Presenting Problem is:

<table>
<thead>
<tr>
<th>EM Level</th>
<th>Nature of Presenting Problem</th>
<th>HPI</th>
<th>ROS</th>
<th>PFSH</th>
<th>Exam</th>
</tr>
</thead>
<tbody>
<tr>
<td>99283</td>
<td>Moderate</td>
<td>1</td>
<td>1</td>
<td>0</td>
<td>2</td>
</tr>
<tr>
<td>99284</td>
<td>High</td>
<td>4</td>
<td>2</td>
<td>1</td>
<td>5</td>
</tr>
<tr>
<td>99285</td>
<td>High</td>
<td>4</td>
<td>10</td>
<td>2</td>
<td>8</td>
</tr>
<tr>
<td>99291</td>
<td>Critical</td>
<td>---</td>
<td>---</td>
<td>---</td>
<td>---</td>
</tr>
</tbody>
</table>

†CPT – Within constraints imposed by the urgency of the patient’s condition/mental status.

Medicare 99285 Caveat – “If the physician is unable to obtain a history from the patient or other source, the record should describe the patient’s condition or other circumstance that precluded obtaining the history.”

HPI Elements (>4)

- HPI must be performed and documented by practitioner.
- **Location:** chest, lower abdomen, generalized
- **Quality:** sharp, dull, aching, pressure
- **Duration:** one hour, two days, seconds
- **Modifying Factors:** better when sitting up, worse with activity, unchanged with medications
- **Severity:** mild, moderate, severe
- **Timing:** sudden onset, gradual onset, constant, intermittent
- **Context:** lifted large object at work; fell while mountain biking
- **Associated Signs/Symptoms:** cough, SOB, nausea, loss of appetite; no additional signs and symptoms

Review of Systems (≥10)

Const-Eyes-ENMT-CV-Resp-Gl-GU-MS-Integ-Neu-Psych-Endocrine-Hemat/Lymphatic-Allerg/Immun

- Document Pertinent Positive and Negative Systems
- “All Other Systems Reviewed and Negative” is acceptable in lieu of listing each system
Past Medical, Family, Social History (≥2)

99285 requires 2 of the 3 (e.g., past medical and social history).

**Past Medical HX** – meds, surgeries, illnesses, injuries, treatments, immunizations, allergies

**Family HX** – medical events in patient’s family

**Social HX** – use of drugs, alcohol, tobacco, occupation, living situation

- Note – “None,” “Non-contributory,” or “Negative” are not sufficient

Examination (≥8)

**Const-Eyes-ENMT-CV-Resp-GI-GU-MS-Skin-Neuro-Psych-Hemat/Lymphatic/Immun**

- Document abnormalities of affected area
- “Abnormal” without elaboration is not sufficient
- Document normalities with “Negative” or “Normal”

Critical Care

Direct delivery by a physician of medical care for critically ill/injured patient. Requires:

1) **Condition** – “there is a high probability of imminent or life-threatening deterioration in the patient’s condition”

2) **Intervention** – “high complexity decision making to assess, manipulate and support vital system function or to treat single or multiple vital organ systems”

3) **Time** – “total duration of time spent by a physician, even if the time spent by the physician on that date is not continuous”

Time = immediate bedside or elsewhere on the floor/unit, documenting in the patient chart, reviewing test results, reviewing imaging studies, discussing with other medical staff, obtaining history from family or other and/or discussing treatment provided the discussion bears on management of the patient.

- Minimum Aggregate Time for Critical Care 99291 = 30 minutes – 74 minutes
- Critical Care 99292 = each additional 30 minutes (i.e., 75 – 104 minutes, 105 – 134 minutes, etc.)
- Document “Critical care ___ minutes exclusive of time spent performing billable procedures.”

Documentation Requirements for EKG & Cardiac Monitor

EKG: rate and/or rhythm plus one additional element (e.g., “normal sinus rhythm, no access deviation, no acute changes”)

Monitor: rate and/or rhythm plus one additional element (e.g., “NSR, no ectopy”)