

NEW PATIENT

Requirements must be met in 3 of the 3 areas (History, Exam, Decision Making).

		99201	99202	99203	99204	99205
HISTORY	HPI	Problem Focused	Exp Problem Focused	Detailed	Comprehensive	Comprehensive
	ROS	AT LEAST 1: <input type="checkbox"/> location <input type="checkbox"/> Quality <input type="checkbox"/> Severity <input type="checkbox"/> Duration <input type="checkbox"/> Timing <input type="checkbox"/> Context <input type="checkbox"/> Modifying factors <input type="checkbox"/> Assoc. signs/sympts	AT LEAST 1: <input type="checkbox"/> location <input type="checkbox"/> Quality <input type="checkbox"/> Severity <input type="checkbox"/> Duration <input type="checkbox"/> Timing <input type="checkbox"/> Context <input type="checkbox"/> Modifying factors <input type="checkbox"/> Assoc. signs/sympts	AT LEAST 4: or AT LEAST 3: <input type="checkbox"/> location <input type="checkbox"/> Chr DZ <input type="checkbox"/> Quality <input type="checkbox"/> Chr DZ <input type="checkbox"/> Severity <input type="checkbox"/> Chr DZ <input type="checkbox"/> Duration <input type="checkbox"/> Timing <input type="checkbox"/> Context <input type="checkbox"/> Modifying factors <input type="checkbox"/> Assoc. signs/sympts	AT LEAST 4: or AT LEAST 3: <input type="checkbox"/> location <input type="checkbox"/> Chr DZ <input type="checkbox"/> Quality <input type="checkbox"/> Chr DZ <input type="checkbox"/> Severity <input type="checkbox"/> Chr DZ <input type="checkbox"/> Duration <input type="checkbox"/> Timing <input type="checkbox"/> Context <input type="checkbox"/> Modifying factors <input type="checkbox"/> Assoc. signs/sympts	AT LEAST 4: or AT LEAST 3: <input type="checkbox"/> location <input type="checkbox"/> Chr DZ <input type="checkbox"/> Quality <input type="checkbox"/> Chr DZ <input type="checkbox"/> Severity <input type="checkbox"/> Chr DZ <input type="checkbox"/> Duration <input type="checkbox"/> Timing <input type="checkbox"/> Context <input type="checkbox"/> Modifying factors <input type="checkbox"/> Assoc. signs/sympts
	PFSSH	No ROS	AT LEAST 1: prob-pertinent syst reqd <input type="checkbox"/> constitutional <input type="checkbox"/> eyes <input type="checkbox"/> ENT/mouth <input type="checkbox"/> CV <input type="checkbox"/> resp <input type="checkbox"/> GI <input type="checkbox"/> GU <input type="checkbox"/> musc <input type="checkbox"/> skin/breasts <input type="checkbox"/> neuro <input type="checkbox"/> psych <input type="checkbox"/> endo <input type="checkbox"/> hem/lymph <input type="checkbox"/> allergy/immuno	AT LEAST 2: prob-pertinent syst reqd <input type="checkbox"/> constitutional <input type="checkbox"/> eyes <input type="checkbox"/> ENT/mouth <input type="checkbox"/> CV <input type="checkbox"/> resp <input type="checkbox"/> GI <input type="checkbox"/> GU <input type="checkbox"/> musc <input type="checkbox"/> skin/breasts <input type="checkbox"/> neuro <input type="checkbox"/> psych <input type="checkbox"/> endo <input type="checkbox"/> hem/lymph <input type="checkbox"/> allergy/immuno	AT LEAST 10: prob-pertinent syst reqd <input type="checkbox"/> constitutional <input type="checkbox"/> eyes <input type="checkbox"/> ENT/mouth <input type="checkbox"/> CV <input type="checkbox"/> resp <input type="checkbox"/> GI <input type="checkbox"/> GU <input type="checkbox"/> musc <input type="checkbox"/> skin/breasts <input type="checkbox"/> neuro <input type="checkbox"/> psych <input type="checkbox"/> endo <input type="checkbox"/> hem/lymph <input type="checkbox"/> allergy/immuno <input type="checkbox"/> "all others neg" - all systs not listed were covered, neg, not pertinent	AT LEAST 10: prob-pertinent syst reqd <input type="checkbox"/> constitutional <input type="checkbox"/> eyes <input type="checkbox"/> ENT/mouth <input type="checkbox"/> CV <input type="checkbox"/> resp <input type="checkbox"/> GI <input type="checkbox"/> GU <input type="checkbox"/> musc <input type="checkbox"/> skin/breasts <input type="checkbox"/> neuro <input type="checkbox"/> psych <input type="checkbox"/> endo <input type="checkbox"/> hem/lymph <input type="checkbox"/> allergy/immuno <input type="checkbox"/> "all others neg" - all systs not listed were covered, neg, not pertinent
