NOVITAS SOLUTIONS

Medicare Part B

A CMS CONTRACTOR

NOVITAS SOLUTIONS DOCUMENTATION WORKSHEET

Beneficiary HIC #

_____

Provider Number

_____

Date of Service

_____

Procedure Code Reported

_____

Check one: ❑ Agree ❑ Disagree

Documented Procedure Code Level

_____

Refer to data section (table below) in order to quantify. After referring to data, circle the entry farthest to the *RIGHT* in the table, which best describes the HPI, ROS and PFSH. If one column contains three circles, draw a line down that column to the bottom row to identify the type of history. If no column contains three circles, the column containing a circle farthest to the *LEFT*, identifies the type of history.

After completing this table which classifies the history, circle the type of history within the appropriate grid in Section 5.

HISTORY				
HPI: Status of chronic conditions: ❑ 1 condition ❑ 2 conditions ❑ 3 conditions **OR**		❑ Status of 1-2 chronic conditions		❑ Status of 3 chronic conditions
HPI (history of present illness) elements: ❑ Location ❑ Severity ❑ Timing ❑ Modifying factors ❑ Quality ❑ Duration ❑ Context ❑ Associated signs and symptoms		❑ Brief (1-3)		❑ Extended (4 or more)
ROS (review of systems): ❑ Constitutional (wt loss, etc) ❑ Ears,nose, mouth, throat ❑ GI ❑ GU ❑ Integumentary (skin, breast) ❑ Endo ❑ Hem/lymph ❑ Eyes ❑ Card/vasc ❑ Musculo ❑ Neuro ❑ All/immuno ❑ Resp ❑ Psych ❑ All others negative	❑ None	❑ Pertinent to problem (1 system)	❑ Extended (2-9 systems)	❑ *Complete
PFSH (past medical, family, social history) areas: ❑ Past history (the patient's past experiences with illnesses, operation, injuries and treatments) ❑ Family history (a review of medical events in the patient's family, including diseases which may be hereditary or place the patient at risk) ❑ Social history (an age appropriate review of past and current activities)		❑ None	❑ Pertinent (1 history area)	❑ **Complete (2 or 3 history areas)
	PROBLEM FOCUSED	**EXP.PROB. FOCUSED**	**DETAILED**	**COMPRE-HENSIVE**

***Complete ROS:** 10 or more systems or the pertinent positives and/or negatives of some systems with a statement "all others negative".

****Complete PFSH:** 2 history areas: a) Established Patients - Office (Outpatient) Care; b) Emergency Department.

3 history areas: a) New Patients - Office (Outpatient) Care, Domiciliary Care, Home Care; b) Initial Hospital Care; c) Initial Hospital Observation; d) Initial Nursing Facility Care.

NOTE: For certain categories of E/M services that include only an interval history, it is not necessary to record information about the PFSH. Please refer to procedure code descriptions.

2. Examination

Refer to data section (table below) in order to quantify. After referring to data, identify the type of examination.
Circle the type of examination within the appropriate grid in Section 5.

Limited to affected body area or organ system (one body area or system related to problem)	**PROBLEM FOCUSED EXAM**
Affected body area or organ system and other symptomatic or related organ system(s) (additional systems up to total of 7)	**EXPANDED PROBLEM FOCUSED EXAM**
Extended exam of affected area(s) and other symptomatic or related organ system(s) (additional systems up to total of 7 or more depth than above)	**DETAILED EXAM**
General multi-system exam (8 or more systems) or complete exam of a single organ system (complete single exam not defined in these instructions)	**COMPREHENSIVE EXAM**

EXAM				
Body areas: ❑ Head, including face ❑ Chest, including breasts and axillae ❑ Abdomen ❑ Neck ❑ Back, including spine ❑ Genitalia, groin, buttocks ❑ Each extremity **Organ systems:** ❑ Constitutional (e.g., vitals, gen app) ❑ Ears,nose, mouth, throat ❑ Resp ❑ GI ❑ Musculo ❑ Skin ❑ Neuro ❑ Psych ❑ Hem/lymph/imm ❑ Eyes ❑ Cardiovascular ❑ GU	❑ 1 body area or system	❑ Up to 7 systems	❑ Up to 7 systems	❑ 8 or more systems
	PROBLEM FOCUSED	**EXP.PROB. FOCUSED**	**DETAILED**	**COMPRE-HENSIVE**

3. Medical Decision Making

MEDICAL DECISION MAKING

Number of Diagnoses or Treatment Options

Identify each problem or treatment option mentioned in the record. Enter the number in each of the categories in Column B in the table below. (There are maximum number in two categories.)

