UNIVERSITY OF CINCINNATI FAMILY MEDICINE RESIDENCY CODING WORKSHEET

Resident:_____ R1 / R2 / R3 Initial billing level_____ Date of service _____

HISTORY (Need all items) ***Check here ____ if the visit (PE,OB, WCC,PAP) was billed under a preventive code and turn in the form***

Problem Focused (PF)	Expanded (E)	Detailed (D)	Comprehensive (C)
➢ 1-3 elements of HPI for chief complaint or status of 1-2 chronic conditions	➢ 1-3 elements of HPI for chief complaint or status of 1-2 chronic conditions ➢ Review of one system	➢ 4 elements of HPI for chief complaint or status of ≥3 chronic conditions ➢ Review of 2-9 systems ➢ Personal, family or social Hx ➢ EST: 1 area ➢ New: 2 areas	➢ 4 elements of HPI for chief complaint or status of ≥3 chronic conditions ➢ Review of ≥10 systems ➢ Personal, family or social ➢ EST: 2 areas ➢ New: all 3 areas

History of Present Illness	• Location • Quality	• Duration • Severity	• Timing • Context	• Associated signs/symptoms • Modifying factors
Review of systems	• Constitutional • Integumentary • Eyes • Ears, nose &throat	• Cardiovascular • Respiratory • Gastrointestinal • Genitourinary	• Musculoskeletal • Neurologic • Psychiatric	• Hematologic/lymphatic • Endocrine • Allergic/Immune • ALL OTHERS NEGATIVE
Past, Family, Social History	**PERSONAL** • Current meds • Allergies • Illnesses /surgeries • Immunizations	**FAMILY** • Health status and causes of death • Specific diseases related to chief complaint		**SOCIAL** • Occupational history • Sexual history • Drug, alcohol, tobacco use • Marital status • Education

MULTI-SYSTEM EXAM

Problem Focused	Expanded	Detailed	Comprehensive
• 1-5 bullets from 1 or more systems	6-11 bullets from 1 or more systems	12-17 bullets from 2 or more systems	2 or more bullets from **AT LEAST** 9 systems

System/Areas	Elements of Exam	System/Areas	Elements of Exam
Constitutional	• General appearance • Vital signs (need at least 3)	Genitourinary	• MALES ○ Exam of scrotal contents ○ Exam of penis ○ Digital rectal exam of prostate
Eyes	• Inspection of conjunctiva and lids • Exam of pupils and irises • Opthalmoscope exam- disc, etc.		• FEMALES ○ Exam of external genitalia / vagina ○ Exam of urethra ○ Exam of bladder ○ Exam of cervix ○ Exam of uterus ○ Exam of adnexa / parametria
ENT	• External inspection of ears and nose • Otoscopic exam of canal / TM • Assessment of hearing • Inspection of nasal mucosa, septum, turbinates • Inspection of lips, teeth, gums • Exam of oropharynx (tonsils, mucosa)	Musculoskeletal (MAX 6 bullets)	• Exam of gate and station • Inspection and/or palpation of digits/ nails Examination of joints, bones, muscles of one or more of the following six areas: 1) head and neck; 2) spine, ribs and pelvis; 3) R upper extremity; 4) L upper extremity; 5) R lower extremity; 6) L lower extremity • Inspection &/or palpation • Assessment of range of motion • Assessment of stability • Assessment of muscle strength or tone
Neck	• Exam of neck (masses, symmetry) • Exam of thyroid (enlargement, mass)		
Respiratory	• Assessment of respiratory effort • Percussion of chest • Palpation of chest • Auscultation of chest		
Cardiovascular	• Palpation of heart • Auscultation of heart • Exam of carotid arteries • Exam of abdominal arteries • Exam of femoral arteries • Exam of pedal pulses • Exam of extremities (edema/varicosity)	Skin	• Inspection of skin and subcutaneous tissues • Palpation of skin and subcutaneous tissues
Chest / Breasts	• Inspection of breasts • Palpation of breasts	Neurologic	• Test cranial nerves with notation of any defects • Exam of deep tendon reflexes • Examination of sensation
Gastrointestinal	• Exam of abdomen-note mass /tenderness • Exam of liver and spleen • Exam for hernia • Exam of anus, perineum, rectum	Psychiatric	• Orientation to time, place and person • Recent and remote memory • Mood and affect
Lymphatic	• Palpation of nodes in 2 or more areas: ○ Neck / axillae / groin / other	**TOTAL # OF EXAM BULLETS:**	