		No PFSH	No PFSH	AT LEAST 1: <input type="checkbox"/> past medical <input type="checkbox"/> family history <input type="checkbox"/> social history	ALL 3 REQUIRED: <input type="checkbox"/> past medical <input type="checkbox"/> family history <input type="checkbox"/> social history	ALL 3 REQUIRED: <input type="checkbox"/> past medical <input type="checkbox"/> family history <input type="checkbox"/> social history
EXAMINATION		99201	99202	99203	99204	99205
		Problem Focused	Exp Problem Focused	Detailed	Comprehensive	Comprehensive
		AT LEAST 1 from any system/area	AT LEAST 6 from any system/areas	AT LEAST 12 from at least 2 system/areas	AT LEAST 18 from at least 9 syst/areas <i>Perform all in each system/area examined</i>	AT LEAST 18 from at least 9 syst/areas <i>Perform all in each system/area examined</i>
		Constitutional: <input type="checkbox"/> any 3 vital signs Eyes: <input type="checkbox"/> conjunctivae and lids ENT: <input type="checkbox"/> external ears & nose <input type="checkbox"/> oropharynx Neck: <input type="checkbox"/> neck Resp: <input type="checkbox"/> respiratory effort CV: <input type="checkbox"/> palpation of heart <input type="checkbox"/> abdominal aorta Chest/Breasts: <input type="checkbox"/> breast inspection GI/Abdomen: <input type="checkbox"/> masses, tenderness GU: Male: <input type="checkbox"/> penis Female: <input type="checkbox"/> bladder Lymph: Lymph nodes in 2 or more areas: Musc: <input type="checkbox"/> gait and station <input type="checkbox"/> digits and nails Joint(s), bone(s), muscle(s) of at least one area: 1) head, neck; 2) spine, ribs, pelvis; 3) right upper extremity; 4) left upper extremity; 5) right lower extremity; 6) left lower extremity, with exam including: <input type="checkbox"/> strength & tone <input type="checkbox"/> ROM Skin: <input type="checkbox"/> inspection of skin & subcutaneous tissue Neuro: <input type="checkbox"/> cranial nerves <input type="checkbox"/> reflexes Psych: <input type="checkbox"/> mood & affect <input type="checkbox"/> judgement & insight	<input type="checkbox"/> general appearance of patient <input type="checkbox"/> pupils and irises <input type="checkbox"/> optic discs <input type="checkbox"/> nasal mucosa, septum & turbinates <input type="checkbox"/> lips, teeth, gums <input type="checkbox"/> EACs & TM <input type="checkbox"/> hearing <input type="checkbox"/> thyroid <input type="checkbox"/> percussion <input type="checkbox"/> auscultation <input type="checkbox"/> palpation <input type="checkbox"/> auscultation <input type="checkbox"/> carotids <input type="checkbox"/> femoral <input type="checkbox"/> pedal pulses <input type="checkbox"/> extremities for edema &/or varicosities <input type="checkbox"/> palpation of breasts and axillae <input type="checkbox"/> anus/perineum/rect <input type="checkbox"/> hernia <input type="checkbox"/> occult test <input type="checkbox"/> liver & spleen <input type="checkbox"/> scrotal contents <input type="checkbox"/> prostate gland <input type="checkbox"/> urethra <input type="checkbox"/> uterus <input type="checkbox"/> ext. genit. <input type="checkbox"/> cervix <input type="checkbox"/> axillae <input type="checkbox"/> groin <input type="checkbox"/> neck <input type="checkbox"/> other			

