

EVALUATION AND MANAGEMENT NEW PATIENT OFFICE PROGRESS NOTE

Client Name: _____ Date of Service: _____ Provider Name: _____
 Time In: _____ am/pm Time Out: _____ am/pm Total Time Spent (minutes): _____
 Level of Service: 99202 _____ 99203 _____ 99204 _____ 99205 _____
 COUNSELING/COORDINATION >50% of time (explain) _____

CHIEF COMPLAINT:

TABULATION OF MEDICAL DECISION-MAKING ELEMENTS-Highest 2 out of 3 for Overall MDM					
# of Diagnoses or Management Options	Points	Amount and Complexity of Data	Points	Risk Factors of Presenting Problems	Number of Management Options
Self-limiting	1	Review and/or order lab data	1	<ul style="list-style-type: none"> One self-limited or minor problem, e.g., dysthymia well-managed 	Rest Minimal Risk
Established problem to examining provider-stable or improved	1	Review and/or order radiology tests	1	<ul style="list-style-type: none"> Two or more self-limited or minor problems; One stable chronic illness; Acute uncomplicated illness 	OTC Meds Low Risk
Established problem to examining provider-worsening	2	Review and/or order tests in the medical section of CPT	1	<ul style="list-style-type: none"> One or more chronic illnesses with mild exacerbation, progression, or side effects; Two or more stable chronic illnesses; Undiagnosed new problem with uncertain prognosis; Acute illness with systemic symptoms 	Prescription RX Moderate Risk
New problem to examining provider-no additional workup or diagnostic procedures ordered (Max 2)	3	Discussion of test results with performing provider	1	<ul style="list-style-type: none"> One or more chronic illnesses with severe exacerbation, progression, or side effects; Acute or chronic illnesses that pose a threat to life or bodily function 	RX requiring intensive management High Risk
New problem to examining provider-additional workup planned	4	Review and summarization of old records and/or obtaining history from someone other than the patient	1		
		Review and summarization of old records and/or obtaining history from someone other than the patient and/or discussion of case with another provider	2		
		Independent visualization of image tracing, or specimen itself (not simply review report)	2		
Straightforward	<1	Straightforward	<1	Straightforward	Minimal
Low complexity	2	Low Complexity	2	Low complexity	Low
Moderate complexity	3	Moderate Complexity	3	Moderate complexity	Moderate
High complexity	4	High Complexity	4	High complexity	High

NOTES:

HPI Location, quality, severity, duration, timing, context, modifying factors, associated signs and symptoms OR status of 3 or more chronic diseases.

ELEMENTS DOCUMENTED: 992 02-PROBLEM FOCUSED=1-3 99203-EXPANDED PROBLEM FOCUSED=1-3
 99204-DETAILED=4 Or >3 Chronic Conditions 99205 COMPREHENSIVE=4 HPI Or >3 Chronic Conditions

ROS Normal Limits NOTE

Const	<input type="checkbox"/>	<input type="checkbox"/>
Musculo	<input type="checkbox"/>	<input type="checkbox"/>
Psych	<input type="checkbox"/>	<input type="checkbox"/>
CV	<input type="checkbox"/>	<input type="checkbox"/>
Resp	<input type="checkbox"/>	<input type="checkbox"/>
GI	<input type="checkbox"/>	<input type="checkbox"/>
Skin/Breasts	<input type="checkbox"/>	<input type="checkbox"/>
Neuro	<input type="checkbox"/>	<input type="checkbox"/>
Genitourinary	<input type="checkbox"/>	<input type="checkbox"/>
ENT/Mouth	<input type="checkbox"/>	<input type="checkbox"/>
Endocrine	<input type="checkbox"/>	<input type="checkbox"/>
Hem/Lymph	<input type="checkbox"/>	<input type="checkbox"/>
Allerg/Immun	<input type="checkbox"/>	<input type="checkbox"/>
Eyes	<input type="checkbox"/>	<input type="checkbox"/>

99202-PROBLEM FOCUSED=NONE 99203-EXPANDED PROBLEM FOCUSED=1 SYSTEM
 99204-DETAILED=2-9 SYSTEMS 99205-COMPREHENSIVE=>10 SYSTEMS

PFSH New Patient=Documentation of at least 1 item from each area regardless of level of visit

Past
Family
Social

99202-PROBLEM FOCUSED=3/3 99203-EXPANDED PROBLEM FOCUSED=3/3
 99204-DETAILED=3/3 99205-COMPREHENSIVE=3/3

EXAM-Single System 2 BULLETS NL See Note EXAM -Single System 2 BULLETS NL See Note

<ul style="list-style-type: none"> • 3 out of 7 Constitutional <input type="checkbox"/> <input type="checkbox"/> 	<input type="checkbox"/>	<input type="checkbox"/>	Musculoskeletal <input type="checkbox"/> <input type="checkbox"/>
Blood Pressure:			<ul style="list-style-type: none"> • Gait and station <input type="checkbox"/> <input type="checkbox"/>
Pulse:			<ul style="list-style-type: none"> • Muscle strength or tone, atrophy, abnormal movements (e.g. flaccid, cog wheel) <input type="checkbox"/> <input type="checkbox"/>
Temperature:			
Respiration:			
Height:			Note:
Weight:			
<ul style="list-style-type: none"> • General appearance of patient <input type="checkbox"/> <input type="checkbox"/> (e.g. development, nutrition, body habits, deformities, <input type="checkbox"/> Well Groomed <input type="checkbox"/> Disheveled <input type="checkbox"/> Bizarre <input type="checkbox"/> Inappropriate			
Note:			

