

**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)
<ul style="list-style-type: none"> <li>&gt; 1-3 elements of HPI for chief complaint or status of 1-2 chronic conditions</li> </ul>	<ul style="list-style-type: none"> <li>&gt; 1-3 elements of HPI for chief complaint or status of 1-2 chronic conditions</li> <li>&gt; Review of one system</li> </ul>	<ul style="list-style-type: none"> <li>&gt; 4 elements of HPI for chief complaint or status of ≥3 chronic conditions</li> <li>&gt; Review of 2-9 systems</li> <li>&gt; Personal, family or social Hx                             <ul style="list-style-type: none"> <li>&gt; EST: 1 area</li> <li>&gt; New: 2 areas</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>&gt; 4 elements of HPI for chief complaint or status of ≥3 chronic conditions</li> <li>&gt; Review of ≥10 systems</li> <li>&gt; Personal, family or social                             <ul style="list-style-type: none"> <li>&gt; EST: 2 areas</li> <li>&gt; New: all 3 areas</li> </ul> </li> </ul>

<b>History of Present Illness</b>	<ul style="list-style-type: none"> <li>• Location</li> <li>• Quality</li> </ul>	<ul style="list-style-type: none"> <li>• Duration</li> <li>• Severity</li> </ul>	<ul style="list-style-type: none"> <li>• Timing</li> <li>• Context</li> </ul>	<ul style="list-style-type: none"> <li>• Associated signs/symptoms</li> <li>• Modifying factors</li> </ul>
<b>Review of systems</b>	<ul style="list-style-type: none"> <li>• Constitutional</li> <li>• Integumentary</li> <li>• Eyes</li> <li>• Ears, nose &amp; throat</li> </ul>	<ul style="list-style-type: none"> <li>• Cardiovascular</li> <li>• Respiratory</li> <li>• Gastrointestinal</li> <li>• Genitourinary</li> </ul>	<ul style="list-style-type: none"> <li>• Musculoskeletal</li> <li>• Neurologic</li> <li>• Psychiatric</li> </ul>	<ul style="list-style-type: none"> <li>• Hematologic/lymphatic</li> <li>• Endocrine</li> <li>• Allergic/Immune</li> <li>• ALL OTHERS NEGATIVE</li> </ul>
<b>Past, Family, Social History</b>	<p align="center"><b>PERSONAL</b></p> <ul style="list-style-type: none"> <li>• Current meds</li> <li>• Allergies</li> <li>• Illnesses /surgeries</li> <li>• Immunizations</li> </ul>	<p align="center"><b>FAMILY</b></p> <ul style="list-style-type: none"> <li>• Health status and causes of death</li> <li>• Specific diseases related to chief complaint</li> </ul>	<p align="center"><b>SOCIAL</b></p> <ul style="list-style-type: none"> <li>• Occupational history</li> <li>• Sexual history</li> <li>• Drug, alcohol, tobacco use</li> <li>• Marital status</li> <li>• Education</li> </ul>	

**MULTI-SYSTEM EXAM**

Problem Focused	Expanded	Detailed	Comprehensive
<ul style="list-style-type: none"> <li>• 1-5 bullets from 1 or more systems</li> </ul>	6-11 bullets from 1 or more systems	12-17 bullets from 2 or more systems	2 or more bullets from <b>AT LEAST 9</b> systems

System/Areas	Elements of Exam	System/Areas	Elements of Exam
Constitutional	<ul style="list-style-type: none"> <li>• General appearance</li> <li>• Vital signs (need at least 3)</li> </ul>	Genitourinary	<ul style="list-style-type: none"> <li>• MALES                             <ul style="list-style-type: none"> <li>◦ Exam of scrotal contents</li> <li>◦ Exam of penis</li> <li>◦ Digital rectal exam of prostate</li> </ul> </li> <li>• FEMALES                             <ul style="list-style-type: none"> <li>◦ Exam of external genitalia / vagina</li> <li>◦ Exam of urethra</li> <li>◦ Exam of bladder</li> <li>◦ Exam of cervix</li> <li>◦ Exam of uterus</li> <li>◦ Exam of adnexa / parametria</li> </ul> </li> </ul>
Eyes	<ul style="list-style-type: none"> <li>• Inspection of conjunctiva and lids</li> <li>• Exam of pupils and irises</li> <li>• Ophthalmoscope exam- disc, etc.</li> </ul>		
ENT	<ul style="list-style-type: none"> <li>• External inspection of ears and nose</li> <li>• Otoscopic exam of canal / TM</li> <li>• Assessment of hearing</li> <li>• Inspection of nasal mucosa, septum, turbinates</li> <li>• Inspection of lips, teeth, gums</li> <li>• Exam of oropharynx (tonsils, mucosa)</li> </ul>		
Neck	<ul style="list-style-type: none"> <li>• Exam of neck (masses, symmetry)</li> <li>• Exam of thyroid (enlargement, mass)</li> </ul>	Musculoskeletal (MAX 6 bullets)	<ul style="list-style-type: none"> <li>• Exam of gait and station</li> <li>• Inspection and/or palpation of digits/ nails</li> </ul> <p>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</p>
Respiratory	<ul style="list-style-type: none"> <li>• Assessment of respiratory effort</li> <li>• Percussion of chest</li> <li>• Palpation of chest</li> <li>• Auscultation of chest</li> </ul>		<ul style="list-style-type: none"> <li>• Inspection &amp;/or palpation</li> <li>• Assessment of range of motion</li> <li>• Assessment of stability</li> <li>• Assessment of muscle strength or tone</li> </ul>
Cardiovascular	<ul style="list-style-type: none"> <li>• Palpation of heart</li> <li>• Auscultation of heart</li> <li>• Exam of carotid arteries</li> <li>• Exam of abdominal arteries</li> <li>• Exam of femoral arteries</li> <li>• Exam of pedal pulses</li> <li>• Exam of extremities (edema/varicosity)</li> </ul>		
Chest / Breasts	<ul style="list-style-type: none"> <li>• Inspection of breasts</li> <li>• Palpation of breasts</li> </ul>	Neurologic	<ul style="list-style-type: none"> <li>• Test cranial nerves with notation of any defects</li> <li>• Exam of deep tendon reflexes</li> <li>• Examination of sensation</li> </ul>
Gastrointestinal	<ul style="list-style-type: none"> <li>• Exam of abdomen-note mass /tenderness</li> <li>• Exam of liver and spleen</li> <li>• Exam for hernia</li> <li>• Exam of anus, perineum, rectum</li> </ul>	Psychiatric	<ul style="list-style-type: none"> <li>• Orientation to time, place and person</li> <li>• Recent and remote memory</li> <li>• Mood and affect</li> </ul>
Lymphatic	<ul style="list-style-type: none"> <li>• Palpation of nodes in 2 or more areas:                             <ul style="list-style-type: none"> <li>◦ Neck / axillae / groin / other</li> </ul> </li> </ul>	<b>TOTAL # OF EXAM BULLETS:</b>	