		99201	99202	99203	99204	99205		
		Straightforward	Straightforward	Low Complexity	Moderate Complexity	High Complexity		
DIAGNOSIS	↑	NEED AT LEAST 1 PT: max 2 pts for minor prob. <input type="checkbox"/> minor prob 1 <input type="checkbox"/> minor prob 1 <input type="checkbox"/> estab prob-stable 1 <input type="checkbox"/> estab prob-stable 1 <input type="checkbox"/> estab prob-worse 2 <input type="checkbox"/> estab prob-worse 2 max 3 pt for new prob-stable <input type="checkbox"/> new prob-stable 3 <input type="checkbox"/> new prob with w/u 4 TOTAL: _____	NEED AT LEAST 1 PT: max 2 pts for minor prob. <input type="checkbox"/> minor prob 1 <input type="checkbox"/> minor prob 1 <input type="checkbox"/> estab prob-stable 1 <input type="checkbox"/> estab prob-stable 1 <input type="checkbox"/> estab prob-worse 2 <input type="checkbox"/> estab prob-worse 2 max 3 pt for new prob-stable <input type="checkbox"/> new prob-stable 3 <input type="checkbox"/> new prob with w/u 4 TOTAL: _____	NEED AT LEAST 2 PTS: max 2 pts for minor prob. <input type="checkbox"/> minor prob 1 <input type="checkbox"/> minor prob 1 <input type="checkbox"/> estab prob-stable 1 <input type="checkbox"/> estab prob-stable 1 <input type="checkbox"/> estab prob-worse 2 <input type="checkbox"/> estab prob-worse 2 max 3 pt for new prob-stable <input type="checkbox"/> new prob-stable 3 <input type="checkbox"/> new prob with w/u 4 TOTAL: _____	NEED AT LEAST 3 PTS: max 2 pts for minor prob. <input type="checkbox"/> minor prob 1 <input type="checkbox"/> minor prob 1 <input type="checkbox"/> estab prob-stable 1 <input type="checkbox"/> estab prob-stable 1 <input type="checkbox"/> estab prob-worse 2 <input type="checkbox"/> estab prob-worse 2 max 3 pt for new prob-stable <input type="checkbox"/> new prob-stable 3 <input type="checkbox"/> new prob with w/u 4 TOTAL: _____	NEED AT LEAST 4 PTS: max 2 pts for minor prob. <input type="checkbox"/> minor prob 1 <input type="checkbox"/> minor prob 1 <input type="checkbox"/> estab prob-stable 1 <input type="checkbox"/> estab prob-stable 1 <input type="checkbox"/> estab prob-worse 2 <input type="checkbox"/> estab prob-worse 2 max 3 pt for new prob-stable <input type="checkbox"/> new prob-stable 3 <input type="checkbox"/> new prob with w/u 4 TOTAL: _____		
		DATA	↑	NEED AT LEAST 1 PT: <input type="checkbox"/> order/study labs 1 <input type="checkbox"/> order/study xrays 1 <input type="checkbox"/> order/study tests 1 <input type="checkbox"/> discuss results w/ testing doctor 1 <input type="checkbox"/> order old records/ add history 1 <input type="checkbox"/> summary of review of old records/add hist 2 <input type="checkbox"/> view xray, tracing or slide prev interp by other doctor 2 TOTAL: _____	NEED AT LEAST 1 PT: <input type="checkbox"/> order/study labs 1 <input type="checkbox"/> order/study xrays 1 <input type="checkbox"/> order/study tests 1 <input type="checkbox"/> discuss results w/ testing doctor 1 <input type="checkbox"/> order old records/ add history 1 <input type="checkbox"/> summary of review of old records/add hist 2 <input type="checkbox"/> view xray, tracing or slide prev interp by other doctor 2 TOTAL: _____	NEED AT LEAST 2 PTS: <input type="checkbox"/> order/study labs 1 <input type="checkbox"/> order/study xrays 1 <input type="checkbox"/> order/study tests 1 <input type="checkbox"/> discuss results w/ testing doctor 1 <input type="checkbox"/> order old records/ add history 1 <input type="checkbox"/> summary of review of old records/add hist 2 <input type="checkbox"/> view xray, tracing or slide prev interp by other doctor 2 TOTAL: _____	NEED AT LEAST 3 PTS: <input type="checkbox"/> order/study labs 1 <input type="checkbox"/> order/study xrays 1 <input type="checkbox"/> order/study tests 1 <input type="checkbox"/> discuss results w/ testing doctor 1 <input type="checkbox"/> order old records/ add history 1 <input type="checkbox"/> summary of review of old records/add hist 2 <input type="checkbox"/> view xray, tracing or slide prev interp by other doctor 2 TOTAL: _____	NEED AT LEAST 4 PTS: <input type="checkbox"/> order/study labs 1 <input type="checkbox"/> order/study xrays 1 <input type="checkbox"/> order/study tests 1 <input type="checkbox"/> discuss results w/ testing doctor 1 <input type="checkbox"/> order old records/ add history 1 <input type="checkbox"/> summary of review of old records/add hist 2 <input type="checkbox"/> view xray, tracing or slide prev interp by other doctor 2 TOTAL: _____
				PROBLEMS	↑	NEED AT LEAST 1: <input type="checkbox"/> 1 minor problem (cold, insect bite)	NEED AT LEAST 1: <input type="checkbox"/> 1 minor problem (cold, insect bite)	NEED AT LEAST 1: <input type="checkbox"/> 2+ minor problems <input type="checkbox"/> 1 chronic problem-stable <input type="checkbox"/> acute problem - uncomplicated (sprain, allergy, etc.)
PROCEDURES	↑					<input type="checkbox"/> x-ray <input type="checkbox"/> labs <input type="checkbox"/> EKG <input type="checkbox"/> UA <input type="checkbox"/> KOH	<input type="checkbox"/> x-ray <input type="checkbox"/> labs <input type="checkbox"/> EKG <input type="checkbox"/> UA <input type="checkbox"/> KOH	<input type="checkbox"/> non-cv contrast studies <input type="checkbox"/> PFT <input type="checkbox"/> skin Bx <input type="checkbox"/> needle Bx - superficial <input type="checkbox"/> puncture-arterial
		MANAGEMENT	↑			<input type="checkbox"/> rest <input type="checkbox"/> gargle <input type="checkbox"/> bandages-elastic <input type="checkbox"/> superficial dressing	<input type="checkbox"/> rest <input type="checkbox"/> gargle <input type="checkbox"/> bandages-elastic <input type="checkbox"/> superficial dressing	<input type="checkbox"/> OTC drugs (list meds) <input type="checkbox"/> PT <input type="checkbox"/> OT <input type="checkbox"/> IVF (no additives) <input type="checkbox"/> minor surgery (no risk factors)

