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: Alcohol use: ❑ No ❑ Yes Drinks per day:
❑ Single ❑ Married ❑ Divorced ❑ Widowed
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**

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 ❑Abnorma 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)
❑Normal ❑Abnormal Examination of the penis
❑Normal ❑Abnormal Digital rectal exam of prostate

15. GU (Female)

❑Normal ❑Abnormal Pelvic examination including:
❑Normal ❑Abnormal Exam of external genitalia and vagina
❑Normal ❑Abnormal Exam of urethra
❑Normal ❑Abnormal Exam of the bladder
❑Normal ❑Abnormal Cervix
❑Normal ❑Abnormal Uterus
❑Normal ❑Abnormal 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 **(Need 4 points for comprehensive, 3 for detailed; can get additional points for each separate problem or treatment option mentioned in the record, except that the maximum for self-limited or minor = 2 and for New problem to examining physician no additional workup planned is 3, regardless of the number of diagnoses or treatment options)**

	Points
❑ Self-limited or minor (stable, improved or worsening)	1
❑ Established problem (to examining physician); stable, improved	1
❑ Established problem (to examining physician); worsening	2
❑ New problem (to examining physician); no additional workup planned	3
❑ New problem (to examining physician); additional workup planned	4
Total	_______

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.

Level of Risk	Presenting Problem(s)	Diagnostic Procedures ordered	Management Options Selected	Points (circle)
Minimal	• One self-limited or minor problem (e.g. cold, insect bite, tinea corporis)	Blood tests, CXR, EKG, UA, U/S, KOH Prep	Rest, gargles, superficial dressings, elastic bandages	**1**
Low	• Two or more self-limited or minor problems • One stable chronic illness • Acute uncomplicated illness (e.g. cystitis, simple sprain)	Contrast imaging studies (CT, barium enema, UGI) Superficial needle biopsy (eg, FNA,) Skin biopsy PFTs, ABG	• Minor surgery with no identified risk factors • OTC drugs, • PT, OT, • IV fluids	**2**
Moderate	• 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)	Diagnostic endoscopy with no identified risk factors Deep needle or incisional biopsy Arteriogram or cardiac cath Obtain fluid from body cavity (eg, thoracentesis)	• Minor surgery with identified risk factors • Elective major surgery with no identified risk factors • Prescription drugs • IV fluids with additives • IV Antibiotics	**3**
High	• 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)	Diagnostic endoscopies with identified risk factors Therapeutic endoscopy Cardiac cath	• Elective major surgery with identified risk factors • Emergency major surgery • IV or IM Narcotics/controlled substances • Drug therapy requiring toxicity monitoring • DNR order	**4**

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

	Points
❑ Reviewed results or ordered clinical lab tests (see orders)	1
❑ Reviewed reports and/or ordered Xray tests (see orders)	1
❑ Reviewed reports and/or ordered Medical Tests such as EKG, echo, PFTs, endoscopy, noninvasive vascular studies, cardiac cath	1
❑ Discussion of test results with performing physician	1
❑ Decision to obtain old records and/or obtain history from someone other than patient	1
❑ Reviewed and summarized old records and/or obtained history from someone other than patient and/or discussion of case with another health provider ________________________________	2
❑ Independent visualization of images, Xray test, tracing or specimen (not simply reviewing report)________________________	2
Point Total: 1 Straightforward, 2 Low , 3 Moderate, 4 High **Total**	_____

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.

Type of Decision Making	Points from: A. Number of Diagnoses or Treatment Options	Points from: B. Risk of Complications, Morbidity, Mortality	Points from: C. Amount and Complexity of Data
Straightforward	**1**	**1**	**1**
Low Complexity	**2**	**2**	**2**
Moderate Complexity	**3**	**3**	**3**
High Complexity	**4**	**4**	**4**

Initial Inpatient H&P or Observation Level (requires 3 components in 1 column)	**I**	**II**	**III**
History	**Detailed or Comprehensive**	**Comprehensive**	**Comprehensive**
Physical Exam	**Detailed or Comprehensive**	**Comprehensive**	**Comprehensive**
Decision Making	**Straightforward or Low Complexity**	**Moderate Complexity**	**High Complexity**
Inpatient H&P Code	**99221**	**99222**	**99223**
Time (if billing based on time)	30 min	50 min	70 min
USA Charge	223	387	540
Medicare Allowable	62.42	103.44	144.10
Observation care Code	**99218**	**99219**	**99220**
Time (N/A for Observation)			
Typical Charge	275	375	550
Medicare Allowable	61.80	102.82	144.41

Inpatient Consult Level (requires 3 components in one column)	**I**	**II**	**III**	**IV**	**V**
History	**Problem Focused**	**Expanded Problem Focused**	**Expanded Problem Focused or Detailed**	**Detailed or Comprehensive**	**Comprehensive**
Physical Exam	**Problem Focused**	**Expanded Problem Focused**	**Detailed or Expanded Problem Focused**	**Detailed or Comprehensive**	**Comprehensive**
Decision Making	**Straightforward**	**Straightforward or Low**	**Low or Moderate**	**Moderate**	**High**
Code	**99251**	**99252**	**99253**	**99254**	**99255**
Time (if billing based on time)	**20 min**	**40 min**	**55 min**	**80 min**	**110 min**
Typical Charge	**125**	**250**	**325**	**475**	**650**
Medicare Allowable	**32.87**	**66.04**	**90.32**	**129.89**	**179.08**

Critical Care

Code		**Typical Charge**	**Medicare Allowable**
99291	CRITICAL CARE FIRST 30-74 MINS	700	230.69
99292	CRITICAL CARE EACH ADDITIONAL 30 MINS	350	103.63

CPT CODES	DESCRIPTOR	MEDICARE ALLOWABLE
99217	OBSERVATION CARE DISCHARGE	64.58
99218	INITIAL OBSERVATION	61.80
99219	INITIAL OBSERVATION	102.82
99220	INITIAL OBSERVATION	144.41
99221	INITIAL HOSPITAL VISIT (30 MINS)	62.42
99222	INITIAL HOSPITAL VISIT (50 MINS)	103.44
99223	INITIAL HOSPITAL VISIT (70 MINS)	144.10
99231	FOLLOW UP VISIT (15 MINS)	31.21
99232	FOLLOW UP VISIT (25 MINS)	51.04
99233	FOLLOW UP VISIT (35 MINS)	72.59
99234	OBSERVATION ADMISSION & DISCHARGE SAME DAY	124.22
99235	OBSERVATION ADMISSION & DISCHARGE SAME DAY	163.95
99236	OBSERVATION ADMISSION & DISCHARGE SAME DAY	204.60
99238	HOSPITAL DISCHARGE DAY (30 MINS OR LESS)	64.57
99239	HOSPITAL DISCHARGE DAY (MORE THAN 30 MINS)	88.07
99251	CONSULTATION (20 MINS)	32.87
99252	CONSULTATION (40 MINS)	66.04
99253	CONSULTATION (55 MINS)	90.32
99254	CONSULTATION (80 MINS)	129.89
99255	CONSULTATION (110 MINS)	179.08
99281	ER VISIT	15.35
99282	ER VISIT	25.49
99283	ER VISIT	57.28
99284	ER VISIT	89.49
99285	ER VISIT	140.21
99291	CRITICAL CARE (FIRST 30-74 MINS)	230.69
99292	CRITICAL CARE (EACH ADDITIONAL 30 MINS)	103.63