Encounter Form

Patient Name: ___________________________ Date: ___________________________

Hospital: ☐ ULH  ☐ Norton  ☐ Jewish  ☐ Other:
MR #: ☐ Admission H&P  ☐ Consult, Referring MD: ___________________________

History  ☐ History was unobtainable because of altered mental status:

Chief Complaint:

History of Present Illness (4 elements):

Location
Quality
Duration
Timing
Context
Severity ☐ mild ☐ moderate ☐ severe
Modifying Factors ☐ None
Associated signs/symptoms ☐ None

Trauma Patients
Intoxicated ☐ No ☐ Yes
Restrained ☐ No ☐ Yes
Driver ☐ No ☐ Yes
Ejected ☐ No ☐ Yes
LOC ☐ No ☐ Yes

Social History: Tobacco use: ☐ No ☐ Yes Packs per day: ☐ Single ☐ Married ☐ Divorced ☐ Widowed
Alcohol use: ☐ No ☐ Yes Drinks per day:
Other (Employment, Recreational drug use, etc.):

Significant Family History: ☐ No ☐ Yes Describe:

Medications: ☐ None

Allergies: ☐ NKDA

ROS (Must check at least 2 normal or abnormal then designate all other systems negative)

☐ Normal ☐ Abnormal Constitutional
☐ Normal ☐ Abnormal GI
☐ Normal ☐ Abnormal Heart
☐ Normal ☐ Abnormal Lung
☐ Normal ☐ Abnormal Skin
☐ Normal ☐ Abnormal Musculoskeletal
☐ Normal ☐ Abnormal Eyes
☐ Normal ☐ Abnormal Head/Neck
☐ Normal ☐ Abnormal GU
☐ Normal ☐ Abnormal Hematology/lymphatic
☐ Normal ☐ Abnormal Neurological
☐ Normal ☐ Abnormal Psychiatric
☐ Normal ☐ Abnormal Reproductive
☐ ALL OTHER SYSTEMS BESIDES THOSE CHECKED NORMAL

1
PHYSICAL EXAM (Check at least 2 elements from at least 9 systems for comprehensive; at least 12 total bullet points for detailed)

1. Constitutional
   - Vital Signs (at least 3)
     - T:                        P:                       R:                    BP:                        Height:                               Weight:
     - Normal   Abnormal
   - General Appearance

2. Eyes:
   - Normal   Abnormal
   - Inspection of conjunctiva and lids
   - Normal   Abnormal
   - Examination of pupils and irises (e.g. reaction to light and accommodation)
   - Normal   Abnormal
   - Ophthalmoscopic examination

3. Ears, Nose, Mouth & Throat
   - Normal   Abnormal
   - External inspection of ears and nose
   - Normal   Abnormal
   - Inspection of lips, teeth and gums
   - Normal   Abnormal
   - Assessment of hearing
   - Normal   Abnormal
   - Inspection of nasal mucosa, septum, turbinates
   - Normal   Abnormal
   - Examination of oropharynx: oral mucosa, salivary glands, palates, tongue, tonsils, posterior pharynx
   - Normal   Abnormal
   - Otoscopic exam

4. Neck
   - Normal   Abnormal
   - Examination of neck (e.g. masses, symmetry, tracheal position)
   - Normal   Abnormal
   - Examination of thyroid

5. Respiratory
   - Normal   Abnormal
   - Respiratory effort
   - Normal   Abnormal
   - Palpation of chest (e.g. tactile fremitus)
   - Normal   Abnormal
   - Percussion of chest (e.g., dullness, hyperresonance)
   - Normal   Abnormal
   - Auscultation of lungs

6. Cardiovascular
   - Normal   Abnormal
   - Palpation of heart (e.g. location, size, thrills)
   - Normal   Abnormal
   - Extremities for edema and/or varicosities
   - Normal   Abnormal
   - Auscultation of Heart (abnormal sounds or murmurs)
   - Normal   Abnormal
   - Abdominal aorta (e.g. size, palpable mass, bruits)
   - Normal   Abnormal
   - Carotid arteries (e.g. pulse amplitude, bruits)
   - Normal   Abnormal
   - Femoral arteries (e.g. pulse amplitude, bruits)
   - Normal   Abnormal
   - Pedal pulses