Number of Diagnoses or Treatment Options				
A	B	X	C	= D
Problem(s) Status	**Number**		**Points**	**Result**
Self-limited or minor (stable, improved or worsening)	*Max = 2*		1	
Est. problem (to examiner); stable, improved			1	
Est. problem (to examiner); worsening			2	
New problem (to examiner); no additional workup planned	*Max = 1*		3	
New prob. (to examiner); add. workup planned			4	
			TOTAL	

Multiply the number in columns B & C and put the product in column D. Enter a total for column D.

Bring total to **line A** in Final Result for Complexity (table below)

Amount and/or Complexity of Data Reviewed

For each category of reviewed data identified, circle the number in the points column. Total the points.

Amount and/or Complexity of Data Reviewed	
Reviewed Data	**Points**
Review and/or order of clinical lab tests	1
Review and/or order of tests in the radiology section of CPT	1
Review and/or order of tests in the medicine section of CPT	1
Discussion of test results with performing physician	1
Decision to obtain old records and/or obtain history from someone other than patient	1
Review and summarization of old records and/or obtaining history from someone other than patient and/or discussion of case with another health care provider	2
Independent visualization of image, tracing or specimen itself (not simply review of report)	2
TOTAL	

Bring total to **line C** in Final Result for Complexity (table below)

Risk of Complications and/or Morbidity or Mortality

Use the risk table below as a guide to assign risk factors. It is understood that the table below does not contain all specific instances of medical care; the table is intended to be used as a guide. Circle the most appropriate factor(s) in each category. The overall measure of risk is the highest level circled. Enter the level of risk identified in Final Result for Complexity (table below).

Level of Risk	Presenting Problem(s)	Diagnostic Procedure(s) Ordered	Management Options Selected
Minimal	• One self-limited or minor problem, e.g., cold, insect bite, tinea corporis	• Laboratory tests requiring venipuncture • Chest x-rays • EKG/EEG • Urinalysis • Ultrasound, e.g., echo • KOH prep	• Rest • Gargles • Elastic bandages • Superficial dressings
Low	• Two or more self-limited or minor problems • One stable chronic illness, e.g., well controlled hypertension or non-insulin dependent diabetes, cataract, BPH • Acute uncomplicated illness or injury, e.g., cystitis, allergic rhinitis, simple sprain	• Physiologic tests not under stress, e.g.,pulmonary function tests • Non-cardiovascular imaging studies with contrast, e.g., barium enema • Superficial needle biopsies • Clincal laboratory tests requiring arterial puncture • Skin biopsies	• Over-the-counter drugs • Minor surgery with no identified risk factors • Physical therapy • Occupational therapy • IV fluids without additives
Moderate	• One or more chronic illnesses with mild exacerbation, progression, or side effects of treatment • Two or more stable chronic illnesses • Undiagnosed new problem with uncertain prognosis, e.g., lump in breast • Acute illness with systemic symptoms, e.g., pyelonephritis, pneumonitis, colitis • Acute complicated injury, e.g., head injury with brief loss of consciousness	• Physiologic tests under stress, e.g., cardiac stress test, fetal contraction stress test • Diagnostic endoscopies with no identified risk factors • Deep needle or incisional biopsy • Cardiovascular imaging studies with contrast and no identified risk factors, e.g., arteriogram cardiac cath • Obtain fluid from body cavity, e.g., lumbar puncture, thoracentesis, culdocentesis	• Minor surgery with identified risk factors • Elective major surgery (open, percutaneous or endoscopic) with no identified risk factors • Prescription drug management • Therapeutic nuclear medicine • IV fluids with addititives • Closed treatment of fracture or dislocation without manipulation
High	• One or more chronic illnesses with severe exacerbation, progression, or side effects of treatment • Acute or chronic illnesses or injuries that may pose a threat to life or bodily function, e.g., multiple trauma, acute MI, pulmonary embolus, severe respiratory distress, progressive severe rheumatoid arthritis, psychiatric illness with potential threat to self or others, peritonitis, acute renal failure • An abrupt change in neurologic status, e.g., seizure, TIA, weakness or sensory loss	• Cardiovascular imaging studies with contrast with identified risk factors • Cardiac electrophysiological tests • Diagnostic endoscopies with identified risk factors • Discography	• Elective major surgery (open, percutaneous or endoscopic with identified risk factors) • Emergency major surgery (open, percutaneous or endoscopic) • Parenteral controlled substances • Drug therapy requiring intensive monitoring for toxicity • Decision not to resuscitate or to de-escalate care because of poor prognosis

Final Result for Complexity

Draw a line down any column with 2 or 3 circles to identify the type of decision making in that column. Otherwise, draw a line down the column with the 2nd circle from the left. After completing this table, which classifies complexity, circle the type of decision making within the appropriate grid in Section 5.

