339 SF/HC 30 | 99340 SF/HC 30 | 99367 EPF 40 | 99371 EPF 40 |
| 99338 D 30 | 99339 D 30 | 99340 D 30 | 99341 D 30 | 99368 EPF 40 | 99372 EPF 40 |
| 99339 D/C 30 | 99340 D/C 30 | 99341 D/C 30 | 99342 D/C 30 | 99369 EPF 40 | 99373 EPF 40 |
| 99340 SF/HC 30 | 99341 SF/HC 30 | 99342 SF/HC 30 | 99343 SF/HC 30 | 99370 EPF 40 | 99374 EPF 40 |
| 99341 D 30 | 99342 D 30 | 99343 D 30 | 99344 D 30 | 99371 EPF 40 | 99375 EPF 40 |
| 99342 D/C 30 | 99343 D/C 30</ | | | | |

TYPES OF HISTORY AND DOCUMENTATION:

- Problem-focused (PF) targets the chief complaint; brief history of present illness or problem.
- Expanded problem-focused (EPF) combines PF with problem-pertinent system review.
- Detailed (D) combines EPF with extended history of present illness; extended system review; and pertinent past, family, and/or social history.
- Comprehensive (C) combines elements of D with complete system review and complete past, family, and social history.

| Type of History | History of Present Illness (HPI) | Review of Systems (ROS) | Past, Family and/or Social History (PFSH) |
|---------------------------------|--|---|--|
| Problem Focused | Brief. One to three HPI elements | Not required | Not required |
| Expanded Problem Focused | Brief. One to three HPI elements | Problem pertinent: Positive and pertinent negative responses about the system directly related to the problem(s) identified in the HPI. Extended: The above, plus positive responses for 2-9 systems. | Not required |
| Detailed | Extended: Four or more HPI elements or 3 chronic conditions | Complete: Positive and pertinent negative responses about at least 10 systems, including the one directly related to the problem identified in the HPI. Systems with positive or pertinent negative responses must be documented individually. For the remaining system, a notation indicating that all other systems are negative is permissible. | Pertinent: At least one specific item from PFSH must be documented. Complete: At least one item from each of two areas must be documented for most services to established patients (at least one item for each of the three areas must be documented for most services to new patients). |
| Comprehensive | Extended: Four or more HPI elements or 3 chronic conditions | | |

The HPI is a chronological description of the development of the patient's present illness from the first sign or symptom or from the previous encounter to the present. It may include the following elements:

- Location
- Quality
- Severity
- Duration
- Timing
- Context
- Modifying factors
- Associated signs and symptoms

The following systems are recognized for ROS:

- Constitutional symptoms (e.g., fever, weight loss)
- Integumentary (skin and/or treat)
- Eyes
- Ears, nose, mouth, throat
- Cardiovascular
- Psychiatric
- Endocrine
- Hematologic/lymphatic
- Allergic/immunologic

The guidelines recognize three areas of PFSH:

- **Past History:** A review of current medications, prior illnesses and injuries, operations and hospitalizations, allergies, age-appropriate immunization.
- **Family History:** A review of significant medical information about the health status or cause of death of parents, siblings and children; specific diseases related to problems identified in the chief complaint (CC); history of the present illness (HPI), or review of systems (ROS).
- **Social History:** An age-appropriate review such as marital status; living arrangements; occupational history; use of drugs, alcohol or tobacco; extent of education; and sexual history.

General Multisystem Examination

| Type of Exam | Description |
|---------------------------------|---|
| Problem Focused | A limited exam of 1-5 elements in the affected body area(s) or organ system(s). |
| Expanded Problem Focused | A limited examination of at least 6 elements in the affected body area or organ system and other symptomatic or related organ system(s). |
| Detailed | An extended examination of at least 2 elements from 6 areas/systems or 12 elements in 2 or more affected body area(s) and other symptomatic or related organ system(s). |
| Comprehensive | A complete general multisystem of all elements in 9 or more body areas/organ systems with documentation required of at least 2 elements in each. Examination or a complete single organ system specialty examination (not shown). |

Constitutional

- Any three vital signs;
- General appearance of patient

Psychiatric

- Description of patient's judgment and insight
- Brief assessment of mental status including:
 - orientation to time, place and person
 - recent and remote memory
 - mood and affect

Ears, Nose, Mouth and Throat

- External inspection of ears and nose
- Ouscopic examination of external canals and tympanic membranes
- Assessment of hearing
- Inspection of nasal mucosa, septum and turbinates
- Auscultation of heart with notation of abnormal sounds and murmurs
- Examination of carotid arteries, abdominal aorta, femoral arteries, pedal pulses and extremities for edema and/or varicosities

- Inspection of conjunctivae and lids
- Examination of pupils and irises
- Ophthalmoscopic exam of optic discs and posterior segments
- Examination of neck
- Examination of thyroid
- Assessment of respiratory effort
- Percussion of chest
- Palpation of chest
- Auscultation of lungs
- Palpation of heart
- Auscultation of heart with notation of abnormal sounds and murmurs
- Examination of carotid arteries, abdominal aorta, femoral arteries, pedal pulses and extremities for edema and/or varicosities

Eyes

- Inspection of conjunctivae and lids
- Examination of pupils and irises
- Ophthalmoscopic exam of optic discs and posterior segments

Neck

- Examination of neck
- Examination of thyroid

Respiratory

- Assessment of respiratory effort
- Percussion of chest
- Palpation of chest
- Auscultation of lungs

