

# Doing It Right The First Time

*A documentation and coding workshop*

*Presented by*

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***MAG Mutual Healthcare Solutions, Inc.***

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Consulting, Publications and Seminars for the Medical Profession

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MAG MUTUAL HEALTHCARE SOLUTIONS, INC.

NEW PATIENTS / CONSULTS			FEE	ADMINISTRATION OF MEDICATIONS	FEE	X-RAY	FEE
Straight	99241	99201		Therapeutic Administration	90772	Abdomen (Plain/KUB)	74000
Straight	99242	99202		Antibiotic Administration	90772	Abdomen (Flat & Up)	74020
Low	99243	99203		Allergy Inj. 1 shot	95115	Ankle	73600
Moderate	99244	99204		Allergy Inj. 2 or more shots	95117	Cervical spine - 3	72040
High	99245	99205				Chest (PA/LAT)	71020
ESTABLISHED PATIENT			FEE	MEDICATIONS	FEE		FEE
Non MD Visit	99211			Decadron up to 4mg/ml	J1100	Clavicle	73000
Straightforward	99212			Depo-Medrol – 20	J1020	Coccyx & Sacrum	72220
Low	99213			Depo-Medrol – 40	J1030	Elbow	73070
Moderate	99214			Gentamicin – 80	J1580	Femur	73550
High	99215			Kefzol – 1 gm	J0690	Finger	73140
NEW PHYSICAL			FEE				FEE
12-17	99384			Rocephin – 1 gm	J0696	Foot	73620
18-39	99385			IMMUNIZATIONS			FEE
40-64	99386			Administer 1 <sup>st</sup> vaccine	90471	Forearm	73090
65 and >	99387			Administer each additional vaccine	90472	Hand	73120
EST. PHYSICAL			FEE				FEE
12-17	99394			Influenza – G0008 admin MCR	90658	Hip	73510
18-39	99395			Hepatitis – G0010 admin MCR	90746	Humerus	73060
40-64	99396			HPV	90649	Knee	73560
65 and >	99397			Pneumonia – G0009 admin MCR	90732	Lumbosacral Spine	72100
MEDICARE SERVICES (25 ON E&M)			FEE	SPLINT APPLICATION	FEE		FEE
Breast / Pelvic – 2 yr	G0101	V76.2		Finger	29130	Nose	70160
Obtain Pap – 2 yr	Q0091	V76.2		JOINT ASPIRATION			FEE
Occult Card – 1 yr	82270	V76.51		Small: fingers, toes	20600	Rib Detail	71100
No smoking 3-10	99406			Medium: TMJ, AC, Wrist, Elbow	20605	Sinus < 3	70210
No smoking > 10	99407			Major: Shoulder, Hip, Knee, Sub	20610	Sinus minimum 3	70220
IN HOUSE LAB			FEE	MINOR SURGERY	FEE	TELEPHONE CALLS	FEE
Venipuncture	36415			Destroy benign lesion up to 14	17110	Telephone call 5-10 min	99441
Finger Stick	36416			Destroy benign lesions 15 or more	17114	Telephone call 11-20 min	99442
CBC w/diff	85025			Destruction pre-malignant lesion	17000	Telephone call 21-30 min	99443
Drug Screen	80101			Destruction pre-malignant lesions, each	17003	PROCEDURES	
Glucose	82962			I&D, Simple	10060	Ear Irrigation	69210
IPPD	86580			I&D, Complex	10061	EKG	93000
Liver	80076			I&D, Hematoma Seroma	10140	FB removal super eye	65205
Mono test	86308			Nail Decompression/Trephine	11740	FB removal cornea	65220
Occult Blood – 1 spec.	82272			Nail Avulsion, Simple	11730	FB removal, nose	30300
Occult Blood – Card	82270			Shave Biopsy, 5 mm or less	11300	FB removal, ear	69200
Occult, MCR Diag.	G0394			Skin biopsy	11100	Inhalation treatment	94640
Pregnancy, Urine	81025			Skin Tag Removal, up to 15	11200	Trigger point – 1 ten/lig	20550
Step, rapid	87880			Each additional 10	11201	Trigger point – 1 ten origin	20551
U/A	81003			Soft Tissue FB Removal, Simple	10120	Trigger point, 1/2 muscle	20552
				Soft Tissue FB Removal, Complex	10121	Trigger point => 3	20553
ICD-9 CODES							
314.00	ADD	786.09	Dyspnea	789.02	Pain, abdomen, LUQ		
314.01	ADHD	788.1	Dysuria	789.03	Pain, abdomen, RLQ		
427.31	AFIB	691.8	Eczema	789.04	Pain, abdomen, LLQ		
995.2	Allergic reactions	782.3	Edema	723.9	Pain, neck		
626.0	Amenorrhea	780.79	Fatigue / Malaise	719.41	Pain, shoulder		
281.0	Anemia, pernicious	780.6	Fever	785.1	Palpitations		
413.9	Angina	558.9	Gastroenteritis	462	Pharyngitis / sore throat		
308.0	Anxiety	530.81	GERD	486	Pneumonia		
716.90	Arthropathy	V72.31	GYN exam	692.6	Poison Ivy		
493.90	Asthma	784.0	Headache	601.0	Prostatitis, acute		
491.20	Asthmatic Bronchitis	V70.0	Health checkup	782.1	Rash		
569.3	Bleeding, anal	272.0	Hypercholesterolemia	714.0	Rheumatoid arthritis		
466.0	Bronchitis, acute	272.2	Hyperlipidemia	472.0	Rhinitis		
682.9	Cellulitis	401.1	Hypertension	477.0	Rhinitis, allergic		
786.50	Chest pain	244.8	Hypothyroidism	780.39	Seizure Disorder		
428.0	CHF	780.52	Insomnia	461.9	Sinusitis		
372.30	Conjunctivitis	414.9	Ischemic heart disease	786.05	SOB		
564.00	Constipation	V58.61	Long term use anticoagulants	845.00	Sprain, ankle		
V25.02	Contraception	V58.69	Long term high risk meds	844.9	Sprain, knee		
496	COPD	724.2	Lumbago	847.0	Sprain, neck		
786.2	Cough	627.9	Menopausal disorders	840.9	Sprain, shoulder		
436	CVA	626.2	Menstruation, frequent	034.0	Strep throat		
595.9	Cystitis	346.00	Migraine	463	Tonsillitis		
298.9	Dementia	787.01	Nausea/Vomiting	465.9	URI		
296.30	Depression	278.00	Obesity	788.41	Urinary frequency		
692.9	Dermatitis	715.90	Osteoarthritis	599.0	UTI		
250.00	Diabetes 2, uncomplicated	380.10	Otitis externa	616.10	Vaginitis		
250.90	Diabetes 2, w/unspec complications	382.9	Otitis media, acute	079.99	Viral infection		
787.91	Diarrhea	789.00	Pain, abdomen	380.4	Wax in ear		
780.4	Dizziness	789.01	Pain, abdomen, RUQ	783.21	Weight loss		

