

Documentation Guideline E/M Service			Patient	Date of Service / /	Auditor		
History (always include Chief Complaint) 3/3			Single System Specialty Examination (Perform and Document)		Complexity of Medical Decision (2/3 elements)		
History of Present Illness (HPI)	Review of Systems (ROS)	Past, Family, and/or Social History(PFSH)	<input type="checkbox"/> Constitutional • 3/7 vitals • General appearance		# of Dx or Tx options	Data Review	Risk of complications
			<input type="checkbox"/> Cardiovascular • Observation of peripheral vascular system				
<input type="checkbox"/> location <input type="checkbox"/> quality <input type="checkbox"/> severity <input type="checkbox"/> duration <input type="checkbox"/> timing <input type="checkbox"/> context <input type="checkbox"/> modifying factors <input type="checkbox"/> associated signs and symptoms	<input type="checkbox"/> Constitutional <input type="checkbox"/> Eyes <input type="checkbox"/> ENT <input type="checkbox"/> Cardiovascular <input type="checkbox"/> Respiratory <input type="checkbox"/> Gastrointestinal <input type="checkbox"/> Genitourinary <input type="checkbox"/> Musculoskeletal <input type="checkbox"/> Skin and/or breast <input type="checkbox"/> Neurological <input type="checkbox"/> Psychiatric <input type="checkbox"/> Endocrine <input type="checkbox"/> Hem/Lymphatic <input type="checkbox"/> Allergic/Immuno	<input type="checkbox"/> Medical illnesses, surgeries, injuries, medications, compliance treatments <input type="checkbox"/> Family Dx/risks <input type="checkbox"/> Social risk factors, ADLs, marital/work activities	<input type="checkbox"/> Lymphatic • Palpation of nodes in neck, axillae, groin, etc.		Observation OMT Rx Meds Δ Rx Meds Physical Therapy Exercise Instruction Injections Dx Testing Lab Counseling Lift/Ortho Referral to Specialist	Radiology Physical Therapy New Rx Imaging Specialist Lab results Previous Records Phone consults Gross motion Testing PCE IME	OMT Co-morbidities DJD HNP Post-op Chronic Illness Rx Meds Δ Rx Meds Rx/Side effect Δ in Current Problem Osteoporosis Pregnancy
			<input type="checkbox"/> Musculoskeletal • Gait and station Joint(s), bone(s) and muscles/tendon(s) of 4/6 areas • Inspection, percussion and/or palpation • Range of motion • Stability • Muscle strength and tone				
Body Areas (95) •Head, including face •Neck •Chest, Breast, Axillae			Organ Systems (97) •Constitutional •Eyes •ENT •Cardiovascular		Body Regions (CPT/ICD-9) •Head Region •Cervical Region •Thoracic Region •Lumbar Region		Sacral Region •Pelvic Region •Lower Ext Region •Upper Ext Region •Rib cage Region •Abdomen Region
			•Respiratory •Gastrointestinal •Genitourinary •Musculoskeletal •Skin •Neurological		•Psychiatric •Endocrine •Hematologic/Lymphatic/Immunologic		

Outpatient E & M					Consultation/New Patient (Requires 3 of 3 components)						
Code	History (3/3 elements)				Physical Exam			Medical Decision Making (2/3)		Time	
Consult	New	HPI	ROS	PFSH				#Dx	Data	Risk	
99241	99201	1-3	N/A	N/A	Affected body area/organ system. <1 complete body area/organ system			(1)	(1)	Minimal	15/10
99242	99202	1-3	1	N/A	Limited and symptomatic/related organ systems (2-4 areas/systems)			(1)	(1)	Minimal	30/20
99243	99203	4+	2-9	1/3	Extended Exam of 2+ body area/organ system (5-7 area/systems)			(2)	(2)	Low	40/30
99244	99204	4+	10-14	3/3	8+ body area/organ system or Complete single system			(3)	(3)	Moderate	60/45
99245	99205	4+	10-14	3/3	8+ body area/organ system or Complete single system			(4)	(4)	High	80/60
Outpatient E & M					Established Patient (Requires 2 of 3 components)						
99211	Provider Not Required				Provider Not Required			Provider Not Required		5	
99212	(1-3)	None	None		Problem Focused (<1 Region)			(0-1)	(0-1)	Min	10
99213	(1-3)	(1)	None		Expanded Problem Focused (2-4 Regions)			(2)	(2)	Low	15
99214	(4+)	(2-9)	(1 of 3)		Detailed (5-7 Regions)			(3)	(3)	Mod	25
99215	(4+)	(10+)	(2 of 3)		Comprehensive (8+ Regions, Complete)			(4)	(4)	High	40