Choose a level for DX, data, and risk. Drop the lowest of the three. The lower of the remaining two is the MDM level.

TIME	99201	99202	99203	99204	99205
	10 Minutes	20 Minutes	30 Minutes	45 Minutes	60 Minutes
	Documentation must include diagnosis, description of care coordination and/or counseling, total face-to face time, and total time spent coordinating care and/or counseling which MUST account for > 50% of the visit.				

ESTABLISHED PATIENT - GENERAL MULTISYSTEM EXAM

Requirements must be met in 2 of the 3 areas (History, Exam, Decision Making).

		99211	99212	99213	99214	99215
			Problem Focused	Exp Problem Focused	Detailed	Comprehensive
HISTORY	HPI		AT LEAST 1: <input type="checkbox"/> location <input type="checkbox"/> Quality <input type="checkbox"/> Severity <input type="checkbox"/> Duration <input type="checkbox"/> Timing <input type="checkbox"/> Context <input type="checkbox"/> Modifying factors <input type="checkbox"/> Assoc. signs/sympts	AT LEAST 1: <input type="checkbox"/> location <input type="checkbox"/> Quality <input type="checkbox"/> Severity <input type="checkbox"/> Duration <input type="checkbox"/> Timing <input type="checkbox"/> Context <input type="checkbox"/> Modifying factors <input type="checkbox"/> Assoc. signs/sympts	AT LEAST 4: or AT LEAST 3: <input type="checkbox"/> location <input type="checkbox"/> Chr DZ <input type="checkbox"/> Quality <input type="checkbox"/> Chr DZ <input type="checkbox"/> Severity <input type="checkbox"/> Chr DZ <input type="checkbox"/> Duration <input type="checkbox"/> Timing <input type="checkbox"/> Context <input type="checkbox"/> Modifying factors <input type="checkbox"/> Assoc. signs/sympts	AT LEAST 4: or AT LEAST 3: <input type="checkbox"/> location <input type="checkbox"/> Chr DZ <input type="checkbox"/> Quality <input type="checkbox"/> Chr DZ <input type="checkbox"/> Severity <input type="checkbox"/> Chr DZ <input type="checkbox"/> Duration <input type="checkbox"/> Timing <input type="checkbox"/> Context <input type="checkbox"/> Modifying factors <input type="checkbox"/> Assoc. signs/sympts
	ROS	3 OF 3 REQUIRED	No ROS	AT LEAST 1: problem-pertinent syst req'd <input type="checkbox"/> constitutional <input type="checkbox"/> eyes <input type="checkbox"/> ENT/mouth <input type="checkbox"/> CV <input type="checkbox"/> resp <input type="checkbox"/> GI <input type="checkbox"/> GU <input type="checkbox"/> musc <input type="checkbox"/> skin/breasts <input type="checkbox"/> neuro <input type="checkbox"/> psych <input type="checkbox"/> endo <input type="checkbox"/> hem/lymph <input type="checkbox"/> allergy/immuno	AT LEAST 2: problem-pertinent syst req'd <input type="checkbox"/> constitutional <input type="checkbox"/> eyes <input type="checkbox"/> ENT/mouth <input type="checkbox"/> CV <input type="checkbox"/> resp <input type="checkbox"/> GI <input type="checkbox"/> GU <input type="checkbox"/> musc <input type="checkbox"/> skin/breasts <input type="checkbox"/> neuro <input type="checkbox"/> psych <input type="checkbox"/> endo <input type="checkbox"/> hem/lymph <input type="checkbox"/> allergy/immuno	AT LEAST 10: problem-pertinent syst req'd <input type="checkbox"/> constitutional <input type="checkbox"/> eyes <input type="checkbox"/> ENT/mouth <input type="checkbox"/> CV <input type="checkbox"/> resp <input type="checkbox"/> GI <input type="checkbox"/> GU <input type="checkbox"/> musc <input type="checkbox"/> skin/breasts <input type="checkbox"/> neuro <input type="checkbox"/> psych <input type="checkbox"/> endo <input type="checkbox"/> hem/lymph <input type="checkbox"/> allergy/immuno <input type="checkbox"/> "all others neg" - all systs not listed were covered, neg, not pertinent
