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	• 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	• 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	• 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	• 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: 99202-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	NL	NOTE
Const	□	□
Musculo	□	□
Psych	□	□
CV	□	□
Resp	□	□
GI	□	□
Skin/Breasts	□	□
Neuro	□	□
Genitourinary	□	□
ENT/Mouth	□	□
Endocrine	□	□
Hem/Lymph	□	□
Allerg/Immun	□	□
Eyes	□	□

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

PFSH No Chng See Note

Past	□	□
Family	□	□
Social	□	□

99202-PROBLEM FOCUSED=NONE 99203-EXPANDED PROBLEM FOCUSED=NONE
99204-DETAILED=At Least 1 Item From 1 Category 99205-COMPREHENSIVE Specifics of at Least Two Items

EXAM-Single System 2 BULLETS	NL	See Note	EXAM –Single System 2 BULLETS NL		See Note
• **3 out of 7 Constitutional**	□	□	**Musculoskeletal**	□	□
Blood Pressure:			• Gait and station	□	□
Pulse:			• Muscle strength or tone, atrophy, abnormal movements (e.g. flaccid, cog wheel)	□	□
Temperature:					
Respiration:					
Height:			**Note:**		
Weight:					
• **General appearance of patient**	□	□			
(e.g. development, nutrition, body habits, deformities,					
□Well Groomed □ Disheveled □ Bizarre □ Inappropriate					
Note:					

PSYCHIATRIC SINGLE SYSTEM EXAM-11 bullets

Attitude: □ Cooperative □ Guarded □ Suspicious □ Uncooperative

- Speech: □ Normal □ Delayed □ Excessive □ Pressured □ Articulation clear □ Soft □ Loud □ Perseverating □ Spontaneous □ Paucity
- Thought Process: □ Intact □ Circumstantial □ LOA □ Flight of Ideas □ Illogica l□ Logical/Coherent □ Abstract reasoning □ Computations
- Associations □ Tangential □ Loose l□ Intact l□ Tangential□ Tangential
- Thought Content: □ Delusions □ Phobias □ Poverty of Content □ Obsessions □ Compulsions □ Paranoid Ideation □ Ideas of Reference □ Preoccupation with violence; □ Homicidal ideation □ Suicidal ideation
- Judgment: □ Intact □ Impaired: □ Minimal □ Moderate □ Severe
  Insight: □ Intact □ Impaired: □ Minimal □ Moderate □ Severe

Complete mental status examination including

- Orientation: □ Fully Orientated □ Disorientated: □ Time □ Person □ Place
- Memory: Recent = □ Intact □ Impaired: □ Minimal □ Moderate □ Severe
  Remote=□ Intact □ Impaired: □ Minimal □ Moderate □ Severe
- Attention span and concentration
- Language (naming objects, repeating phrases)
- Fund of knowledge (awareness of current events, past history, vocabulary
- Mood: □ Euthymic □ Depressed □ Anxious □ Euphoric □ agitation
  Affect: □ Appropriate □ Labile □ Blunted □ Flat □ Expansive □ 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: □ Individual □ Family/Couple □ Group
Treatment Implemented: □ Cognitive Behavioral □ Supportive □ Insight Oriented □ Pharmacological
□ Lab work ordered, Rationale: _____
Does AIMS test need to be completed? □Yes □ No □ N/A _____
Substance Abuse: _____
Records/Progress Notes Reviewed/Collateral Contacts: _____
Medications (Dosage, S/E): _____
ASSESSMENT (Response to treatment)

REMINDERS: Is the medication sheet updated after each visit? □ Yes □ No
If you prescribed medication, did the patient sign an informed consent? □ Yes □ No
Does patient/family understand the treatment plan? □ Yes □ No
Was patient referred for preventive/ancillary services? □ Yes □ No
Diagnosis Imp. _____ / _____ / _____/_____
MDM Plan, Estimated Discharge Date and Next Appointment:_____
Signature Date of Signature: