

**SAMPLE WORKSHEET**

**EVALUATION AND MANAGEMENT GUIDELINES**

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| **TYPE OF HPI** |
| **Brief** | **1-3 elements** |
| **Extended** | **At least 4 elements or the status of at least 3 chronic or inactive conditions** |
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**Location, Quality, Severity, Duration, Timing, Context, Modifying Factors, Associated Signs/Symptoms**

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| **TYPE OF ROS** |
| **Problem-Pertinent** | **System directly related to the problem identified in the HPI** |
| **Extended** | **2-9 systems** |
| **Complete** | **>9 systems** |

**Constitutional, Eyes, ENT/Mouth, Cardiovascular, Respiratory, GI, GU, Musculoskeletal, Skin/Breasts, Neurologic, Psychiatric, Endocrine, Hematologic/Lymphatic, Allergic/Immunologic**

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| **TYPE OF PFSH** |
| **Pertinent** | **Review of 1 item from any of the 3 PFSH areas directly related to the problem identified in the HPI** |
| **Complete** | **Review of 2 or all 3 PFSH areas related to the problem identified in the HPI** |

**Past, Family, Social**

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| **TYPE OF HISTORY** | **CC** | **HPI** | **ROS** | **PFSH** |
| **Problem Focused** | **Required** | **Brief** | **N/A** |  |
| **Expanded Problem Focused** | **Required** | **Brief** | **Problem Pertinent** | **N/A** |
| **Detailed** | **Required** | **Extended** | **Extended** | **Pertinent** |
| **Comprehensive** | **Required** | **Extended** | **Complete** | **Complete** |

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| **TYPE OF PHYSICAL EXAM** |
| **Problem-Focused** | **1-5 bullets from 1 or more organ systems** |
| **Expanded Problem-Focused** | **At least 6 bullets from 1 or more organ systems** |
| **Detailed** | **At least 12 bullets from 1 or more organ systems** |
| **Comprehensive** | **At least 2 bullets from each of 9 organ systems** |

**Example: Musculoskeletal – EX of gait; INSP/PALP of digits and nailsll; EX head and neck; spine, ribs, pelvis; right upper extremity; left upper extremity; right lower extremity; left lower extremity. INSP/PALP noting misalignment, asymmetry, defects, tenderness, masses, effusions; ASSMT of stability, noting dislocation, subluxation, laxity; ASSMT of muscle strength/tone, noting atrophy or abnormal movement**

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| **TYPE OF DECISION MAKING** | **NUMBER OF DIAGNOSES OR MANAGEMENT OPTIONS** | **AMOUNT AND COMPLEXITY OF DATA TO BE REVIEWED** | **RISK OF SIGNIFICANT COMPLICATIONS, MORBIDITY AND/OR MORTALITY** |
| **Straightforward** | **Minimal** | **Minimal or None** | **Minimal** |
| **Low Complexity** | **Limited** | **Limited** | **Low** |
| **Moderate Complexity** | **Multiple** | **Moderate** | **Moderate** |
| **High Complexity** | **Extensive** | **Extensive** | **High** |

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| **LEVEL OF SERVICE** |
| **Level 1** | **problem-focused Hx, problem-focused PE, straightforward medical decision-making** |
| **Level 2** | **expanded problem-focused Hx, expanded problem-focused PE, straightforward medical decision-making** |
| **Level 3** | **detailed Hx, detailed PE, low complexity medical decision-making** |
| **Level 4** | **complete Hx, complete PE, moderate complexity medical decision-making** |
| **Level 5** | **complete Hx, complete PE, high complexity medical decision-making** |