**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		
<b>TOTAL</b>					

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

Level of Risk	Minimal	Low	Moderate	High
<b>Presenting Problem</b>	1 self-limited / minor	<ul style="list-style-type: none"> <li>≥2 self-limited / minor</li> <li>1 stable chronic illness</li> <li>Acute uncomplicated illness</li> </ul>	<ul style="list-style-type: none"> <li>≥1 chronic illness w/mild worsening</li> <li>≥2 chronic ill.</li> <li>New diagnosis w/uncertain outcome</li> <li>Acute illness w/ systemic symptoms</li> <li>Acute complicated injury</li> </ul>	<ul style="list-style-type: none"> <li>≥ 1 chronic illness w/severe worsening</li> <li>Illness or injury that may threaten life or bodily function</li> <li>Abrupt change in neurologic status</li> </ul>
<b>Diagnostic Procedure(s) Ordered</b>	<ul style="list-style-type: none"> <li>Drawing blood</li> <li>CXR</li> <li>EKG</li> <li>UA</li> <li>U/S</li> <li>Wet preps</li> </ul>	<ul style="list-style-type: none"> <li>Non-stress physiologic tests: e.g. PFT's,</li> <li>Non-cardio imaging studies w/contrast</li> <li>Superficial needle biopsies</li> <li>Arterial blood draw</li> <li>Skin biopsies</li> </ul>	<ul style="list-style-type: none"> <li>Stress physiologic tests</li> <li>Endoscopy w/o risk factors</li> <li>Deep needle or incisional biopsy</li> <li>Cardiovascular imaging w/contrast and no risk factors</li> <li>LP, thoracentesis, paracentesis</li> </ul>	<ul style="list-style-type: none"> <li>Cardio imaging w/contrast and risk factors</li> <li>EP studies</li> <li>Endoscopy with risk factors</li> <li>Discography</li> </ul>
<b>Management Options Selected</b>	<ul style="list-style-type: none"> <li>Rest</li> <li>Gargle</li> <li>Elastic bandage</li> <li>Superficial dressing</li> </ul>	<ul style="list-style-type: none"> <li>OTC meds</li> <li>Minor surgery w/o risk factors</li> <li>PT / OT</li> <li>IV fluids w/o additives</li> </ul>	<ul style="list-style-type: none"> <li>Minor surgery w/risk factors</li> <li>Elective major surgery w/o risk factors</li> <li><b>Prescription drugs</b></li> <li>Therapeutic nuclear medicine</li> <li>IV fluid w/additives</li> <li>Closed treatment of fracture or dislocation w/o manipulation</li> </ul>	<ul style="list-style-type: none"> <li>Elective major surgery w/risk factors</li> <li>Emergency surgery</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</li> </ul>

**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
<b>TOTAL</b>	

**FINAL RESULT OF COMPLEXITY: 2 out of 3 required**

Type of Decision Making	Straightforward (SF)	Low Complexity (LC)	Moderate Complexity (MC)	High Complexity (HC)
<b>Number of Diagnoses or treatment options</b>	≤1	2	3	≥4
<b>Highest risk</b>	Minimal	Limited	Multiple	Extensive
<b>Amount and/or Complexity of Data</b>	Minimal	Low	Moderate	High
	≤1	2	3	≥4
	Minimal	Limited	Moderate	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					Nurse Visit	Established Patient 2 out of 3 required				
	PF	EPF	D	C	C		PF	EPF	D	C	
History	PF	EPF	D	C	C		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: \_\_\_\_\_

## **Protocol for Using the Coding Form**

1. Each intern needs to complete 50 worksheets.
2. These do not apply to preventive (physicals, well child checks) and OB visits.
3. Resident will record the date of service and patient' last name on the form.
4. Go through the form with your preceptor before the patient leaves.
5. Note how much time it took to complete the form.
6. Note if the form reminded you to add info to your note.
7. Indicate on the form what you billed the patient before the form and what the level was after completing the form.
8. Your note and the preceptor's documentation need to support the level you billed.
9. If you over or under-billed, you will need to change the encounter form at the front desk.
10. There will be drop off location in the resident workspace area.
11. If you have any questions or suggestions, just ask!