

Documentation of History

Chief Complaint: Concise statement describing the symptom, problem, condition, diagnosis or other factor that is the reason for encounter

History of Present Illness: Chronological description of development of present illness from first sign and/or symptom to present; includes:

- location
- quality
- severity
- timing
- context,
- modifying factors
- associated signs & symptoms

Review of Systems: The following body systems are recognized:

- Constitutional symptoms
- Eyes
- Ears, Mouth, Throat
- Cardiovascular
- Respiratory
- Gastrointestinal
- Genitourinary
- Musculoskeletal
- Integumentary (skin &/or breast)
- Neurological
- Psychiatric
- Endocrine
- Hematologic/Lymphatic
- Allergic/Immunologic

Past History: • Review of patient's past experiences with illnesses, injuries, & treatments that includes significant information about: prior major illnesses & injuries; prior operations; prior hospitalizations; current medications; allergies (eg, drug, food); age appropriate immunization status; age appropriate feeding/dietary status

Family History: • Significant information about: health status or cause of death of parents, siblings, & children; specific diseases related to problems identified in Chief Complaint or Hx of Present Illness, and/or System Review; diseases of family members which may be hereditary or place patient at risk

Social History: • Age appropriate review of past & current activities that includes significant information about: marital status and/or living arrangements; current employment; occupational hx; use of drugs, alcohol, & tobacco; level of education; sexual hx; other relevant social factors

EVALUATION/MANAGEMENT MODIFIERS

- 21 Prolonged E/M Services
- 24 Unrelated E/M Service by Same Physician During Postop Period
- 25 Significant, Separately Identifiable E/M Service by Same Physician on Day of Procedure
- 32 Mandated Services
- 52 Reduced Services
- 57 Decision for Surgery

3 Key Component Definitions

1 — HISTORY

All histories include the chief complaint

Problem Focused: ✓ brief hx of present illness or problem (1-3 •)

Expanded Problem Focus: ✓ brief hx of present illness (1-3 •)
✓ problem pertinent system review (1 •)

Detailed: ✓ extended hx of present illness (4 •) or chronic/inactive conditions (3 •)
✓ problem pertinent system review extended to include review of limited number of additional systems (2-9 •)
✓ pertinent past, family &/or social hx directly related to problems (1 •)

Comprehensive: ✓ extended hx of present illness (4 •) or chronic/inactive conditions (3 •)
✓ review of systems directly related to problem(s) identified in hx of present illness plus review of all additional body systems (10 •)
✓ complete past, family & social hx for initial encounters (3 •) or subsequent encounters (2 •)

2 — PHYSICAL EXAM

Problem Focused: limited exam of affected body area/organ system (1-5 •)

Expanded Problem Focus: limited exam of affected body area/organ system & other symptomatic or related organ system/s (6 •)

Detailed: extended exam of affected body area/s & other symptomatic or related organ system/s (9 •)

Comprehensive: complete exam of single organ system; document all shaded elements & at least 1 element in each unshaded system/body area (perform all • elements)

3 — MEDICAL DECISION MAKING

Risk of Complications, Morbidity or Mortality	Amount and/or Complexity of Data	# of Diagnoses and/or Management Options
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Straightforward Decision Making:

minimal	minimal or none	minimal
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Low Complexity Decision Making:

low	limited	limited
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Moderate Complexity Decision Making:

moderate	moderate	multiple
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High Complexity Decision Making:

high	extensive	extensive
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To qualify for a given type of decision *two of the three* elements in the above medical decision making table must be met or exceeded.

Eye Exam

Eyes:

- test visual acuity
 - gross visual field testing by confrontation
 - test ocular motility including primary gaze alignment
 - inspection of bulbar & palpebral conjunctivae
 - exam of ocular adnexae including lids, lacrimal glands, lacrimal drainage, orbits & preauricular lymph nodes
 - exam of pupils & irises including shape, direct & consensual reaction, size, & morphology
 - slit lamp exam of corneas including epithelium, stroma, endothelium, tear film
 - slit lam exam of anterior chambers including depth, cells, flare
 - slit lamp exam of lenses including clarity, anterior & posterior capsule, cortex, nucleus
 - measurement of intraocular pressures (except in children/pts w/ trauma or infectious disease)
- ophthalmoscopic exam through dilated pupils (unless contraindicated) of:*
- optic discs including size, C/D ratio, appearance & nerve fiber layer
 - posterior segments including retina & vessels

Neuro/Psych: • orientation to time, place & person
• mood & affect

General Ophthalmological Services

- 92002** Ophthalmological services: medical examination and evaluation with initiation of diagnostic and treatment program; intermediate, new patient
- 92004** *comprehensive, new patient, one or more visits*
- 92012** Ophthalmological services: medical examination and evaluation with initiation or continuation of diagnostic and treatment program; intermediate, established patient
- 92014** *comprehensive, established patient, one or more visits*

Intermediate ophthalmological services describes a level of service pertaining to the evaluation of a new or existing condition complicated with a new diagnostic or management problem not necessarily relating to the primary diagnosis, including history, general medical observation, external ocular and adnexal examination & other diagnostic procedures as indicated; may include the use of mydriasis.

Comprehensive ophthalmological services describes a level of service in which a general evaluation of the complete visual system is made. The comprehensive services constitute a single service entity but need not be performed at one session. The service includes history, general medical observation, external & ophthalmoscopic examination, gross visual fields & basic sensorimotor examination. It often includes, as indicated, biomicroscopy, examination with cycloplegia or mydriasis & tonometry. It always includes initiation of diagnostic & treatment programs as indicated.

Office & Outpatient Services

NEW PATIENT requires 3 of 3 key components

	1 History & 2 Physical	3 Decision Making	Face-to-Face Time
99201	problem focused <i>self limited or minor problem(s)</i>	straightforward	10
99202	expanded focus <i>low to moderate severity problem(s)</i>	straightforward	20
99203	detailed	low complexity <i>moderate severity problem(s)</i>	30
99204	comprehensive	moderate complexity <i>moderate to high severity problem(s)</i>	45
99205	comprehensive	high complexity <i>moderate to high severity problem(s)</i>	60

ESTABLISHED PATIENT requires 2 of 3 key components

	1 History & 2 Physical	3 Decision Making	Face-to-Face Time
99211	supervision only <i>minimal problem(s)</i>	straightforward	5
99212	problem focused <i>self limited or minor problem(s)</i>	straightforward	10
99213	expanded focus <i>low to moderate severity problem(s)</i>	low complexity	15
99214	detailed	moderate complexity <i>moderate to high severity problem(s)</i>	25
99215	comprehensive	high complexity <i>moderate to high severity problem(s)</i>	40

A new patient has not received any professional services from the physician (or another physician of same specialty in a group practice) within the last three years.