## Evaluation & Management Coding Summary – Outpatient and Office

<b>New/Consultation Patient Visits (3 out of 3)</b>				
Code	Minutes	History	Examination	Decision-Making
99201	10	<i>Problem Focused</i>  • CC • 1HPI	<i>Problem Focused</i> 1995 – (1) 1997 – (1 check)	<i>Straightforward</i>  • Diagnosis – Minimal • Data – Minimal or None • Risk – Minimal
99241	15			
99251	20			
99202	20	<i>Exp. Problem Focused</i>  • CC • 1 HPI • 1 ROS	<i>Exp. Problem Focused</i> 1995 – (2 – 4) 1997 – (6 checks)	<i>Straightforward</i>  • Diagnosis – Minimal • Data – Minimal or None • Risk – Minimal
99242	30			
99252	40			
99203	30	<i>Detailed</i>  • CC • 4 HPI or status of 3 chronic conditions • 2 ROS • Medical or Family or Social History	<i>Detailed</i> 1995 – (5 – 7) 1997 – (12 checks)	<i>Low</i>  • Diagnosis – Limited • Data – Limited • Risk – Low  <b>OTC, Short-term Meds, Minor Surgery</b>
99243	40			
99253	55			
99204	45	<i>Comprehensive</i>  • CC • 4 HPI or status of 3 chronic conditions • 10 ROS • Medical, Family, Social History	<i>Comprehensive</i> 1995 – (8) 1997 – (2 checks from 9 areas); or 1997(all checks in border & 1 check in others)	<i>Moderate</i>  • Diagnosis – Multiple • Data – Moderate • Risk – Moderate  <b>Long term Rx or Major Surgery</b>
99244	60			
99254	80			
99205	60	<i>Comprehensive</i>  • CC • 4 HPI or status of 3 chronic conditions • 10 ROS • Medical, Family, Social History	<i>Comprehensive</i> 1995 – (8) 1997 – (2 checks from 9 areas); or 1997(all checks in border & 1 check in others)	<i>High</i>  • Diagnosis – Extensive • Data – Extensive • Risk – High
99245	80			
99255	110			
<b>Established Patient Visits (2 out of 3)</b>				
99211	N/A	N/A	N/A	N/A
		<i>Problem Focused</i>  • CC • 1HPI	<i>Problem Focused</i> 1995 – (1) 1997 – (1 check)	<i>Straightforward</i>  • Diagnosis – Minimal 1 • Data – Minimal or None 1 • Risk – Minimal 1  1 stable problem
99212	10			
		<i>Exp. Problem Focused</i>  • CC • 1 HPI • 1 ROS	<i>Exp. Problem Focused</i> 1995 – (2 – 4) 1997 – (6 checks)	<i>Low</i>  • Diagnosis – Limited 2 • Data – Limited 2 • Risk – Low 2  <b>2 stable problems 1 unstable problem</b>
99213	15			
		<i>Detailed</i>  • CC • 4 HPI or status of 3 chronic conditions • 2 ROS • Medical or Family or Social History	<i>Detailed</i> 1995 – (5 – 7) 1997 – (12 checks)	<i>Moderate</i>  • Diagnosis – Multiple 3 • Data – Moderate 3 • Risk – Moderate 3  <b>3 stable problems on meds 1 stable and 1 unstable on meds 2 unstable problems on meds</b>
99214	25			
		<i>Comprehensive</i>  • CC • 4 HPI or status of 3 chronic conditions • 10 ROS • Medical, Family, Social History	<i>Comprehensive</i> 1995 – (8) 1997 – (2 checks from 9 areas); or 1997(all checks in border & 1 check in others)	<i>High</i>  • Diagnosis – Extensive 4 • Data – Extensive 4 • Risk – High 4  Very sick patient with extensive data review and high risk
99215	40			

## Table of Risk

Risk	Presenting Problems	Diagnostic Procedures Ordered	Management Options Selected
<b>MIN</b> (L-1/2)	<ul style="list-style-type: none"> <li>1 self-limited or minor problem (eg. Cold, insect bite, tinea corporis)</li> </ul>	<ul style="list-style-type: none"> <li>Lab tests requiring venipuncture</li> <li>EKG/ EEG</li> <li>Urinalysis</li> <li>Ultrasound (echocardiography)</li> <li>KOH prep</li> </ul>	<ul style="list-style-type: none"> <li>Rest</li> <li>Gargles</li> <li>Elastic bandages</li> <li>Superficial dressings</li> </ul>
<b>LOW</b> (L-3)	<ul style="list-style-type: none"> <li>2 or more self-limited or minor problems</li> <li>1 stable chronic illness (eg, well controlled hypertension or non-insulin dependent diabetes, cataract, BPH)</li> <li>Acute uncomplicated illness or injury (eg, cystitis, allergic rhinitis, simple sprain)</li> </ul>	<ul style="list-style-type: none"> <li>Physiologic tests not under stress (eg, pulmonary function tests)</li> <li>Non-cardiovascular imaging studies with contrast (eg, barium enema)</li> <li>Superficial needle biopsies</li> <li>Clinical lab tests requiring arterial puncture</li> <li>Skin biopsies</li> </ul>	<ul style="list-style-type: none"> <li>Over-the-counter drugs</li> <li>Minor surgery with no identified risk factors</li> <li>Physical therapy</li> <li>Occupational therapy</li> <li>IV fluids without additives</li> <li><u>Short-term antibiotics</u></li> </ul>
<b>M O D E R A T E</b> (L-4)	<ul style="list-style-type: none"> <li>1 or more chronic illnesses w/mild exacerbation, progression or side effects of treatment</li> <li>2 or more stable chronic illnesses</li> <li><u>Undiagnosed new problem w/ uncertain prognosis (eg, lump in breast)</u></li> <li>Acute illness with systemic symptoms (eg, pyelonephritis, pneumonitis, colitis)</li> <li>Acute complicated injury (eg, head injury w/ brief loss of consciousness)</li> </ul>	<ul style="list-style-type: none"> <li>Physiologic tests under stress (eg, cardiac stress test, fetal contraction stress test)</li> <li>Diagnostic endoscopies w/ no identified risk factors</li> <li>Deep needle or incisional biopsy</li> <li>Cardiovascular imaging studies w/contrast, no identified risk factors (eg, arteriogram, cardiac catheterization)</li> <li>Obtain fluid from body cavity (eg, lumbar puncture, thoracentesis, culdocentesis)</li> </ul>	<ul style="list-style-type: none"> <li>Minor surgery with identified risk factors</li> <li>Elective major surgery (open, percutaneous, or endoscopic) w/no identified risk factors</li> <li><u>Prescription drug management</u></li> <li>Therapeutic nuclear medicine</li> <li>IV fluids with additives</li> <li>Closed treatment of fracture or dislocation w/o manipulation</li> </ul>
<b>HIGH</b> (L-5)	<ul style="list-style-type: none"> <li>1 or more chronic illnesses w/ severe exacerbation, progression, side effects of treatment</li> <li>Acute or chronic illnesses or injuries that pose a threat to life or bodily function (eg, multiple trauma, acute MI, pulmonary embolus, severe respiratory distress, progressive severe rheumatoid arthritis, psychiatric illness w/ potential threat to self or others, peritonitis, acute renal failure)</li> <li>Abrupt change in neurologic status (eg, seizure, TIA, weakness, or sensory loss)</li> </ul>	<ul style="list-style-type: none"> <li>Cardiovascular imaging studies w/contrast with identified risk factors</li> <li>Cardiac electrophysiological tests</li> <li>Diagnostic endoscopies w/identified risk factors</li> <li>Discography</li> </ul>	<ul style="list-style-type: none"> <li>Elective major surgery (open, percutaneous or endoscopic) w/identified risk factors</li> <li>Emergency major surgery (open, percutaneous or endoscopic)</li> <li>Parenteral controlled substances</li> <li>Drug therapy requiring intensive monitoring for toxicity</li> <li>Decision not to resuscitate or to de-escalate care because of poor prognosis</li> </ul>

**Primary Care Form - 95 Guidelines**

PATIENT'S NAME: \_\_\_\_\_ CHART #: \_\_\_\_\_  
 TODAY'S DATE: \_\_\_\_/\_\_\_\_/\_\_\_\_ DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_ IMMUNIZATIONS: UTD ? LMP: \_\_\_\_/\_\_\_\_/\_\_\_\_

HEIGHT:		WEIGHT:		BP:		RESP:		PULSE:		TEMP:	
ALLERGIES: CC / HPI (4+)							Status of 3 Chronic Conditions		Medications		
							1.	<input type="checkbox"/> Stable <input type="checkbox"/> C/O's			
							2.	<input type="checkbox"/> Stable <input type="checkbox"/> C/O's			
							3.	<input type="checkbox"/> Stable <input type="checkbox"/> C/O's			
							4.	<input type="checkbox"/> Stable <input type="checkbox"/> C/O's			
							5.	<input type="checkbox"/> Stable <input type="checkbox"/> C/O's			

MEDICAL HX:										
FAMILY HX:	<b>Negative</b>									
SOCIAL HX:	Tobacco _____	ETOH _____	Caff/Car _____	Single / Married / Widowed / Divorced			Children _____	Work: _____		
<b>ROS</b>	<input type="checkbox"/> All systems negative except as noted			Unable to fully assess due to: <b>Altered LOC</b> <b>Pt. condition</b> <b>Other:</b>						
<b>CON</b>	Fever	Chills	Sweats	Weight loss	Fatigue	Dizzy	Generalized weakness			
<b>EYE</b>	Redness	Discharge	Visual loss	Pain	Blurred	VA Changes	Watery / Itchy			
<b>ENT</b>	Sore throat	Congestion	PND	Hoarse	Nosebleeds	Hearing Loss	Ear Pain - R L			
<b>RES</b>	Cough prod/non prod		Hemoptysis	Wheezing	SOB	Pleuritic CP	DOE	PND		
<b>CV</b>	Chest pain	LE edema	Palpitations	Orthopnea	PND					
<b>GI</b>	Nausea	Vomiting	Cramps	Diarrhea	Dysphagia	Pain	Constipation	Hemotachezia		
<b>GU</b>	Incont.	Dysuria	Discharge	Frequency	Flank / S-P pain	Hematuria	Hesitancy	Nocturia		
<b>GYN</b>	D/C	Itching	Dyspareunia	Irreg. Menses	Amenorrhea	Odor				
<b>NEU</b>	Headache	Numbness/parasthesias		Focal/Weakness	LOC	Change speech	Sensation ft nl			
<b>PSY</b>	Change MS	Agitation	Suicidal	Confusion	Depression	Anxiety	Loss of motivation			
<b>MUS</b>	Weakness R L	Sciatica	Myalgias	Neck / thoracic / lumbar / arm / leg pain			Arthralgias	Heat		
<b>SKIN</b>	Rash:			Bruising	Swelling	Abrasions	Breakdown	Dry	Bite	