7. Gastrointestinal
   - Normal   Abnormal
   - Examination of abdomen for masses, tenderness
   - Normal   Abnormal
   - Examination of liver and spleen
   - Normal   Abnormal
   - Examination for hernias
   - Normal   Abnormal
   - Examination of anus, rectum
   - Normal   Abnormal
   - Stool sample for hemoccult

8. Skin
   - Normal   Abnormal
   - Inspection of skin and SQ tissue
   - Normal   Abnormal
   - Palpation of skin and SQ tissue

9. Lymphatic (palpation of lymph nodes in 2 or more areas)
   - Normal   Abnormal
   - Neck
   - Normal   Abnormal
   - Axillae
   - Normal   Abnormal
   - Groin
   - Normal   Abnormal
   - Epitrochlear
   - Normal   Abnormal
   - Popliteal

10. Chest (Breasts)
    - Normal   Abnormal
    - Inspection of breasts (e.g. symmetry, nipple discharge)
    - Normal   Abnormal
    - Palpation of breasts and axillae (e.g. masses, tenderness)

11. Psychiatric
    - Normal   Abnormal
    - Mood and affect (e.g. depression, anxiety, agitation)
    - Normal   Abnormal
    - Orientation to time, place and person
    - Normal   Abnormal
    - Recent and remote memory
    - Normal   Abnormal
    - Description of judgement and insight

12. Neurologic
    - Normal   Abnormal
    - Examination of sensation (e.g. by touch, pin, vibration)
    - Normal   Abnormal
    - Examination of deep tendon reflexes
    - Normal   Abnormal
    - Cranial nerve testing

13. Musculoskeletal
    - Normal   Abnormal
    - Examination of gait and station
    - Normal   Abnormal
    - Inspection and/or palpation of digits and nails (e.g., clubbing, cyanosis)
    - Examination of joints, bones and muscles of one or more of the following 6 areas (check all that apply)
      - Head/neck
      - Spine, ribs and pelvis
      - Right upper extremity
      - Left upper extremity
      - Right lower extremity
      - Left lower extremity
    - Normal   Abnormal
    - Inspection and/or palpation for alignment, symmetry, crepitation, defects, tenderness, masses, effusions
    - Normal   Abnormal
    - Assessment of range of motion with notation of any pain, crepitation or contracture
    - Normal   Abnormal
    - Assessment of stability with notation of any dislocation, subluxation or laxity
    - Normal   Abnormal
    - Assessment of muscle strength and tone
14. GU (Male)
   - Normal
   - Abnormal
   Exam of scrotal contents (e.g. testicular mass, hydrocele)
   Exam of the penis
   Exam of the abdomen
   Digital rectal exam of prostate

15. GU (Female)
   - Normal
   - Abnormal
   Pelvic examination including:
   Exam of the external genitalia and vagina
   Exam of the urethra
   Exam of the bladder
   Cervix
   Uterus
   Adnexa/Parametria

Assessment:

Plan:

Attending Attestation
- I saw and evaluated the patient within 24 hours of admission/consult. Discussed with the resident. Agree with the findings and plan as outlined in the resident’s note.

Signature__________________________________________       Date____________________________

Billing Based on Time
If the physician documents total time spent face to face, or on the unit/floor with the patient and suggests that counseling and/or coordinating care occupies more than 50% of the encounter time, time may determine level of service.

- Total Time Spent Face to Face with Patient and on the unit/floor counseling and coordinating care: _______ min
- More than 50% of the total time was spent counseling and coordinating care
- Total Critical Care Time Spent ____________ min

Describe Nature and Content of Counseling and Coordinating Care:
**Medical Decision Making**

### A. Number of Diagnoses of Treatment Options

(Use table as a guide, understanding that the table does not contain all specific instances of medical care. The overall measure of risk is the highest level that applies in any category.)

