



**CONSULTATION/
PROCEDURE**

Page 1 of _____

Patient Label Here:
PATIENT NAME LABEL
When Consult Complete, photocopy X 2.
Original to Chart, Copy #1 to APMS
Office, Copy#2 to Anesthesia Billing

Requesting Physician: _____ Date of Service: _____

Reason for Service:

PMH, Family & Social Hx, ROS, Allergies, Current Medications are recorded on the Inpatient Assessment Form
of ___/___/___ which was reviewed and amended as appropriate.

Physician Sig/ID: _____ Date: ___/___/___ 24-H Time: _____

I was present for the above surgical procedure:

Physician Sig/ID: _____ Date: ___/___/___ 24-H Time: _____

**CONSULTATION/
PROCEDURE**

**Inpatient E&M Documentation
Guidelines**

Patient Label Here:

PATIENT NAME LABEL

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Level of E & M	Consult (new or est.) 99251	Visit 99231	Consult 99252	Visit 99232	Consult 99253	Visit 99233	Consult 99254	Consult 99255
TIME is the key factor () = total time w/ pt. Where visits consist predominantly of counseling and/or coordination of care, time is the key or controlling factor to qualify the level of E/M. Must state total "face to face" time and > 50% of that time was spent counseling and/or coordinating care. Must document and describe the encounter.	(20) (15) Consults 3 of 3 Visit 2 of 3: 1. History 2. Exam 3. Medical Decision Making		(40) (25) Consults 3 of 3 Visit 2 of 3: 1. History 2. Exam 3. Medical Decision Making		(55) (35) Consults 3 of 3 Visit 2 of 3: 1. History 2. Exam 3. Medical Decision Making		(80) Consults 3 of 3: 1. History 2. Exam 3. Medical Decision Making	(110) Consults 3 of 3: 1. History 2. Exam 3. Medical Decision Making
History								
Chief Complaint (CC)	CC		CC		CC		CC	CC
HPI location quality severity timing, duration context modifying factors, assoc. signs & symptoms	HPI -brief hx. (need 1-3 elements)		HPI -brief hx. (need 1-3 elements)		HPI -extended (need 4+ elements)		HPI -extended (need 4+ elements)	HPI -extended (4+ elements)
Review of Systems Constitutional symptoms Eyes Ears,Nose,Mouth,Throat Respiratory Cardiovascular Endocrine Integumentary Neurological Psychiatric Musculoskeletal Hematologic/Lymphatic GI Allergic/Immunologic GU	None		ROS -pertinent (1) Dictate: "reviewed intake sheet w/pt" w/date and signature. ROS obtained during an earlier encounter does not need to be re-recorded, make a note describing any new ROS or "no change in info" and note the date and location of the earlier ROS.		ROS -extended (2-9 systems) Dictate: "reviewed intake sheet w/pt" w/date and signature. ROS obtained during an earlier encounter does not need to be re-recorded, make a note describing any new ROS or "no change in info" and note the date and location of the earlier ROS.		ROS -complete (10+systems) Dictate: "reviewed intake sheet w/pt" w/date and signature. ROS obtained during an earlier encounter does not need to be re-recorded, make a note describing any new ROS or "no change in info" and note the date and location of the earlier ROS.	ROS -complete (10+ systems) Dictate: "reviewed intake sheet w/pt" w/date and signature. ROS obtained during an earlier encounter does not need to be re-recorded, make a note describing any new ROS or "no change in info" and note the date and location of the earlier ROS.
Past Family / Social History past hx./surgery/meds/etc, family hx, social hx.	None		None		PFSH -pertinent (1 of 3) May be recorded by ancillary staff, document "reviewed and updated".		PFSH -complete (3 of 3) May be recorded by ancillary staff, document "reviewed and updated".	PFSH -complete (3 of 3) May be recorded by ancillary staff, document "reviewed and updated".
Musculoskeletal Exam • Constitutional (2 elements) BP, P, R, T, HT, WT (3 of the 7) General appearance (body habitus, grooming, nutrition, development, deformities) • Cardiovascular (1 element) Peripheral vascular system by observation and palpation • Lymphatic (1 element) Palpation lymph nodes neck, axillae, groin • Musculoskeletal (5 elements) Gait and station Exam joint, bone, muscle, tendon of 4 of the 6 areas: 1. Head & neck 2. Spine, ribs and pelvis 3. Rt. Upper Extremity 4. Lt. Upper Extremity 5. Rt. Lower Extremity 6. Lt. Lower Extremity Exam of a given area includes: inspection/percussion/palpation, stability, strength/tone, note atrophy, ROM • Skin (1 element) inspection/palpation 4-6areas (areas are noted above) • Neurological (5 elements) coordination, reflexes sensation, mood and affect orientation to person/place/time	Problem focused 1-5 elements A limited exam of the affected body area or organ system. For the three lower levels of exam, each element of the musculoskeletal and skin is counted separately for each body part.		Expanded problem focused 6+ elements A limited exam of the affected body area(s) or organ system(s) and any other symptomatic or related body area(s) or organ system(s). For the three lower levels of exam, each element of the musculoskeletal and skin is counted separately for each body part.		Detailed 12+ elements An extended exam of the affected body area(s) or organ system(s) and any other symptomatic or related body area(s) or organ system(s). For the three lower levels of exam, each element of the musculoskeletal and skin is counted separately for each body part.		Comprehensive - all elements Every element of the exam must be documented. All elements identified in musculoskeletal and skin must be performed and documented for all anatomic areas for comprehensive levels	Comprehensive - all elements Every element of the exam must be documented. All elements identified in musculoskeletal and skin must be performed and documented for all anatomic areas for comprehensive levels
Medical Decision Making 2 of 3 Number of Diagnoses Complexity of data review Risk of complications/morbidity/mortality	Straightforward Minimal Minimal or None Minimal		Straightforward * Minimal Minimal or None Minimal		Low Complexity** Limited Limited Low		Moderate Complexity Multiple Moderate Moderate	High Complexity Extensive Extensive High

Signature _____ Date _____

*99232 the medical decision is moderate complexity
**99233 the medical decision is high complexity