EXAMINATION	Normal	Physical Examination									
<b>EYE</b>		PERRLA	EOMI	Conj. Inflamed	Purulent drainage	F.B.	Fundis:				
<b>ENT</b>		Rhinorrhea	TURB Swelling	Ear/TM:	Pharyngeal erythema	Exudate					
<b>LYMPH neck</b>		Thyromegaly	Nodule	Lymphadenopathy	JVD Present	Carotid Bruits	Decreased Pulse				
<b>CV</b>		Rate – reg. irreg.	Gallops	Murmur							
<b>RESP</b>		Wheezing	Rales	Rhonchi	Decreased Aeration						
<b>GI/ABD</b>		Tenderness	Guarding/Rebound	Hepatomegaly	Splenomegaly	Mass	Bowel Sounds ↑ → ↓				
<b>RECTAL</b>		Tenderness	Mass	Nodule	Symmetric	Smooth	Scrotal Mass	Hemorrhoid			
<b>GU</b>		Vulva -	Vagina -	Cervix -	Discharge			<b>FOOT EXAM</b>	<b>R</b>	<b>L</b>	
<b>MUS Ext.</b>		Tenderness	Deformities	Joint Effusion	Edema	Cyanosis	<b>Pulse</b>	+ -	+ -		
<b>MUS Spine</b>		Neck/thoracic/lumbar tenderness		MVMT	↓ ROM	SLR + -	<b>Sensation</b>	+ -	+ -		
<b>NEURO</b>		Alert/Oriented	Weakness	Numbness	Reflex – nml / abn	Tremor	Rhomberg + -				
<b>PSY</b>		Affect: Flat OK	Anxious	Tearful	Agitated	↓ Eye Contact					
<b>SKIN</b>		Rash:		Dry	Bruising	Icterus					

ASSESSMENT / PLAN:

Counseling: Total Face to Face Time: \_\_\_\_\_ minutes / Total Time Counseling: \_\_\_\_\_ minutes. (Must be > Than 50% of Total Face to Face Time)  
 Topics Discussed:

**NEW PATIENT HISTORY AND PHYSICIAN**

NAME \_\_\_\_\_ DOB \_\_\_\_\_ DATE \_\_\_\_\_

WHY ARE YOU HERE TODAY? \_\_\_\_\_

**HISTORY OF ILLNESS - MUST ANSWER ALL THE FOLLOWING QUESTIONS**

WHERE IS YOUR PROBLEM? \_\_\_\_\_

WHERE WERE YOU WHEN YOU NOTICED THIS PROBLEM? \_\_\_\_\_

HOW LONG HAVE YOU HAD THIS PROBLEM? \_\_\_\_\_

HOW SEVERE IS YOUR PROBLEM? \_\_\_\_\_

WHAT MAKES IT BETTER OR WORSE? \_\_\_\_\_

ALLERGIES	FAMILY HISTORY					
	Father	Mother	Father's Parents	Mother's Parents	Siblings	Children
	HEART DISEASE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	HIGH BLOOD PRESSURE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	STROKE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
CURRENT MEDICATIONS	CANCER	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	GLAUCOMA	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	DIABETES	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	EPILEPSY/CONVULSIONS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	BLEEDING DISORDER	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	KIDNEY DISEASE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	THYROID DISEASE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	MENTAL ILLNESS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**HOSPITALIZATION OR SURGERY**

DATE	REASON	DATE	REASON

**REPRODUCTIVE HISTORY**

**WOMEN:** LMP \_\_\_\_\_ LAST PAP SMEAR \_\_\_\_\_ **MEN:** SEXUAL DYSFUNCTION \_\_\_\_\_ PENILE DISCHARGE \_\_\_\_\_  
 WOMEN ONLY PREGNANT  YES  NO SEXUAL HISTORY/VENERAL DISEASE  YES  NO  
 PLANNING PREGNANCY?  YES  NO PROSTATE DISEASE \_\_\_\_\_  
 NUMBER OF CHILDREN YOU HAVE HAD? \_\_\_\_\_  
 MENSTRUAL DYSFUNCTION  YES  NO

**PAST MEDICAL HISTORY**

- |  |   |  |
|--|---|--|
| <input type="checkbox"/> HEADACHE                    | <input type="checkbox"/> GALL BLADDER DISEASE | <input type="checkbox"/> CANCER                  |
| <input type="checkbox"/> SHORTNESS OF BREATH         | <input type="checkbox"/> DIABETES             | <input type="checkbox"/> RHEUMATIC/SCARLET FEVER |
| <input type="checkbox"/> HEART PALPITATIONS          | <input type="checkbox"/> BOWEL IRREGULARITY   | <input type="checkbox"/> MUMPS                   |
| <input type="checkbox"/> HEART MURMUR                | <input type="checkbox"/> VENEREAL DISEASE     | <input type="checkbox"/> MEASLES                 |
| <input type="checkbox"/> CHEST PAIN                  | <input type="checkbox"/> KIDNEY PROBLEMS      | <input type="checkbox"/> CHICKEN POX             |
| <input type="checkbox"/> DIZZINESS/FAINTING          | <input type="checkbox"/> HEPATITIS            | <input type="checkbox"/> LUNG DISEASE            |
| <input type="checkbox"/> PERIPHERAL VASCULAR DISEASE | <input type="checkbox"/> ANEMIA               | <input type="checkbox"/> SICKLE CELL FIBROSIS    |
| <input type="checkbox"/> ALLERGIES/HAY FEVER         | <input type="checkbox"/> ARTHRITIS            | <input type="checkbox"/> SEIZURES                |
| <input type="checkbox"/> ASTHMA                      | <input type="checkbox"/> NERVOUSNESS          | <input type="checkbox"/> TUBERCULITIS            |
| <input type="checkbox"/> BRONCHITIS                  | <input type="checkbox"/> DEPRESSION           | <input type="checkbox"/> HIV / AIDS              |
| <input type="checkbox"/> PNEUMONIA                   | <input type="checkbox"/> GOUT                 | <input type="checkbox"/> BLOOD TRANSFUSION       |
| <input type="checkbox"/> ULCER                       | <input type="checkbox"/> HYPERTENSION         |  |
| <input type="checkbox"/> GI DISORDER                 | <input type="checkbox"/> HEART DISEASE        |  |

**SOCIAL HISTORY**

SNUFF: AMOUNT DAILY \_\_\_\_\_  SMOKE: AMOUNT DAILY \_\_\_\_\_  
 EXERCISE ROUTINE \_\_\_\_\_  ALCOHOL: TYPE/AMOUNT \_\_\_\_\_  
 DIET: SALT INTAKE \_\_\_\_\_  FAT INTAKE \_\_\_\_\_  
 CONTACT W BLOOD/BODY FLUID AT WORK \_\_\_\_\_  DRUGS \_\_\_\_\_

Provider's Signature	Date	Provider's Signature	Date



## BAPTIST HEALTH CENTERS

NAME: \_\_\_\_\_ CHART ID: \_\_\_\_\_ DOB: \_\_\_\_\_

ALLERGIES: \_\_\_\_\_

PROBLEM LIST			MEDICATION LIST		
NO.	DATE	PROBLEM	NO.	DATE	MEDICATION
1			1		
2			2		
3			3		
4			4		
5			5		
6			6		
7			7		
8			8		
9			9		
10			10		
11			11		
12			12		
13			13		
14			14		
15			15		
16			16		
17			17		
18			18		
19			19		
20			20		
21			21		
22			22		

Prevention Information						
SERVICE	COLONOSCOPY	PAP	PSA	MAMMOGRAM	DIABETIC PATIENTS	
					OPHTHALMOLOGY	PODIATRY
DATE						