	PFSH		No PFSH	No PFSH	AT LEAST 1: <input type="checkbox"/> past medical <input type="checkbox"/> family history <input type="checkbox"/> social history	AT LEAST 2: <input type="checkbox"/> past medical <input type="checkbox"/> family history <input type="checkbox"/> social history
EXAMINATION		99211	99212	99213	99214	99215
			Problem Focused	Exp Problem Focused	Detailed	Comprehensive
			AT LEAST 1 from any system/area	AT LEAST 6 from any system/areas	AT LEAST 12 from at least 2 syst/areas	AT LEAST 18 from at least 9 syst/areas <i>Perform all in each system/area examined</i>
		Constitutional: <input type="checkbox"/> any 3 vital signs Eyes: <input type="checkbox"/> conjunctivae and lids ENT: <input type="checkbox"/> external ears & nose <input type="checkbox"/> oropharynx Neck: <input type="checkbox"/> neck Resp: <input type="checkbox"/> respiratory effort CV: <input type="checkbox"/> palpation of heart <input type="checkbox"/> abdominal aorta Chest/Breasts: <input type="checkbox"/> breast inspection GI/Abdomen: <input type="checkbox"/> masses, tenderness GU: Male: <input type="checkbox"/> penis Female: <input type="checkbox"/> bladder Lymph: Lymph nodes in 2 or more areas: Musc: <input type="checkbox"/> gait and station Joint(s), bone(s), muscle(s) of at least one area: 1) head, neck; 2) spine, ribs, pelvis; 3) right upper extremity; 4) left upper extremity; 5) right lower extremity; 6) left lower extremity, with exam including: <input type="checkbox"/> strength & tone <input type="checkbox"/> ROM Skin: <input type="checkbox"/> inspection of skin & subcutaneous tissue Neuro: <input type="checkbox"/> cranial nerves Psych: <input type="checkbox"/> mood & affect	<input type="checkbox"/> general appearance of patient <input type="checkbox"/> pupils and irises <input type="checkbox"/> optic discs <input type="checkbox"/> nasal mucosa, septum & turbinates <input type="checkbox"/> lips, teeth, gums <input type="checkbox"/> EACs & TM <input type="checkbox"/> hearing <input type="checkbox"/> thyroid <input type="checkbox"/> percussion <input type="checkbox"/> auscultation <input type="checkbox"/> palpation <input type="checkbox"/> auscultation <input type="checkbox"/> carotids <input type="checkbox"/> femoral <input type="checkbox"/> pedal pulses <input type="checkbox"/> extremities for edema &/or varicosities <input type="checkbox"/> palpation of breasts and axillae <input type="checkbox"/> anus/perineum/rect <input type="checkbox"/> hernia <input type="checkbox"/> occult test <input type="checkbox"/> liver & spleen <input type="checkbox"/> scrotal contents <input type="checkbox"/> prostate gland <input type="checkbox"/> adnexa/parametria <input type="checkbox"/> urethra <input type="checkbox"/> uterus <input type="checkbox"/> ext. genitalia <input type="checkbox"/> cervix <input type="checkbox"/> axillae <input type="checkbox"/> groin <input type="checkbox"/> neck <input type="checkbox"/> other	<input type="checkbox"/> stability <input type="checkbox"/> inspection &/or palpation <input type="checkbox"/> palpation of skin & subcutaneous tissue <input type="checkbox"/> sensation <input type="checkbox"/> memory <input type="checkbox"/> orientation to time/place/person		