PSYCHIATRIC SINGLE SYSTEM EXAM-11 bullets	
Attitude: <input type="checkbox"/> Cooperative <input type="checkbox"/> Guarded <input type="checkbox"/> Suspicious <input type="checkbox"/> Uncooperative	
• Speech: <input type="checkbox"/> Normal <input type="checkbox"/> Delayed <input type="checkbox"/> Excessive <input type="checkbox"/> Pressured <input type="checkbox"/> Articulation clear <input type="checkbox"/> Soft <input type="checkbox"/> Loud <input type="checkbox"/> Perseverating <input type="checkbox"/> Spontaneous <input type="checkbox"/> Paucity	
• Thought Process: <input type="checkbox"/> Intact <input type="checkbox"/> Circumstantial <input type="checkbox"/> LOA <input type="checkbox"/> Flight of Ideas <input type="checkbox"/> Illogica <input type="checkbox"/> Logical/Coherent <input type="checkbox"/> Abstract reasoning <input type="checkbox"/> Computations	
• Associations <input type="checkbox"/> Tangential <input type="checkbox"/> Loose <input type="checkbox"/> Intact <input type="checkbox"/> Tangential <input type="checkbox"/> Tangential	
• Thought Content: <input type="checkbox"/> Delusions <input type="checkbox"/> Phobias <input type="checkbox"/> Poverty of Content <input type="checkbox"/> Obsessions <input type="checkbox"/> Compulsions <input type="checkbox"/> Paranoid Ideation <input type="checkbox"/> Ideas of Reference <input type="checkbox"/> Preoccupation with violence; <input type="checkbox"/> Homicidal ideation <input type="checkbox"/> Suicidal ideation	
• Judgment: <input type="checkbox"/> Intact <input type="checkbox"/> Impaired: <input type="checkbox"/> Minimal <input type="checkbox"/> Moderate <input type="checkbox"/> Severe Insight: <input type="checkbox"/> Intact <input type="checkbox"/> Impaired: <input type="checkbox"/> Minimal <input type="checkbox"/> Moderate <input type="checkbox"/> Severe	
Complete mental status examination including	
• Orientation: <input type="checkbox"/> Fully Orientated <input type="checkbox"/> Disorientated: <input type="checkbox"/> Time <input type="checkbox"/> Person <input type="checkbox"/> Place	
• Memory: Recent = <input type="checkbox"/> Intact <input type="checkbox"/> Impaired: <input type="checkbox"/> Minimal <input type="checkbox"/> Moderate <input type="checkbox"/> Severe Remote= <input type="checkbox"/> Intact <input type="checkbox"/> Impaired: <input type="checkbox"/> Minimal <input type="checkbox"/> Moderate <input type="checkbox"/> Severe	
• Attention span and concentration	
• Language (naming objects, repeating phrases)	
• Fund of knowledge (awareness of current events, past history, vocabulary)	
• Mood: <input type="checkbox"/> Euthymic <input type="checkbox"/> Depressed <input type="checkbox"/> Anxious <input type="checkbox"/> Euphoric <input type="checkbox"/> agitation Affect: <input type="checkbox"/> Appropriate <input type="checkbox"/> Labile <input type="checkbox"/> Blunted <input type="checkbox"/> Flat <input type="checkbox"/> Expansive <input type="checkbox"/> Constricted	
LEVEL OF EXAM	CONTENT AND DOCUMENTATION REQUIREMENTS
99202-Problem Focused	One to five elements identified by a bullet
99203-Expanded Problem Focused	At least six elements identified by a bullet
99204-Detailed	At least nine elements identified by a bullet
99205-Comprehensive	Perform ALL elements identified by a bullet; document every Element in Psychiatric and Constitutional Exam and at least one element in Musculoskeletal

DESCRIPTION OF SESSION (must include effects of meds, modifications, psychosocial issues and HPI if applicable):	
Service Provided: <input type="checkbox"/> Individual <input type="checkbox"/> Family/Couple <input type="checkbox"/> Group	
Treatment Implemented: <input type="checkbox"/> Cognitive Behavioral <input type="checkbox"/> Supportive <input type="checkbox"/> Insight Oriented <input type="checkbox"/> Pharmacological	
<input type="checkbox"/> Lab work ordered, Rationale: _____	
Does AIMS test need to be completed? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A _____	
Substance Abuse: _____	
Records/Progress Notes Reviewed/Collateral Contacts: _____	
Medications (Dosage, S/E): _____	
ASSESSMENT (Response to treatment)	
REMINDEES: Is the medication sheet updated after each visit? <input type="checkbox"/> Yes <input type="checkbox"/> No If you prescribed medication, did the patient sign an informed consent? <input type="checkbox"/> Yes <input type="checkbox"/> No Does patient/family understand the treatment plan? <input type="checkbox"/> Yes <input type="checkbox"/> No Was patient referred for preventive/ancillary services? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Diagnosis Imp. _____ / _____ / _____ / _____	
MDM Plan, Estimated Discharge Date and Next Appointment: _____	
Signature _____	Date of Signature: _____