# Primary Care Form - 97 Guidelines

PATIENT'S NAME: \_\_\_\_\_  M  F / DOB \_\_\_\_/\_\_\_\_/\_\_\_\_ TODAY'S DATE: \_\_\_\_/\_\_\_\_/\_\_\_\_

<b>Chief Complaint and HPI Information:</b>			<b>Problems With Current Meds:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	
			<b>See Medication Sheet:</b> <input type="checkbox"/> <b>See NPI Sheet:</b> <input type="checkbox"/>	
			<b>Drug Allergies:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	
			<b>Smoker:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	
			<b>Alcohol:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	
Flex/Colon: _____	Stress Test: _____	LMP: _____	Pap Smear: _____	Pelvic: _____
Last Heath Exam: _____	Chest X-ray: _____	DEXA: _____	Occult Blood: _____	Other: _____
Headaches <input type="checkbox"/> Yes <input type="checkbox"/> No	Blurred Vision <input type="checkbox"/> Yes <input type="checkbox"/> No	Change/Bowel Habits <input type="checkbox"/> Yes <input type="checkbox"/> No	SOB <input type="checkbox"/> Yes <input type="checkbox"/> No	Chest Pain <input type="checkbox"/> Yes <input type="checkbox"/> No
Insomnia <input type="checkbox"/> Yes <input type="checkbox"/> No	Swelling <input type="checkbox"/> Yes <input type="checkbox"/> No	Fatigue <input type="checkbox"/> Yes <input type="checkbox"/> No	Dizzy Spells <input type="checkbox"/> Yes <input type="checkbox"/> No	Increased B/P <input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Vitals: (3) Wt _____ Ht _____ T _____ R _____ P _____ <input type="checkbox"/> Reg <input type="checkbox"/> IR BP: Sitting R ____/____/____ L ____/____/____				
<i>Examination Detail</i>			<i>Pertinent Positives and Negatives</i>	
<b>CONST:</b> <input type="checkbox"/> Well-developed, well-nourished, no acute distress.				
<b>RESP:</b> <input type="checkbox"/> Respiration even and un-labored. <input type="checkbox"/> Lung fields – no flatness, dullness or hyperresonance. <input type="checkbox"/> Clear /equal no adventitious sounds bilaterally.				
<b>CARD:</b> <input type="checkbox"/> RRR, w/no murmurs-rubs-gallops. <input type="checkbox"/> No Bruits throughout. <input type="checkbox"/> Pedal pulses within normal limits bilat.				
<b>Female G/U: (7 of the following 11)</b> <input type="checkbox"/> Breasts symmetrical. No masses, lumps, tenderness, dimpling or nipple discharge. <input type="checkbox"/> Rectal exam exhibits even sphincter tone, no hemorrhoids or masses. <b>Pelvic</b> <input type="checkbox"/> No external lesions. Normal hair distribution. <input type="checkbox"/> Urethral meatus pink, no lesions or discharge. <input type="checkbox"/> Urethra intact, no tenderness, masses, inflammation or discharge. <input type="checkbox"/> Bladder without tenderness or masses, no incontinence. <input type="checkbox"/> Vaginal mucosa moist and pink, without lesions or discharge. <input type="checkbox"/> Cervix pink, no lesions, odor, or discharge. <input type="checkbox"/> Uterus midline, non-tender, firm and smooth. <input type="checkbox"/> No adnexal masses, nodules or tenderness. <input type="checkbox"/> Anus and perineum intact. ___ No lesions, rashes, fissures, fistulas or external hemorrhoids. Wet Prep _____ Hemocult <b>Pos. Neg.</b>				
<b>ABDOMEN:</b> <input type="checkbox"/> No masses, no tenderness, bowel sounds active X 4 quad. <input type="checkbox"/> Liver and spleen are without tenderness or enlargement.				
<b>GI/GU:</b> <input type="checkbox"/> Prostate (normal) <input type="checkbox"/> Rectal (normal) <input type="checkbox"/> Genitalia (normal)				
<b>MUSCULO:</b> <input type="checkbox"/> Joints with full ROM, no pain, crepitus or contracture. <input type="checkbox"/> No muscle atrophy/weakness.				
<b>NEURO/PSYCH:</b> <input type="checkbox"/> Alert and oriented X 3. <input type="checkbox"/> No mood disorders noted, calm affect.				
<b>SKIN:</b> <input type="checkbox"/> No rashes, lesions or ulcers. <input type="checkbox"/> Warm and dry, normal tugar.				
<b>Labs:</b>				
<b>Assessment / Plan:</b>				
F/U: _____ <input type="checkbox"/> Days <input type="checkbox"/> Weeks <input type="checkbox"/> Months <input type="checkbox"/> Years <input type="checkbox"/> PRN				
<input type="checkbox"/> <b>Counseling: Total Face to Face Time:</b> _____ minutes / <b>Total Time Counseling:</b> _____ minutes. (Must be > Than 50% of Total Face to Face Time)				
<b>Topics Discussed:</b>				
99201 (10m), 99212 (10m)= 1 ✓ 99202( 20m), 99213 (15m) = 6 ✓ s 99203 (30m), 99214 (25m) = 12 ✓ s 99204(45m), 99205(60m) , 99215 (40m) = 2 ✓ s from 9 areas				

## Evaluation & Management Coding Summary – Hospital Services

<b>Initial Hospital Visits 3 out of 3</b>				
<u>Code</u>	<u>Minutes</u>	<u>History</u>	<u>Examination</u>	<u>Decision-Making</u>
		Detailed		<i>Straightforward / Low</i>
99221	30	<ul style="list-style-type: none"> <li>• CC</li> <li>• 4 HPI or status of 3 chronic conditions</li> <li>• 2 ROS</li> <li>• Medical or Family or Social History</li> </ul>	<i>Detailed</i> 1995 – (5 – 7) 1997 – (12 checks)	<ul style="list-style-type: none"> <li>• Diagnosis – Minimal</li> <li>• Data – Minimal or None</li> <li>• Risk – Minimal</li> </ul>
		Comprehensive		<i>Moderate</i>
99222	50	<ul style="list-style-type: none"> <li>• CC</li> <li>• 4 HPI or status of 3 chronic conditions</li> <li>• 10 ROS</li> <li>• Medical, Family, Social History</li> </ul>	<i>Comprehensive</i> 1995 – (8) 1997 – (2 checks from 9 areas); or 1997(all checks in border & 1 check in others)	<ul style="list-style-type: none"> <li>• Diagnosis – Multiple</li> <li>• Data – Moderate</li> <li>• Risk – Moderate</li> </ul>
		Comprehensive		<i>High</i>
99223	70	<ul style="list-style-type: none"> <li>• CC</li> <li>• 4 HPI or status of 3 chronic conditions</li> <li>• 10 ROS</li> <li>• Medical, Family, Social History</li> </ul>	<i>Comprehensive</i> 1995 – (8) 1997 – (2 checks from 9 areas); or 1997(all checks in border & 1 check in others)	<ul style="list-style-type: none"> <li>• Diagnosis – Extensive</li> <li>• Data – Extensive</li> <li>• Risk – High</li> </ul>
<b>Subsequent Hospital Visits 2 out of 3</b>				
		Problem Focused		<i>Straightforward / Low</i>
99231	15	<ul style="list-style-type: none"> <li>• CC</li> <li>• 1 HPI</li> </ul>	<i>Problem Focused</i> 1995 – (1) 1997 – (1 check)	<ul style="list-style-type: none"> <li>• Diagnosis – Minimal</li> <li>• Data – Minimal or None</li> <li>• Risk – Minimal</li> </ul>
		Exp. Problem Focused		<i>Moderate</i>
99232	25	<ul style="list-style-type: none"> <li>• CC</li> <li>• 1 HPI</li> <li>• 1 ROS</li> </ul>	<i>Exp. Problem Focused</i> 1995 – (2 – 4) 1997 – (6 checks)	<ul style="list-style-type: none"> <li>• Diagnosis – Multiple</li> <li>• Data – Moderate</li> <li>• Risk – Moderate</li> </ul>
		Detailed		<i>High</i>
99233	35	<ul style="list-style-type: none"> <li>• CC</li> <li>• 4 HPI or status of 3 chronic conditions</li> <li>• 2 ROS</li> <li>• Medical or Family or Social History</li> </ul>	<i>Detailed</i> 1995 – (5 – 7) 1997 – (12 checks)	<ul style="list-style-type: none"> <li>• Diagnosis – Extensive</li> <li>• Data – Extensive</li> <li>• Risk – High</li> </ul>
<b>Hospital Discharge</b>				
99238	30	Hospital Discharge		
99239	> 30	Hospital Discharge > 30 minutes – <b>{Must document time}</b>		
<b>Definitions</b>				
99221	Admission – Low Risk			
99222	Admission – Moderate Risk			
99223	Admission – High Risk			
99231	Patient is responding well			
99232	Pt is responding inadequately to therapy / developed a minor complication			
99233	Pt is unstable or has developed a significant complication / significant new problem			