DECISION MAKING

	DIAGNOSIS	DATA	RISK	PROBLEMS	PROCEDURES	MANAGEMENT	99211	99212	99213	99214	99215							
								Straightforward	Low Complexity	Moderate Complexity	High Complexity							
2 OF 3 REQUIRED							NEED AT LEAST 1 PT: max 2 for minor prob. <input type="checkbox"/> minor prob 1 <input type="checkbox"/> minor prob 1 <input type="checkbox"/> estab prob-stable 1 <input type="checkbox"/> estab prob-stable 1 <input type="checkbox"/> estab prob-worse 2 <input type="checkbox"/> estab prob-worse 2 max 3 pt for new prob-stable <input type="checkbox"/> new prob-stable 3 <input type="checkbox"/> new prob with w/u 4 TOTAL: _____	NEED AT LEAST 2 PTS: max 2 for minor prob. <input type="checkbox"/> minor prob 1 <input type="checkbox"/> minor prob 1 <input type="checkbox"/> estab prob-stable 1 <input type="checkbox"/> estab prob-stable 1 <input type="checkbox"/> estab prob-worse 2 <input type="checkbox"/> estab prob-worse 2 max 3 pt for new prob-stable <input type="checkbox"/> new prob-stable 3 <input type="checkbox"/> new prob with w/u 4 TOTAL: _____	NEED AT LEAST 3 PTS: max 2 for minor prob. <input type="checkbox"/> minor prob 1 <input type="checkbox"/> minor prob 1 <input type="checkbox"/> estab prob-stable 1 <input type="checkbox"/> estab prob-stable 1 <input type="checkbox"/> estab prob-worse 2 <input type="checkbox"/> estab prob-worse 2 max 3 pt for new prob-stable <input type="checkbox"/> new prob-stable 3 <input type="checkbox"/> new prob with w/u 4 TOTAL: _____	NEED AT LEAST 4 PTS: max 2 for minor prob. <input type="checkbox"/> minor prob 1 <input type="checkbox"/> minor prob 1 <input type="checkbox"/> estab prob-stable 1 <input type="checkbox"/> estab prob-stable 1 <input type="checkbox"/> estab prob-worse 2 <input type="checkbox"/> estab prob-worse 2 max 3 pt for new prob-stable <input type="checkbox"/> new prob-stable 3 <input type="checkbox"/> new prob with w/u 4 TOTAL: _____	NEED AT LEAST 1 PT: <input type="checkbox"/> order/study labs 1 <input type="checkbox"/> order/study xrays 1 <input type="checkbox"/> order/study tests 1 <input type="checkbox"/> discuss results w/ testing doctor 1 <input type="checkbox"/> order old records/ add history 1 <input type="checkbox"/> summary of review of old records/add hist 2 <input type="checkbox"/> view xray, tracing or slide prev interp by other doctor 2 TOTAL: _____	NEED AT LEAST 2 PTS: <input type="checkbox"/> order/study labs 1 <input type="checkbox"/> order/study xrays 1 <input type="checkbox"/> order/study tests 1 <input type="checkbox"/> discuss results w/ testing doctor 1 <input type="checkbox"/> order old records/ add history 1 <input type="checkbox"/> summary of review of old records/add hist 2 <input type="checkbox"/> view xray, tracing or slide prev interp by other doctor 2 TOTAL: _____	NEED AT LEAST 3 PTS: <input type="checkbox"/> order/study labs 1 <input type="checkbox"/> order/study xrays 1 <input type="checkbox"/> order/study tests 1 <input type="checkbox"/> discuss results w/ testing doctor 1 <input type="checkbox"/> order old records/ add history 1 <input type="checkbox"/> summary of review of old records/add hist 2 <input type="checkbox"/> view xray, tracing or slide prev interp by other doctor 2 TOTAL: _____	NEED AT LEAST 4 PTS: <input type="checkbox"/> order/study labs 1 <input type="checkbox"/> order/study xrays 1 <input type="checkbox"/> order/study tests 