<table>
<thead>
<tr>
<th>Level of Risk</th>
<th>Presenting Problem(s)</th>
<th>Diagnoses Procedures ordered</th>
<th>Management Options Selected</th>
<th>Points (circle)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Minimal</td>
<td>One self-limited or minor problem (e.g. cold, insect bite, tinea corporis)</td>
<td>Blood tests, CXR, EKG, UA, US, KOH Prep</td>
<td>Rest, gargles, superficial dressings, elastic bandages</td>
<td>1</td>
</tr>
<tr>
<td>Low</td>
<td>Two or more self-limited or minor problems, One stable chronic illness, Acute uncomplicated illness (e.g. cystitis, simple sprain)</td>
<td>Contrast imaging studies (CT, barium enema, UGI), Superficial needle biopsy (e.g. FNA), Skin biopsy</td>
<td>Minor surgery with no identified risk factors, OTC drugs, PT, OT, IV fluids</td>
<td>2</td>
</tr>
<tr>
<td>Moderate</td>
<td>Undiagnosed new problem with uncertain prognosis (e.g. lump in breast, abdominal pain), Acute complicated injury (e.g. head injury with brief loss of consciousness), One or more chronic illnesses with mild exacerbation, progression, or side effects of treatment, Two or more stable chronic illnesses, Acute illness with systemic symptoms (e.g. pyleonephritis, pneumonia, colitis)</td>
<td>Diagnostic endoscopy with no identified risk factors, Deep needle or incisional biopsy, Arteriogram or cardiac cath, Obtain fluid from body cavity (e.g. thoracentesis)</td>
<td>Minor surgery with identified risk factors, Elective major surgery with no identified risk factors, Prescription drugs, IV fluids with additives, IV Antibiotics</td>
<td>3</td>
</tr>
<tr>
<td>High</td>
<td>Acute or chronic illnesses or injuries that may pose a threat to life or bodily function (e.g. cancer, multiple trauma, PE, organ failure, jaundice, MI), One or more chronic illnesses with severe exacerbation, progression or side effects of treatment, An abrupt change in neurologic status (e.g. severe CHI)</td>
<td>Diagnostic endoscopies with identified risk factors, Therapeutic endoscopy, Cardiac cath</td>
<td>Elective major surgery with identified risk factors, Emergency major surgery, IV or IM Narcotics/controlled substances, Drug therapy requiring toxicity monitoring, DNR order</td>
<td>4</td>
</tr>
</tbody>
</table>

### B. Risk of Complications and/or Morbidity or Mortality

(Use table as a guide, understanding that the table does not contain all specific instances of medical care. The overall measure of risk is the highest level that applies in any category.)

- Self-limited or minor (stable, improved or worsening)
- Established problem (to examining physician); stable, improved
- Established problem (to examining physician); worsening
- New problem (to examining physician); no additional workup planned
- New problem (to examining physician); additional workup planned

**Points**

- 1
- 2
- 3
- 4

**Total**

### C. Amount and/or Complexity of Data to be Reviewed

- Reviewed results or ordered clinical lab tests (see orders)
- Reviewed reports and/or ordered Xray tests (see orders)
- Reviewed reports and/or ordered Medical Tests such as EKG, echo, PFTs, endoscopy, noninvasive vascular studies, cardiac cath
- Discussion of test results with performing physician
- Decision to obtain old records and/or obtain history from someone other than patient
- Reviewed and summarized old records and/or obtained history from someone other than patient

- Independent visualization of images, Xray test, tracing or specimen (not simply reviewing report)

**Points**

- 1
- 1
- 1
- 1
- 2
- 2

**Point Total:** 1 Straightforward, 2 Low, 3 Moderate, 4 High

**Total**

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**Final Result for Medical Decision Making:** Circle the point scores from the three categories above, A, B, C.

The row with 2 equivalent point scores indicates the final complexity of medical decision making.

If no row contains 2 equivalent point scores, the middle score indicates the final medical decision making complexity, the middle score circled (or second one from the top) indicates the final complexity of decision making.