## Inpatient Tracking Form

PATIENT NAME:		DATE OF ADMISSION:		DATE OF BIRTH:	
ADMITTING PHYSICIAN:					
DOS: MD: CODE(S):	DOS: MD: CODE(S):	DOS: MD: CODE(S):	DOS: MD: CODE(S):	DOS: MD: CODE(S):	DOS: MD: CODE(S):
DX:	DX:	DX:	DX:	DX:	DX:
DOS: MD: CODE(S):	DOS: MD: CODE(S):	DOS: MD: CODE(S):	DOS: MD: CODE(S):	DOS: MD: CODE(S):	DOS: MD: CODE(S):
DX:	DX:	DX:	DX:	DX:	DX:
DOS: MD: CODE(S):	DOS: MD: CODE(S):	DOS: MD: CODE(S):	DOS: MD: CODE(S):	DOS: MD: CODE(S):	DOS: MD: CODE(S):
DX:	DX:	DX:	DX:	DX:	DX:
			DISCHARGE DX:		
17	OBS DISCHARGE DAY MGMT	51	HOSPITAL CONSULT - STRGHT RISK		
18	INITIAL OBS STRGHT/LOW RISK	52	HOSPITAL CONSULT - STRGHT RISK		
19	INITIAL OBS MODERATE RISK	53	HOSPITAL CONSULT - LOW RISK		
20	INITIAL OBS HIGH RISK	54	HOSPITAL CONSULT - MODERATE RISK		
34	OBS/ADMIT & DISCH. SAME DAY S/L RISK	55	HOSPITAL CONSULT - HIGH RISK		
35	OBS/ADMIT & DISCH. SAME DAY MOD RISK	<b>CRITICAL CARE SERVICES – ALL AGES</b>			
36	OBS/ADMIT & DISCH. SAME DAY HIGH RISK	91	CRITICAL CARE 30-74 MONTHS		
21	ADMIT STRAIGHTFORWARD/LOW RISK	91/92	CRITICAL CARE 75-104 MINUTES		
22	ADMIT MODERATE RISK	92950	CPR		
23	ADMIT HIGH RISK	93	INITIAL PEDIATRIC CC – AGE 29 DAYS – 24 MNTHS		
31	F/U HSPT – RESPONDING	94	SUBQ PEDIATRIC CC – AGE 29 DAYS – 24 MNTHS		
32	F/U HSPT – MINOR COMPLICATION	95	INITIAL NEONATAL CC - AGE 28 DAYS OR LESS		
33	F/U HSPT – SIGNIFICANT PROBLEM/COMPL.	96	SUBQ NEONATAL CC - AGE 28 DAYS OR LESS		
38	DISCHARGE < 30 MINUTES	98	SUBQ CARE RECOVERING INF. < 1500 GRAMS		
39	DISCHARGE > 30 MINUTES	99	SUBQ CARE RECOVERING INF. 1500-2500 GRAMS		
		00	SUBQ CARE RECOVERING INF. 2501-5000 GRAMS		

# In-Patient Form

<b>Date / Time:</b>					
<input type="checkbox"/> Patient w/o complaints:					
<input type="checkbox"/> Patient with complaints & is being seen for:					
Headaches <input type="checkbox"/> Yes <input type="checkbox"/> No	Blurred Vision <input type="checkbox"/> Yes <input type="checkbox"/> No	Change in Bowel Hbts <input type="checkbox"/> Yes <input type="checkbox"/> No	SOB <input type="checkbox"/> Yes <input type="checkbox"/> No	Chest Pain <input type="checkbox"/> Yes <input type="checkbox"/> No	
Spotting <input type="checkbox"/> Yes <input type="checkbox"/> No	Swelling <input type="checkbox"/> Yes <input type="checkbox"/> No	Fatigue <input type="checkbox"/> Yes <input type="checkbox"/> No	Dizzy Spells <input type="checkbox"/> Yes <input type="checkbox"/> No	Increased B/P <input type="checkbox"/> Yes <input type="checkbox"/> No	
<input type="checkbox"/> Vitals: (3) T:      Respirations:      Pulse: <input type="checkbox"/> Reg <input type="checkbox"/> IR      BP: R / L /      02 Sat:      I & O:					
<i>Examination Detail</i>			<i>Pertinent Positives and Negatives</i>		
CONST: <input type="checkbox"/> Well-developed, well-nourished, no acute distress.					
ENT: <input type="checkbox"/> Tympanic membranes translucent, non-bulging and mobile. Canal walls pink, without discharge. <input type="checkbox"/> Mucosa and turbinates pink, septum midline. <input type="checkbox"/> Oral mucosa pink and moist. Tongue moist, without ulcers.					
NECK: <input type="checkbox"/> Full ROM, tracheal midline position. <input type="checkbox"/> No thyromegaly.					
CHEST: <input type="checkbox"/> Breasts symmetrical. <input type="checkbox"/> No lumps, masses, discharge or tenderness.					
RESP: <input type="checkbox"/> Respiration even and un-labored. <input type="checkbox"/> Lung fields – no flatness, dullness or hyperresonance. <input type="checkbox"/> Clear /equal no adventitious sounds bilaterally.					
CARD: <input type="checkbox"/> No lifts, heaves, or thrills. PMI present. S1 and S2 not exaggerated or diminished. <input type="checkbox"/> RRR, w/no murmurs-rubs-gallops.					
ABDOMEN: <input type="checkbox"/> No masses, no tenderness, bowel sounds active X 4 quad. <input type="checkbox"/> Liver and spleen are without tenderness or enlargement.					
MALE GU: <input type="checkbox"/> Scrotal, without tenderness, swelling or masses. <input type="checkbox"/> Prostate, non-enlarged, symmetrical, without nodularity or tenderness.					
FEMALE GU: <input type="checkbox"/> No external masses, lesions, scars, rashes, or swelling of vulva. <input type="checkbox"/> Labia, clitoris, vaginal orifice, and urethral meatus intact without discharge. <input type="checkbox"/> Bladder, non-bulging, non-tender. <input type="checkbox"/> Cervix pink and without lesions, odor, or discharge. <input type="checkbox"/> Uterus midline, non-tender, firm and smooth. <input type="checkbox"/> No internal pelvic masses or tenderness.					
MUSCULO: <input type="checkbox"/> Gait coordinated and smooth. <input type="checkbox"/> Digits are without clubbing or cyanosis.					
SKIN: <input type="checkbox"/> No rashes, lesions or ulcers. <input type="checkbox"/> Warm and dry, normal turgor.					
NEURO: <input type="checkbox"/> Cranial nerves intact. <input type="checkbox"/> Deep tendon reflexes 2+ bilaterally.					
PSYCH: <input type="checkbox"/> A+O X 3. <input type="checkbox"/> No mood disorders noted, calm affect.					
<b>Labs Ordered / Reviewed:</b>			<input type="checkbox"/> Decision to obtain old records/history from someone other than patient.	<input type="checkbox"/> Discussion of tests results w/performing physician	
			<input type="checkbox"/> Review/summarize information from above.	<input type="checkbox"/> Independent review of image, tracing or specimen	
<b>Assessment / Plan / Problems Addressed This Visit:</b>			<b>New 3,4 points</b>	<b>Worse 2 points</b>	<b>Stable 1 points</b>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> <b>Counseling: Unit/Floor Time:</b> _____ minutes / <b>Total Time Counseling:</b> _____ minutes. <i>(Must be &gt; Than 50% of Total Unit / Floor Time)</i>					
<b>Topics Discussed:</b>					
99231 (15m)	Patient is responding well		1 exam check / 2 dx points & low risk		
99232 (25m)	Pt is responding inadequately to therapy / developed a minor complication		6 exam checks / 3 dx points & moderate risk		
99233 (35m)	Pt is unstable or has developed a significant complication / significant problem		12 checks / 4 dx points & high risk		