1 <input type="checkbox"/> discuss results w/ testing doctor 1 <input type="checkbox"/> order old records/ add history 1 <input type="checkbox"/> summary of review of old records/add hist 2 <input type="checkbox"/> view xray, tracing or slide prev interp by other doctor 2 TOTAL: _____	NEED AT LEAST 1: <input type="checkbox"/> 1 minor problem (cold, insect bite)	NEED AT LEAST 1: <input type="checkbox"/> 2+ minor problems <input type="checkbox"/> 1 chronic problem-stable <input type="checkbox"/> acute problem - uncomplicated (sprain, allergy, etc.)	NEED AT LEAST 1: <input type="checkbox"/> 1+ chronic mild problem increasing <input type="checkbox"/> 2+ chronic stable problems <input type="checkbox"/> acute systemic problems (pneumonia, etc.) <input type="checkbox"/> acute injury - complicated (head w/ brief LOC <input type="checkbox"/> new problem-Px uncertain	NEED AT LEAST 1: <input type="checkbox"/> 1+ chronic severe problem increasing <input type="checkbox"/> chronic problem life threatening <input type="checkbox"/> acute problem - life threatening <input type="checkbox"/> acute mental status change (TIA, SZ, weakness)
							<input type="checkbox"/> x-ray <input type="checkbox"/> labs <input type="checkbox"/> EKG <input type="checkbox"/> UA <input type="checkbox"/> KOH	<input type="checkbox"/> non-cv contrast studies <input type="checkbox"/> PFT <input type="checkbox"/> skin Bx <input type="checkbox"/> needle Bx - superficial <input type="checkbox"/> puncture-arterial	<input type="checkbox"/> cv contrast studies (no risk factors) <input type="checkbox"/> endoscopy (no risk factors) <input type="checkbox"/> deep needle Bx <input type="checkbox"/> incision Bx <input type="checkbox"/> EST <input type="checkbox"/> FST <input type="checkbox"/> body cavity fluids	<input type="checkbox"/> cv contrast studies (with risk factors) <input type="checkbox"/> endoscopy (with risk factors)								
							<input type="checkbox"/> rest <input type="checkbox"/> gargle <input type="checkbox"/> bandages-elastic <input type="checkbox"/> superficial dressing	<input type="checkbox"/> OTC drugs (list meds) <input type="checkbox"/> PT <input type="checkbox"/> OT <input type="checkbox"/> IVF (no additives) <input type="checkbox"/> minor surgery (no risk factors)	<input type="checkbox"/> prescription drugs-(list meds to be continued) <input type="checkbox"/> fracture Tx - closed (no manipulation) <input type="checkbox"/> IVF (with additives) <input type="checkbox"/> major surgery-elective (incl. endoscopy; no risk factors) <input type="checkbox"/> minor surgery (w/ risk)	<input type="checkbox"/> drugs-intensive monitoring <input type="checkbox"/> parental Tx <input type="checkbox"/> fracture Tx-closed (with manipulation) <input type="checkbox"/> DNR decision or de-escalate care 2° to poor Px <input type="checkbox"/> major surgery-elective (incl. endosc.w/ risk factors) <input type="checkbox"/> major surgery-emergent (incl. endosc.)								

Choose a level for DX, data, and risk. Drop the lowest of the three. The lower of the remaining two is the MDM level.

TIME	99211	99212	99213	99214	99215
		5 Minutes	10 Minutes	15 Minutes	25 Minutes
Documentation must include diagnosis, description of care coordination and/or counseling, total face-to face time, and total time spent coordinating care and/or counseling which MUST account for > 50% of the visit.					