Final Result for Complexity					
A	Number diagnoses or treatment options	≤ 1 Minimal	2 Limited	3 Multiple	≥ 4 Extensive
B	Highest Risk	Minimal	Low	Moderate	High
C	Amount and complexity of data	≤ 1 Minimal or low	2 Limited	3 Multiple	≥ 4 Extensive
Type of decision making		**STRAIGHT-FORWARD**	**LOW COMPLEX.**	**MODERATE COMPLEX.**	**HIGH COMPLEX.**

4. Time

If the physician documents total time *and* suggests that counseling or coordinating care dominates (more than 50%) the encounter, time may determine level of service. Documentation may refer to: prognosis, differential diagnosis, risks, benefits of treatment, instructions, compliance, risk reduction or discussion with another health care provider.

Does documentation reveal total time? Time: Face-to-face in outpatient setting / Unit/floor in inpatient setting	Yes	No
Does documentation describe the content of counseling or coordinating care?	Yes	No
Does documentation reveal that more than half of the time was counseling or coordinating care?	Yes	No

If all answers are "yes", select level based on time.

5. LEVEL OF SERVICE

New Office, Outpatient and Emergency Room

	New Office / Outpatient / ER					Established Office / Outpatient				
	Requires 3 components within shaded area					Requires 2 components within shaded area				
History	PF **ER:** PF	EPF **ER:** EPF	D **ER:** EPF	C **ER:** D	C **ER:** C	*Minimal problem that may not require presence of physician*	**PF**	**EPF**	**D**	**C**
Examination	PF **ER:** PF	EPF **ER:** EPF	D **ER:** EPF	C **ER:** D	C **ER:** C		**PF**	**EPF**	**D**	**C**
Complexity of medical decision	SF **ER:** SF	SF **ER:** L	L **ER:** M	M **ER:** M	H **ER:** H		**SF**	**L**	**M**	**H**
Average time (minutes) ER has no average time	10 New (99201) ER (99281)	20 New (99202) ER (99282)	30 New (99203) ER (99283)	45 New (99204) ER (99284)	60 New (99205) ER (99285)	5 (99211)	10 (99212)	15 (99213)	25 (99214)	40 (99215)
Level	**I**	**II**	**III**	**IV**	**V**	**I**	**II**	**III**	**IV**	**V**

Hospital Care

	Initial Hospital/Observation			Subsequent Hospital/Observation		
	Requires 3 components within shaded area			Requires 2 components within shaded area		
History	D/C	C	C	PF interval	EPF interval	D interval
Examination	D/C	C	C	PF	EPF	D
Complexity of medical decision	SF/L	M	H	SF/L	M	H
Average time (minutes)	30 Init hosp (99221) 30 Init observ Care (99218)	50 Init hosp (99222) 50 Init observ Care (99219)	70 Init hosp (99223) 70 Init observ Care (99220)	15 Sub hosp (99231) 15 Sub observ care (99224)	25 Sub hosp (99232) 25 Sub observ care (99225)	35 Sub hosp (99233) 35 Sub observ care (99226)
Level	**I**	**II**	**III**	**I**	**II**	**III**

Nursing Facility Care

	Initial Nursing Facility			Subsequent Nursing Facility				Other Nursing Facility (Annual Assessment)
	Requires 3 components within shaded area			Requires 2 components within shaded area				Requires 3 components within shaded area
History	D/C	C	C	PF interval	EPF interval	D interval	C interval	D interval
Examination	D/C	C	C	PF	EPF	D	C	C
Complexity of medical decision	SF/L	M	H	SF	L	M	H	L/M
Average time (minutes)	25 99304	35 99305	45 99306	10 99307	15 99308	25 99309	35 99310	30 99318
Level	**I**	**II**	**III**	**I**	**II**	**III**	**IV**	

Domiciliary, Rest Home (eg, Boarding Home), or Custodial Care Services and Home Care

	Requires 3 components within shaded area					Requires 2 components within shaded area			
History	PF	EPF	D	C	C	PF interval	EPF interval	D interval	C interval
Examination	PF	EPF	D	C	C	PF	EPF	D	C
Complexity of medical decision	SF	L	M	M	H	SF	L	M	M/H
Average time (minutes)	20 Domiciliary (99324) Home care (99341)	30 Domiciliary (99325) Home care (99342)	45 Domiciliary (99326) Home care (99343)	60 Domiciliary (99327) Home care (99344)	75 Domiciliary (99328) Home care (99345)	15 Domiciliary (99334) Home care (99347)	25 Domiciliary (99335) Home care (99348)	40 Domiciliary (99336) Home care (99349)	60 Domiciliary (99337) Home care (99350)
Level	**I**	**II**	**III**	**IV**	**V**	**I**	**II**	**III**	**IV**

PF = Problem focused EPF = Expanded problem focused D = Detailed C = Comprehensive SF = Straightforward L = Low M = Moderate H = High