## Evaluation & Management Coding Summary – Observation / Admission

<b>Observation/Hospital Discharge Same Day 3 out of 3</b>				
<u>Code</u>	<u>Minutes</u>	<u>History</u>	<u>Examination</u>	<u>Decision-Making</u>
		Detailed		<i>Straightforward / Low</i>
99234	N/A	<ul style="list-style-type: none"> <li>• CC</li> <li>• 4 HPI or status of 3 chronic conditions</li> <li>• 2 ROS</li> <li>• Medical or Family or Social History</li> </ul>	<i>Detailed</i> 1995 – (5 – 7) 1997 – (12 checks)	<ul style="list-style-type: none"> <li>• Diagnosis – Minimal</li> <li>• Data – Minimal or None</li> <li>• Risk – Minimal</li> </ul>
		Comprehensive		<i>Moderate</i>
99235	N/A	<ul style="list-style-type: none"> <li>• CC</li> <li>• 4 HPI or status of 3 chronic conditions</li> <li>• 10 ROS</li> <li>• Medical, Family, Social History</li> </ul>	<i>Comprehensive</i> 1995 – (8) 1997 – (2 checks from 9 areas); or 1997(all checks in border & 1 check in others)	<ul style="list-style-type: none"> <li>• Diagnosis – Multiple</li> <li>• Data – Moderate</li> <li>• Risk – Moderate</li> </ul>
		Comprehensive		<i>High</i>
99236	N/A	<ul style="list-style-type: none"> <li>• CC</li> <li>• 4 HPI or status of 3 chronic conditions</li> <li>• 10 ROS</li> <li>• Medical, Family, Social History</li> </ul>	<i>Comprehensive</i> 1995 – (8) 1997 – (2 checks from 9 areas); or 1997(all checks in border & 1 check in others)	<ul style="list-style-type: none"> <li>• Diagnosis – Extensive</li> <li>• Data – Extensive</li> <li>• Risk – High</li> </ul>
<b>Observation More than One Day 3 out of 3</b>				
		Detailed / Comprehensive		<i>Straightforward / Low</i>
99218	N/A	<ul style="list-style-type: none"> <li>• CC</li> <li>• 4 HPI or status of 3 chronic conditions</li> <li>• 2 ROS</li> <li>• Medical or Family or Social History</li> </ul>	<i>Detailed</i> 1995 – (5 – 7) 1997 – (12 checks)	<ul style="list-style-type: none"> <li>• Diagnosis – Minimal</li> <li>• Data – Minimal or None</li> <li>• Risk – Minimal</li> </ul>
		Comprehensive		<i>Moderate</i>
99219	N/A	<ul style="list-style-type: none"> <li>• CC</li> <li>• 4 HPI or status of 3 chronic conditions</li> <li>• 10 ROS</li> <li>• Medical, Family, Social History</li> </ul>	<i>Comprehensive</i> 1995 – (8) 1997 – (2 checks from 9 areas); or 1997(all checks in border & 1 check in others)	<ul style="list-style-type: none"> <li>• Diagnosis – Multiple</li> <li>• Data – Moderate</li> <li>• Risk – Moderate</li> </ul>
		Comprehensive		<i>High</i>
99220	N/A	<ul style="list-style-type: none"> <li>• CC</li> <li>• 4 HPI or status of 3 chronic conditions</li> <li>• 10 ROS</li> <li>• Medical, Family, Social History</li> </ul>	<i>Comprehensive</i> 1995 – (8) 1997 – (2 checks from 9 areas); or 1997(all checks in border & 1 check in others)	<ul style="list-style-type: none"> <li>• Diagnosis – Extensive</li> <li>• Data – Extensive</li> <li>• Risk – High</li> </ul>
<b>Observation Discharge</b>				
99217	N/A	Observation care discharge on date other than initial observation day		
<b>Definitions</b>				
	Remember	Hospital run on calendar days and not hours		

## Evaluation & Management Coding Summary – Nursing Home

<b>Initial Nursing Facility Care (3 out of 3)</b>				
<u>Code</u>	<u>Minutes</u>	<u>History</u>	<u>Examination</u>	<u>Decision-Making</u>
		Detailed		<i>Straightforward / Low</i>
99304	25	<ul style="list-style-type: none"> <li>• CC</li> <li>• 4 HPI or status of 3 chronic conditions</li> <li>• 2 ROS</li> <li>• Medical or Family or Social History</li> </ul>	<i>Detailed</i> 1995 – (5 – 7) 1997 – (12 checks)	<ul style="list-style-type: none"> <li>• Diagnosis – Minimal</li> <li>• Data – Minimal or None</li> <li>• Risk – Minimal</li> </ul>
99221				
		Comprehensive		<i>Moderate</i>
99305	35	<ul style="list-style-type: none"> <li>• CC</li> <li>• 4 HPI or status of 3 chronic conditions</li> <li>• 10 ROS</li> <li>• Medical, Social and Family History</li> </ul>	<i>Comprehensive</i> 1995 – (8) 1997 – (2 checks from 9 areas); or 1997(all checks in border & 1 check in others)	<ul style="list-style-type: none"> <li>• Diagnosis – Multiple</li> <li>• Data – Moderate</li> <li>• Risk – Moderate</li> </ul>
99222				
		Comprehensive		<i>High</i>
99306	45	<ul style="list-style-type: none"> <li>• CC</li> <li>• 4 HPI or status of 3 chronic conditions</li> <li>• 10 ROS</li> <li>• Medical, Social, Family History</li> </ul>	<i>Comprehensive</i> 1995 – (8) 1997 – (2 checks from 9 areas); or 1997(all checks in border & 1 check in others)	<ul style="list-style-type: none"> <li>• Diagnosis – Extensive</li> <li>• Data – Extensive</li> <li>• Risk – High</li> </ul>
99223				
<b>Subsequent Nursing Facility Care (2 out of 3)</b>				
		Problem Focused		<i>Straightforward</i>
99307	10	<ul style="list-style-type: none"> <li>• CC</li> <li>• 1HPI</li> </ul>	<i>Problem Focused</i> 1995 –(1) 1997 – (1 check)	<ul style="list-style-type: none"> <li>• Diagnosis – Minimal</li> <li>• Data – Minimal or None</li> <li>• Risk – Minimal</li> </ul>
99212				
		Exp. Problem Focused		<i>Low</i>
99308	15	<ul style="list-style-type: none"> <li>• CC</li> <li>• 1 HPI</li> <li>• 1 ROS</li> </ul>	<i>Exp. Problem Focused</i> 1995 – (2 – 4) 1997 – (6 checks)	<ul style="list-style-type: none"> <li>• Diagnosis – Limited</li> <li>• Data – Limited</li> <li>• Risk – Low</li> </ul>
99213				
		Detailed		<i>Moderate / High</i>
99309	25	<ul style="list-style-type: none"> <li>• CC</li> <li>• 4 HPI or status of 3 chronic conditions</li> <li>• 2 ROS</li> <li>• Medical or Family or Social History</li> </ul>	<i>Detailed</i> 1995 – (5 – 7) 1997 – (12 checks)	<ul style="list-style-type: none"> <li>• Diagnosis – Multiple</li> <li>• Data – Moderate</li> <li>• Risk – Moderate</li> </ul>
99214				
		Comprehensive		<i>High</i>
99310	35	<ul style="list-style-type: none"> <li>• CC</li> <li>• 4 HPI or status of 3 chronic conditions</li> <li>• 10 ROS</li> <li>• Medical, Social, Family History</li> </ul>	<i>Comprehensive</i> 1995 – (8) 1997 – (2 checks from 9 areas); or 1997(all checks in border & 1 check in others)	<ul style="list-style-type: none"> <li>• Diagnosis – Extensive</li> <li>• Data – Extensive</li> <li>• Risk – High</li> </ul>
99215				
<b>Nursing Facility Discharge</b>				
99315	\$86	Nursing home discharge		
99316	\$113	Nursing facility discharge > 30 minutes		
<b>Annual Nursing Facility Assessment (3 out of 3)</b>				
		Comprehensive		<i>High</i>
99318	\$92	<ul style="list-style-type: none"> <li>• CC</li> <li>• 4 HPI or status of 3 chronic conditions</li> <li>• 10 ROS</li> <li>• Medical, Social, Family History</li> </ul>	<i>Comprehensive</i> 1995 – (8) 1997 – (2 checks from 9 areas); or 1997(all checks in border & 1 check in others)	<ul style="list-style-type: none"> <li>• Diagnosis – Extensive</li> <li>• Data – Extensive</li> <li>• Risk – High</li> </ul>
<b>Definitions</b>				
99307		Usually, the patient is stable, recovering, or improving.		
99308		Usually, the patient is responding inadequately to therapy or has minor complication		
99309		Usually, the patient has developed a significant complication or sig. New problem		
99310		Pt. is unstable or developed significant new problem requiring immediate attention.		

**Nursing Home Tracking Form**

NAME OF NURSHING HOME			DATE OF VISIT:
PHYSICIAN PERFORMING ROUNDS:			
PATIENT NAME:	PATIENT NAME:	PATIENT NAME:	PATIENT NAME:
CODE:	CODE:	CODE:	CODE:
DX:	DX:	DX:	DX:
PATIENT NAME:	PATIENT NAME:	PATIENT NAME:	PATIENT NAME:
CODE:	CODE:	CODE:	CODE:
DX:	DX:	DX:	DX:
PATIENT NAME:	PATIENT NAME:	PATIENT NAME:	PATIENT NAME:
CODE:	CODE:	CODE:	CODE:
DX:	DX:	DX:	DX:
PATIENT NAME:	PATIENT NAME:	PATIENT NAME:	PATIENT NAME:
CODE:	CODE:	CODE:	CODE:
DX:	DX:	DX:	DX:
PATIENT NAME:	PATIENT NAME:	PATIENT NAME:	PATIENT NAME:
CODE:	CODE:	CODE:	CODE:
DX:	DX:	DX:	DX:
<b>Initial Nursing Facility Care</b>			
04	Low severity admission		
05	Moderate severity admission		
06	High severity admission		
<b>Subsequent Nursing Facility Care</b>			
07	Patient is stable, recovering or improving		
08	Patient is responding inadequately to therapy or has developed a minor complication		
09	Patient has developed a significant complication or a significant new problem		
10	Patient has developed a significant new problem requiring immediate physician attention		
<b>Nursing Facility Discharge</b>			
15	Nursing facility discharge		
16	Nursing facility discharge > 30 minutes		
<b>Annual Nursing Facility Assessment</b>			
18	Annual nursing facility assessment		