Cardiovascular

- Palpation of heart
- Auscultation of heart with notation of abnormal sounds and murmurs
- Examination of carotid arteries, abdominal aorta, femoral arteries, pedal pulses and extremities for edema and/or varicosities

Genitourinary

- Examination of the scrotal contents
- Examination of the penis
- Digital rectal examination of prostate gland

Chest (Breasts)

- Inspection of breasts
- Palpation of breasts and axillae

Gastrointestinal (Abdomen)

- Examination of abdomen with notation of presence of masses or tenderness
- Examination of liver and spleen
- Examination for presence or absence of hernia
- Examination (when indicated) of anus, perineum and rectum, including sphincter tone, presence of hemorrhoids, rectal masses
- Obtain stool sample for occult blood test when indicated

Female

- Pelvic examination, including:
 - External genitalia
 - Vagina and cervix
 - Uterus
 - Cervix

Male

- Examination of the scrotal contents
- Examination of the penis
- Digital rectal examination of prostate gland

Skin

- Inspection of skin and subcutaneous tissue
- Palpation of skin and subcutaneous tissue

Neurologic

- Test cranial nerves with notation of any deficits
- Examination of deep tendon reflexes with notation of pathological reflexes
- Examination of sensation

Lymphatic

- Palpation of lymph nodes in two or more areas:
 - Neck
 - Groin
 - Axillae
 - Other

Musculoskeletal

- Examination of gait and station
- Inspection and/or palpation of digit(s) and nail(s)
- Examination of joint(s), bone(s) and muscle(s) of one or more of the following six areas: 1) head and neck, 2) spine, ribs and pelvis, 3) right upper extremity, 4) left upper extremity, 5) right lower extremity and 6) left lower extremity.
- The examination of a given area includes:
 - Inspection and/or palpation with notation of presence of any misalignment, asymmetry, crepitation, defects, tenderness, masses, effusions
 - Assessment of range of motion with notation of any pain, crepitation or contracture
 - Assessment of stability with notation of any dislocation, subluxation or laxity
 - Assessment of muscle strength and tone with notation of any atrophy or abnormal movements

TYPES OF EXAMINATION:

(1997 Medicare documentation guidelines)

- Problem-focused (PF) is limited to the affected body area or organ system.
- Expanded problem-focused (EPF) combines PF with examination of other symptomatic or related organ system.
- Detailed (D) is an extended examination of the affected body area(s) and other symptomatic or related system(s).
- Comprehensive (C) is a complete single system specialty examination or a complete multi-system examination.

TYPES OF MEDICAL DECISION MAKING (MDM):

The complexity of medical decision-making is dependent upon:

- the number of diagnoses or management options,
- the amount and/or complexity of data to be reviewed, and
- the risk of complications and/or morbidity or mortality.

For a service to qualify as involving a certain type of medical decision making, two of the three descriptions listed after each type of decision making in the chart below must be met or exceeded.

| Type of Medical Decision Making | Number of Diagnosis or Management Options | Amount and/or Complexity of Data to Be Reviewed | Risk of Complications and/or Morbidity or Mortality |
|---------------------------------|---|---|---|
| Straightforward | Minimal | Minimal or none | Minimal |
| Low complexity | Limited | Limited | Low |
| Moderate complexity | Multiple | Moderate | Moderate |
| High complexity | Extensive | Extensive | High |

The following should be documented:

- For each encounter, an assessment, clinical impression, or diagnosis. It may be explicitly stated or implied in documented decisions regarding management plan and/or further evaluation.
- For a presenting problem with an established diagnosis, the record should reflect whether the problem is:
 - (a) improved, well controlled, resolving, or resolved; or
 - (b) inadequately controlled, worsening, or failing to change as expected.
- For a presenting problem without an established diagnosis, the assessment or clinical impression may be stated in the form of a differential diagnosis, or as "possible," "probable," or "rule out (RO)" diagnoses.
- The initiation of, or changes in, treatment (treatment includes a wide range of management options, such as patient instructions, nursing instructions, therapies, and medications).
- If referrals are made, consultations requested, or advice sought, the record should indicate to whom or where the referral or consultation is made or from whom the advice is requested.

- Comorbidities/underlying diseases or other factors that increase the complexity of medical decision making by increasing the risk of complications, morbidity and/or mortality.
- The type of procedure if surgical or invasive diagnostic procedure is ordered, planned or scheduled at the time of the E/M encounter.
- The specific procedure if a surgical or invasive diagnostic procedure is performed at the time of the E/M encounter.
- The referral for, or decision to perform, a surgical or invasive diagnostic procedure on an urgent basis (however, this referral or decision may be implied).

- The type of diagnostic service (test or procedure) ordered, planned, scheduled or performed at the time of the E/M encounter.
- The review of lab, radiology and/or other diagnostic tests. An entry in a progress note such as "WBC elevated" or "chest X-ray unremarkable" is acceptable. The review also may be documented by initialing and dating the report containing the test results.
- A decision to obtain old records, or to obtain additional history from the family, caretaker or other source, to supplement that obtained from the patient.
- Relevant findings from the sources listed above. If there is no new relevant information, that too should be documented. (A notation of "old records reviewed" or "additional history obtained from family" without elaboration is insufficient)
- The results of discussion of a lab, radiology or other diagnostic test with the physician who performed or interpreted the study.
- The direct visualization and independent interpretation of an image, tracing or specimen previously or subsequently interpreted by another physician.