

# 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
		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"/> 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"/> 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 <input type="checkbox"/> Chr DZ <input type="checkbox"/> Chr DZ <input type="checkbox"/> Chr DZ	AT LEAST 4: or AT LEAST 3: <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 <input type="checkbox"/> Chr DZ <input type="checkbox"/> Chr DZ <input type="checkbox"/> Chr DZ
	ROS	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"/> 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"/> 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"/> 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	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
		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>
EXAMINATION	Constitutional:		<input type="checkbox"/> any 3 vital signs	<input type="checkbox"/> general appearance of patient		
	Eyes:	<input type="checkbox"/> conjunctivae and lids	<input type="checkbox"/> pupils and irises	<input type="checkbox"/> optic discs		
ENT:	<input type="checkbox"/> external ears & nose	<input type="checkbox"/> oropharynx	<input type="checkbox"/> nasal mucosa, septum & turbinates	<input type="checkbox"/> lips, teeth, gums		
Neck:	<input type="checkbox"/> neck		<input type="checkbox"/> EACs & TM	<input type="checkbox"/> hearing		
Resp:	<input type="checkbox"/> respiratory effort		<input type="checkbox"/> thyroid			
CV:	<input type="checkbox"/> palpation of heart		<input type="checkbox"/> percussion	<input type="checkbox"/> auscultation	<input type="checkbox"/> palpation	
	<input type="checkbox"/> abdominal aorta		<input type="checkbox"/> auscultation	<input type="checkbox"/> carotids	<input type="checkbox"/> femoral	<input type="checkbox"/> pedal pulses
Chest/Breasts:	<input type="checkbox"/> breast inspection		<input type="checkbox"/> extremities for edema &/or varicosities			
GI/Abdomen:	<input type="checkbox"/> masses, tenderness		<input type="checkbox"/> palpation of breasts and axillae			
GU:	Male: <input type="checkbox"/> penis		<input type="checkbox"/> anus/perineum/rect	<input type="checkbox"/> hernia	<input type="checkbox"/> occult test	<input type="checkbox"/> liver & spleen
	Female: <input type="checkbox"/> bladder		<input type="checkbox"/> scrotal contents	<input type="checkbox"/> prostate gland		
Lymph:	Lymph nodes in 2 or more areas:		<input type="checkbox"/> adnexa/parametria	<input type="checkbox"/> urethra	<input type="checkbox"/> uterus	<input type="checkbox"/> ext. genit;
Musc:	<input type="checkbox"/> gait and station	<input type="checkbox"/> digits and nails		<input type="checkbox"/> axillae	<input type="checkbox"/> groin	<input type="checkbox"/> cervix
	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		<input type="checkbox"/> stability	<input type="checkbox"/> inspection &/or palpation	
Skin:	<input type="checkbox"/> inspection of skin & subcutaneous tissue			<input type="checkbox"/> palpation of skin & subcutaneous tissue		
Neuro:	<input type="checkbox"/> cranial nerves	<input type="checkbox"/> reflexes		<input type="checkbox"/> sensation		
Psych:	<input type="checkbox"/> mood & affect	<input type="checkbox"/> judgement & insight		<input type="checkbox"/> memory	<input type="checkbox"/> orientation to time/place/person	

# DECISION MAKING

	2 OF 3 REQUIRED				
	DIAGNOSIS	DATA	RISK	PROCEDURES	MANAGEMENT
	<b>99201</b> <b>Straightforward</b> 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 <b>TOTAL:</b>	<b>99202</b> <b>Straightforward</b> 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 <b>TOTAL:</b>	<b>99203</b> <b>Low Complexity</b> 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 <b>TOTAL:</b>	<b>99204</b> <b>Moderate Complexity</b> 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 <b>TOTAL:</b>	<b>99205</b> <b>High Complexity</b> 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 <b>TOTAL:</b>
	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 <b>TOTAL:</b>	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 <b>TOTAL:</b>	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 <b>TOTAL:</b>	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 <b>TOTAL:</b>	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 <b>TOTAL:</b>
	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.)	NEED AT LEAST 1: <input type="checkbox"/> 1+ chronic mild problem increasing <input type="checkbox"/> 2+ chronic stable probs <input type="checkbox"/> acute systemic problems (pneumonia, etc.) <input type="checkbox"/> acute injury-complicated (head w/ brief LOC) <input type="checkbox"/> new problem-Px uncert	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, weak)
	<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	<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"/> 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 fact) <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.)

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"/> 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 <input type="checkbox"/> Chr DZ <input type="checkbox"/> Chr DZ <input type="checkbox"/> Chr DZ	AT LEAST 4: or AT LEAST 3: <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 <input type="checkbox"/> Chr DZ <input type="checkbox"/> Chr DZ <input type="checkbox"/> Chr DZ
	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 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"/> nasal mucosa, septum & turbinates <input type="checkbox"/> EACs & TM <input type="checkbox"/> thyroid <input type="checkbox"/> percussion <input type="checkbox"/> auscultation <input type="checkbox"/> extremities for edema &/or varicosities <input type="checkbox"/> anus/perineum/rect <input type="checkbox"/> scrotal contents <input type="checkbox"/> adnexa/parametria <input type="checkbox"/> digits and nails	<input type="checkbox"/> optic discs <input type="checkbox"/> lips, teeth, gums <input type="checkbox"/> hearing <input type="checkbox"/> auscultation <input type="checkbox"/> carotids <input type="checkbox"/> femoral <input type="checkbox"/> hernia <input type="checkbox"/> prostate gland <input type="checkbox"/> urethra <input type="checkbox"/> axillae <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	<input type="checkbox"/> palpation <input type="checkbox"/> pedal pulses <input type="checkbox"/> liver & spleen <input type="checkbox"/> ext. genitalia <input type="checkbox"/> cervix <input type="checkbox"/> neck <input type="checkbox"/> other	

# DECISION MAKING

2 OF 3 REQUIRED

	99211	99212	99213	99214	99215
		<b>Straightforward</b>	<b>Low Complexity</b>	<b>Moderate Complexity</b>	<b>High Complexity</b>
DIAGNOSIS		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:
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 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:
RISK		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)
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"/> 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)
MANAGEMENT		<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.)

TIME	99211	99212	99213	99214	99215
	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.				