## NURSING HOME FORM

Any New Complaints	1. DM	Problems With Current Meds: <input type="checkbox"/> Yes <input type="checkbox"/> No		
	2. HTN	See Medication Sheet: <input type="checkbox"/>		
	3. Malnutrition	Drug Allergies: <input type="checkbox"/> Yes <input type="checkbox"/> No		
	4. Heart Disease	Smoker: <input type="checkbox"/> Yes <input type="checkbox"/> No		
	5. Pulmonary Disease	Cancers:		
	6. Dementia / Depression	Family Hx:		
	7. GI Problems			
	8. Stroke			
	9. Arthritis			
<b>ROS:</b> Weight Loss <input type="checkbox"/> Y <input type="checkbox"/> N	Blurred Vision <input type="checkbox"/> Y <input type="checkbox"/> N	Constipation / Impaction <input type="checkbox"/> Y <input type="checkbox"/> N	Respiratory <input type="checkbox"/> Y <input type="checkbox"/> N	Chest Pain <input type="checkbox"/> Y <input type="checkbox"/> N
Insomnia <input type="checkbox"/> Y <input type="checkbox"/> N	Swelling <input type="checkbox"/> Y <input type="checkbox"/> N	Abdominal Pain <input type="checkbox"/> Y <input type="checkbox"/> N	Seizures <input type="checkbox"/> Y <input type="checkbox"/> N	Increased B/P <input type="checkbox"/> Y <input type="checkbox"/> N
Fever / Chills / Cough / Cold / Congestion <input type="checkbox"/> Y <input type="checkbox"/> N	Mental Status <input type="checkbox"/> Y <input type="checkbox"/> N	Falls <input type="checkbox"/> Y <input type="checkbox"/> N	Bed Sores <input type="checkbox"/> Y <input type="checkbox"/> N	
<i>Examination Detail</i>			<i>Pertinent Positives and Negatives</i>	
<b>CONST:</b> <input type="checkbox"/> Vitals: (3) Wt: T: R: P: ___Reg. ___Irreg. BP: R___/___ L___/___ <input type="checkbox"/> W-D W-N NAD				
<b>EYES:</b> <input type="checkbox"/> Sclera white, conjunctive clear. Lids are without lag. <input type="checkbox"/> PERRLA. <input type="checkbox"/> Discs flat, no hemorrhages or exudates noted.				
<b>EARS:</b> <input type="checkbox"/> No scars, lesions, or masses. <input type="checkbox"/> Hearing non-impaired. <input type="checkbox"/> Tympanic membranes translucent, non-bulging and mobile. Canal walls pink, without discharge.				
<b>NOSE:</b> <input type="checkbox"/> Mucosa and turbinates pink, septum midline. <b>MOUTH:</b> <input type="checkbox"/> Lips pink and symmetrical, gums pink.				
<b>THROAT:</b> <input type="checkbox"/> Oral mucosa pink and moist. Salivary glands intact. Soft and hard palates contiguous. Tongue moist.				
<b>RESP:</b> <input type="checkbox"/> Respiration even and un-labored. <input type="checkbox"/> Lung fields – no flatness, dullness or hyperresonance. <input type="checkbox"/> Clear /equal no adventitious sounds bilaterally.				
<b>CV:</b> <input type="checkbox"/> RRR, w/no murmurs-rubs-gallops. <input type="checkbox"/> No Bruits throughout the Carotid arteries, pulse amp ____. <input type="checkbox"/> Pedal pulses within normal limits bilat., pulse amplitude ____.				
<b>ABD:</b> <input type="checkbox"/> No masses or tenderness. Bowel sounds active x 4 quad. <input type="checkbox"/> Liver and spleen are w/o tenderness or enlargement.				
GI/GU:				
<b>MUSCULO:</b> <input type="checkbox"/> Joints with full ROM, no pain, crepitus or contracture. <input type="checkbox"/> No muscle atrophy/weakness.				
<b>SKIN:</b> <input type="checkbox"/> No rashes, lesions or ulcers. <input type="checkbox"/> Warm and dry, normal turgor.				
<b>NEURO:</b> <input type="checkbox"/> A+O. <input type="checkbox"/> CN Intact. <input type="checkbox"/> DTRs.				
<b>PSYCHIATRIC:</b> <input type="checkbox"/> Judgement and insight are within normal limits. <input type="checkbox"/> Alert and Oriented X 3.				
<b>EXTREMETIES:</b> <input type="checkbox"/> No Edema. <input type="checkbox"/> Pulses: ___ Good ___ Bad				
BED SORE:				
Labs:				
Assessment			Plan:	
1. _____				
2. _____				
Provider's Signature: _____				

99304 = 12 ✓ s/99305 = 2 ✓ s from 9 areas/99306 = 2 ✓ s from 9 areas

99307 = 1 ✓ /99308 = 6 ✓ s/99309 = 12 ✓ s /99310 = 2 ✓ s from 9 areas/99318 = 2 ✓ s from 9 areas



## Evaluation & Management Coding Summary – Preventive Medicine

<b>Preventive Medicine Service</b>		
<u>Code</u>	<u>Age</u>	<b>Preventive Medicine Services – New Patient</b>
99381	Under 1	If an abnormality/ies is encountered or a preexisting problem is addressed in the process of performing this E&M service, and if the problem/abnormality is significant enough to require additional work to perform the key components of a problem-oriented E&M service, then the appropriate Office/Outpatient code 99201-99215 should also be reported. Modifier “-25” should be added to the Office/Outpatient code to indicate that a significant, separately identifiable E&M service was provided.
99382	1-4	
99383	5-11	
99384	12-17	
99385	18-39	
99386	40-64	
99387	Over 65	
<u>Code</u>	<u>Age</u>	<b>Preventive Medicine Services – Established</b>
99391	Under 1	If an abnormality/ies is encountered or a preexisting problem is addressed in the process of performing this E&M service, and if the problem/abnormality is significant enough to require additional work to perform the key components of a problem-oriented E&M service, then the appropriate Office/Outpatient code 99201-99215 should also be reported. Modifier “-25” should be added to the Office/Outpatient code to indicate that a significant, separately identifiable E&M service was provided.
99392	1-4	
99393	5-11	
99394	12-17	
99395	18-39	
99396	40-64	
99397	Over 65	
<u>Code</u>	<u>Minutes</u>	<b>Counseling and/or Risk Factor Reduction Intervention</b>
99401	15	Individual – Don't bill with Preventive Medicine Codes
99402	30	Individual – Don't bill with Preventive Medicine Codes
99403	45	Individual – Don't bill with Preventive Medicine Codes
99404	60	Individual – Don't bill with Preventive Medicine Codes
99420	30	Group – Don't bill with Preventive Medicine Codes
99429	60	Group – Don't bill with Preventive Medicine Codes

**CONFIDENTIAL INFORMATION**  
**(This information will NEVER be released from this office)**

**OBSTETRIC INFORMATION**

List all abortions, miscarriages, tubal pregnancies:

Date	Weeks	Abortion or miscarriage	Complications

Other pregnancies

Date	Months Pregnant	Sex of Infant	Alive or Stillborn	Living Now	Weight at Birth	Complications

**CERVICAL CANCER HIGH RISK SURVEY**

- Was your first sexual activity prior to the age of 16?  Yes  No
- Have you had more than 5 sexual partners?  Yes  No
- Do you have a history of sexually transmitted disease (including HIV) infection?  Yes  No
- Have you had fewer than 3 negative pap smears within the previous seven years?  Yes  No

Annual Physical Grid									
YEAR	2___	2___	2___	2___	2___	2___	2___	2___	2___
Routine PE (non-covered)	99___	99___	99___	99___	99___	99___	99___	99___	99___
E&M Visit									
<b>Breast &amp; Pelvic (2 yrs.) G0101</b>									
Pap Smear (2 yrs.) Q0091									
Hemoccult (1 yr.) G0107									

*Frequency can increase for patients deemed "high risk." Please see individual policy regarding more frequent coverage.*

## H CPCS/ICD-9 Codes to Use for Preventive Services

G0101 Pelvic and Breast Examination	V72.31	Once every two years	Routine gynecological exam
	V76.47	Once every two years	Screening for neoplasm of the vagina
	V76.49	Once every two years	Screening of woman without a cervix
	V76.2	Once every two years	Screening for neoplasm of cervix
	V15.89*	<b>Once every year</b>	Presenting health hazards
82270 screening (guaiac-based) or G0328 (immunoassay-based) Card sent home with patient	V76.51	<b>One every year</b>	Screening for neoplasm of colon
Q0091 Obtain Pap Smear	V72.31	Once every two years	Routine gynecological exam
	V76.47	Once every two years	Screening for neoplasm of the vagina
	V76.49	Once every two years	Screening of woman without a cervix
	V76.2	Once every two years	Screening for neoplasm of cervix
	V15.89*	<b>Once every year</b>	Presenting health hazards

\*See coverage guidelines below for V15.89

### A screening pelvic examination should include at least seven of the following elements:

- Inspection and palpation of breasts for masses or lumps, tenderness, symmetry, or nipple discharge;
- Digital rectal examination including sphincter tone, presence of hemorrhoids, and rectal masses;
- Pelvic examination (with or without specimen collection for smears and cultures) including:
  - External genitalia (for example, general appearance, hair distribution, or lesions);
  - Urethra (for example, masses, tenderness, or scarring);
  - Bladder (for example, fullness, masses, tenderness);
  - Vagina (for example, general appearance, estrogen effect, discharge, lesions, pelvic support, cystocele, or rectocele);
  - Cervix (for example, general appearance, lesions or discharge);
  - Uterus (for example, size, contour, position, mobility, tenderness, consistency, descent, or support);
  - Adnexa/parametria (for example, masses, tenderness, organomegaly, or nodularity); and
  - Anus and perineum.