COMPLEXITY – Part 1: Number of Diagnoses or Treatment Options. Choose all that apply:

Problems	Number	X	Points	= Result
Self-limited or minor			1	Max =2
Established problem to examiner: stable or improved			1	
Established problem to examiner: worsening			2	
New problem to examiner: no additional work-up			3	Max =3
New problem to examiner: additional work-up			4	
			TOTAL	

COMPLEXITY-Part 2: Risk of Complications - Pick level based on highest risk

Level of Risk	Minimal	Low	Moderate	High
Presenting Problem	1 self-limited / minor	• ≥2 self-limited / minor • 1 stable chronic illness • Acute uncomplicated illness	• ≥1 chronic illness w/mild worsening • ≥2 chronic ill. • New diagnosis w/uncertain outcome • Acute illness w/ systemic symptoms • Acute complicated injury	• ≥ 1 chronic illness w/severe worsening • Illness or injury that may threaten life or bodily function • Abrupt change in neurologic status
Diagnostic Procedure(s) Ordered	• Drawing blood • CXR • EKG • UA • U/S • Wet preps	• Non-stress physiologic tests: e.g. PFT's, • Non-cardio imaging studies w/contrast • Superficial needle biopsies • Arterial blood draw • Skin biopsies	• Stress physiologic tests • Endoscopy w/o risk factors • Deep needle or incisional biopsy • Cardiovascular imaging w/contrast and no risk factors • LP, thoracentesis, paracentesis	• Cardio imaging w/contrast and risk factors • EP studies • Endoscopy with risk factors • Discography
Management Options Selected	• Rest • Gargle • Elastic bandage • Superficial dressing	• OTC meds • Minor surgery w/o risk factors • PT / OT • IV fluids w/o additives	• Minor surgery w/risk factors • Elective major surgery w/o risk factors • **Prescription drugs** • Therapeutic nuclear medicine • IV fluid w/additives • Closed treatment of fracture or dislocation w/o manipulation	• Elective major surgery w/risk factors • Emergency surgery • Parenteral controlled substances • Drug therapy requiring intensive monitoring for toxicity • Decision not to resuscitate or to de-escalate care

COMPLEXITY – Part 3: Amount and/or Complexity of Data to be reviewed. Choose all that apply:

Data to be reviewed	Points	
Review and/or order of blood tests	1	
Review and/or order radiology tests	1	
Review and/or order of medicine tests: EKG, Pulse Ox, PFT, Vaccines, etc.	1	
Discussion of test with performing physician	1	
Decision to obtain old records and/or history from someone other than patient	1	
Review and summarize old records, history from someone other than patient, other healthcare provider	2	
Visualizing and interpreting image (Xray), tracing (EKG), specimen (wet prep)	2	
	TOTAL	

FINAL RESULT OF COMPLEXITY: 2 out of 3 required

Type of Decision Making	Straightforward (SF)	Low Complexity (LC)	Moderate Complexity (MC)	High Complexity (HC)
Number of Diagnoses or treatment options	≤1 Minimal	2 Limited	3 Multiple	≥4 Extensive
Highest risk	Minimal	Low	Moderate	High
Amount and/or Complexity of Data	≤1 Minimal	2 Limited	3 Moderate	≥4 Extensive

Time:
If the physician documents total time and suggest that counseling or coordinating care was more than 50% of the encounter, time may determine level of service. Documentation may refer to: prognosis, differential diagnosis, risks, benefits of treatment, instructions, compliance, risk reduction or discussion with another health care provider.

TOTAL FACE-TO-FACE TIME SPENT WITH PATIENT: _____

Coding of Visit:

	New Patients 3 out of 3 required					**Established Patient** 2 out of 3 required				
History	PF	EPF	D	C	C	Nurse Visit	PF	EPF	D	C
Exam	PF	EPF	D	C	C		PF	EPF	D	C
Complexity	SF	SF	L	M	H		SF	L	M	H
Time	10	20	30	45	60	5	10	15	25	40
Level	I 99201	II 99202	III 99203	IV 99204	V 99205	I 99211	II 99212	III 99213	IV 99214	V 99215

Patient Name_____ **CIRCLE FINAL LEVEL OF BILLING** Signature _____

Did the form remind you to add details of the visit to your note? ❒ YES ❒ NO Minutes it took to complete the form: _____