<table>
<thead>
<tr>
<th>Type of Decision Making</th>
<th>Points from: A. Number of Diagnoses or Treatment Options</th>
<th>Points from: B. Risk of Complications, Morbidity, Mortality</th>
<th>Points from: C. Amount and Complexity of Data</th>
</tr>
</thead>
<tbody>
<tr>
<td>Straightforward</td>
<td>1</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>Low Complexity</td>
<td>2</td>
<td>2</td>
<td>2</td>
</tr>
<tr>
<td>Moderate Complexity</td>
<td>3</td>
<td>3</td>
<td>3</td>
</tr>
<tr>
<td>High Complexity</td>
<td>4</td>
<td>4</td>
<td>4</td>
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</table>

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4
### Initial Inpatient H&P or Observation Level

(Requires 3 components in 1 column)

<table>
<thead>
<tr>
<th></th>
<th>I</th>
<th>II</th>
<th>III</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>History</strong></td>
<td>Detailed or</td>
<td>Comprehensive</td>
<td>Comprehensive</td>
</tr>
<tr>
<td></td>
<td>Comprehensive</td>
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<td></td>
</tr>
<tr>
<td><strong>Physical Exam</strong></td>
<td>Detailed or</td>
<td>Comprehensive</td>
<td>Comprehensive</td>
</tr>
<tr>
<td></td>
<td>Comprehensive</td>
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<td></td>
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<tr>
<td><strong>Decision Making</strong></td>
<td>Straightforward or</td>
<td>Moderate Complexity</td>
<td>High Complexity</td>
</tr>
<tr>
<td></td>
<td>Low Complexity</td>
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<table>
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<tr>
<th><strong>Inpatient H&amp;P Code</strong></th>
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<th>99223</th>
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<tbody>
<tr>
<td>Time (if billing based on time)</td>
<td>30 min</td>
<td>50 min</td>
<td>70 min</td>
</tr>
<tr>
<td>USA Charge</td>
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<td>387</td>
<td>540</td>
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<tr>
<td>Medicare Allowable</td>
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<td>103.44</td>
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<th>99219</th>
<th>99220</th>
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<tbody>
<tr>
<td>Time (N/A for Observation)</td>
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<td>Typical Charge</td>
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<td>375</td>
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<td>144.41</td>
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</table>

### Inpatient Consult Level

(Requires 3 components in one column)

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<th>I</th>
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<th>IV</th>
<th>V</th>
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<tbody>
<tr>
<td><strong>History</strong></td>
<td>Problem Focused</td>
<td>Expanded</td>
<td>Expanded Problem</td>
<td>Detailed or</td>
<td>Comprehensive</td>
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<td></td>
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<td>Problem Focused</td>
<td>Focused or Detailed</td>
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<tr>
<td><strong>Physical Exam</strong></td>
<td>Problem Focused</td>
<td>Expanded Problem</td>
<td>Detailed or</td>
<td>Detailed or</td>
<td>Comprehensive</td>
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<tr>
<td></td>
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<td>Problem Focused</td>
<td>Expanded Problem</td>
<td>Comprehensive</td>
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<tr>
<td><strong>Decision Making</strong></td>
<td>Straightforward</td>
<td>Straightforward or</td>
<td>Low or Moderate</td>
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<td></td>
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<td>Low</td>
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<tbody>
<tr>
<td>Time (if billing based on time)</td>
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<td>40 min</td>
<td>55 min</td>
<td>80 min</td>
<td>110 min</td>
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<td>Typical Charge</td>
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<td>250</td>
<td>325</td>
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### Critical Care

<table>
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<th>Typical Charge</th>
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<tbody>
<tr>
<td>99291 CRITICAL CARE FIRST 30-74 MINS</td>
<td>700</td>
<td>230.69</td>
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<tr>
<td>99292 CRITICAL CARE EACH ADDITIONAL 30 MINS</td>
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<td>CPT CODES</td>
<td>DESCRIPER</td>
<td>MEDICARE ALLOWABLE</td>
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<tr>
<td>99217</td>
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<tr>
<td>99221</td>
<td>INITIAL HOSPITAL VISIT (30 MINS)</td>
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<tr>
<td>99231</td>
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<td>99292</td>
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