### Coverage and Payment

Screenings are covered when ordered and collected by a doctor of medicine or osteopathy or other authorized practitioner (e.g., a certified nurse midwife, physician assistant, nurse practitioner, or clinical nurse specialist, who is authorized under state law to perform the examination) under one of the following conditions:

- The beneficiary has not had a screening pap smear test during the preceding two years (use ICD-9 code **V76.2**, special screening for malignant neoplasm, cervical), or
- There is evidence (on the basis of her medical history or other findings) that she is of childbearing age and has had an examination that indicated the presence of cervical or vaginal cancer or other abnormalities during any of the preceding three years, or that she is at high risk of developing cervical or vaginal cancer (use ICD-9 code **V15.89**, other specified personal history presenting hazards to health). The high risk factors for cervical and vaginal cancer are:
  1. Cervical Cancer High Risk Factors:
    - Early onset of sexual activity (under 16 years of age)
    - Multiple sexual partners (five or more in a lifetime)
    - History of a sexually transmitted disease (including HIV infection)
    - Fewer than three negative Pap smears within the previous seven years
  2. Vaginal Cancer High Risk Factors:
    - DES (diethylstilbestrol)-exposed daughters of women who took DES during pregnancy

Screening fecal-occult blood test (82270) is covered at a frequency of once every 12 months for beneficiaries who have attained age 50 (i.e., at least 11 months have passed following the month in which the last covered screening fecal-occult blood test was done). Screening fecal-occult blood tests mean a guaiac-based test for peroxidase activity, in which the beneficiary completes it by taking samples from two different sites of three consecutive stools. *This screening requires a written order from the beneficiary's attending physician. The term "attending physician" is defined to mean a doctor of medicine or osteopathy, who is fully knowledgeable about the beneficiary's medical condition and who would be responsible for using the results of any examination performed in the overall management of the beneficiary's specific medical problem.*





**Top Primary Code / ObGyn Global Periods**

**2006 Modifiers**

CPT	PROCEDURE	GLOBAL
10060	DRAINAGE OF SKIN ABSCESS	10
11055	PARING OR CUTTING OF LESIONS	0
11100	BIOPSY OF SKIN LESION	0
11200	REMOVAL OF SKIN TAGS	10
11400	REMOVAL OF SKIN LESION	10
11750	REMOVAL OF NAIL BED	10
12031	INTERMEDIATE REPAIR/CLOSURE	10
16000	TREAT 1ST DEGREE BURN	0
17000	DESTROY BENIGN/PREMALE LESION	10
17110	DESTRUCTION OF FLAT WARTS	10
17340	CRYOTHERAPY OF SKIN	10
20550	INJECTION TENDON SHEATH	0
20610	DRAIN/INJECT JOINT/BURSA	0
45330	SIGMOIDOSCOPY, DIAGNOSTIC	0
55250	VASECTOMY	90
57410	PELVIC EXAMINATION UNDER ANESTH.	0
57452	COLPOSCOPY OF CERVIX	0
57454	COLPOSCOPY OF CERVIX / BIOPSY	0
57505	ENDOCERVICAL CURETTAGE	10
58100	BIOPSY OF UTERUS LINING	0
59025	FETAL NON-STRESS TEST	0
69210	REMOVE IMPACTED EAR WAX	0

CPT	PROCEDURE	GLOBAL
59025	FETAL NON-STRESS TEST	0
59400	OBSTETRICAL CARE	0
76827	ECHO EXAM OF FETAL HEART	0
88150	CYTOPATHOLOGY, PAP SMEAR	0
76805	ECHO EXAM OF PREGNANT UTERUS	0
76815	ECHO EXAM OF PREGNANT UTERUS	0
81002	URINALYSIS NONAUTO W/O SCOPE	0
81000	URINALYSIS, NONAUTO, W/SCOPE	0
59425	ANTEPARTUM CARE ONLY	0
57410	PELVIC EXAMINATION	0
88156	TBS SMEAR (BETHESDA SYSTEM)	0
59426	ANTEPARTUM CARE ONLY	0
87210	SMEAR, STAIN & INTERPRET	0
87110	CULTURE, CHLAMYDIA	0
80055	OBSTETRIC PANEL	0
76700	ECHO EXAM OF ABDOMEN	0
76830	ECHO EXAM, TRANSVAGINAL	0
76816	ECHO EXAM FOLLOWUP OR REPEAT	0
81003	URINALYSIS, AUTO, W/O SCOPE	0
87070	CULTURE SPECIMEN, BACTERIA	0
81025	URINE PREGNANCY TEST	0

<b>Surgery Only</b>	
22	
23	
26	
47	
50	
51	
52*	
53	
54	
55	
56	
58	
59	
62	
63	
66	
73	
74	
76	
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80	
81	
82	

<b>E&amp;M MODIFIERS ONLY</b>	
21	
24	
25	
32	
52*	
57	

# Dermatological Sheet

DATE: \_\_\_\_/\_\_\_\_/\_\_\_\_

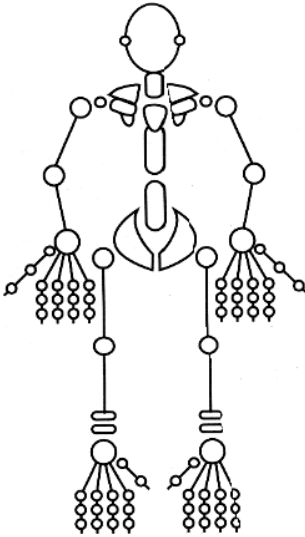
Patient Name: \_\_\_\_\_ M / F DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_

**Skin Tags**  
 Up to 15 tags: 11200  
 16-25 tags: 11200, 11201  
 26-35 tags: 11200, 11201 (x2)

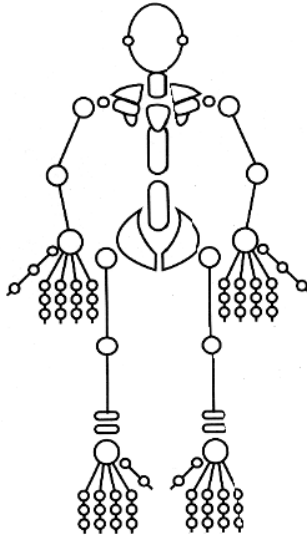
**Destruction Premalignant Lesion(s)**  
 1 lesion: 17000  
 2 lesions 17000, 17003  
 3 lesions 17000, 17003 (x2)  
 15 or more lesions: 17004

**Excision & Repair**  
 Excision, benign lesion including margins, except skin tag (unless listed elsewhere), trunk, arms or legs; excised diameter 2.1 to 3.0 cm: 11403  
 – includes simple closure  
  
 Layer closure of wounds of scalp, axillae, trunk and/or extremities (excluding hands and feet); 2.6 cm to 7.5 cm: 12032  
  
 Code: 12032  
 11403 - 51

FRONT



BACK



<p>Removal -    <input type="checkbox"/> Skin Tag    <input type="checkbox"/> Pre-Malignant Lesion Destruction - (Cryo)                            <input type="checkbox"/> Shave        <input type="checkbox"/> Biopsy        <input type="checkbox"/> Lesion Excision</p> <p>Location of Lesion(s) and Number Per Location:</p> <p>Size of Lesion(s) Plus Narrowest Margin(s) in cm:</p> <p>Type of Closure:            <input type="checkbox"/> Simple    <input type="checkbox"/> Intermediate    <input type="checkbox"/> Complex</p> <p>Length of Closure in cm:</p> <p>Path Results:                <input type="checkbox"/> Benign    <input type="checkbox"/> Malignant    <input type="checkbox"/> Other:</p> <p>Signature: _____ Date: ____/____/____</p>	<ul style="list-style-type: none"> <li><input type="checkbox"/> 1% Xylocaine</li> <li><input type="checkbox"/> 1% Xylocaine w/Epi</li> <li><input type="checkbox"/> Plain</li> <li><input type="checkbox"/> Silk</li> <li><input type="checkbox"/> Vicryl</li> <li><input type="checkbox"/> Chromic</li> </ul>
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