Evaluation and Management Progress Note—Based on the Elements

Client Name:_____ PSP#:_____ Date:_____

EM Code:_____ Face-to-Face EM Time:_____ Total Time:_____

EM Code Psychotherapy Add-on:_____ Face-to-Face Therapy Time:_____

EM Code Interactivity Complexity Add-on (only with Psychotherapy add-on):_____

Two of three criteria for: (I-III) History, Exam and/or Medical Decision Making must be met. **Score the key.**

1. HISTORY:

Hx of Present Illness (HPI): Past Medical, Family & Social Hx (PFSH), and Review of Systems (ROS)

*Three must be completed: HPI **or** Status of Chronic Conditions, PFSH; and ROS must be completed.*

Chief Complaint/Reason for Encounter (Required):

A. HPI. History of Present Illness:

Elements: Location, Quality, Severity, Duration, Timing, Context, Modifying Factors, & Associated Signs and Symptoms. If unable to gather from client or others, indicate and describe condition preventing collection.

One – three elements = Brief; Four or more elements = Extended.

OR Status of Chronic Conditions:

One – two conditions = Brief; Three or more conditions = Extended.

Describe HPI and/or Status of Chronic Conditions:

B. PFSH. Past Medical History, Family History & Social History (MAY BE COLLECTED BY STAFF OR FROM CLIENT INFORMATION FORM IF REIVEWED—INDICATE SO—BY PRESCRIBER):

Elements Completed: One element = Pertinent; Two elements for Established (Three for New Client) Client = Complete .

Past Medical History: ___Check if no change and see note dated ___/___/___ for detail.

Diagnoses: Medications:

Surgeries: Allergies:

Family History: ___Check if no change and see note dated ___/___/___ for detail.

Social History: ___Check if not change and see note dated ___/___/___ for detail.

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C. Review of Systems & Active Medical Problems History (MAY BE COLLECTED BY STAFF OR FROM CLIENT INFORMATION FORM IF REIEWED BY—INDICATE SO--PRESCRIBER)**:**   *# of systems completed: One = Problem Pertinent; Two – nine = Extended; Ten or > = Complete.*

Systems:	Document Notes if Positive:
___Check if no change (or see changes indicated below) and see note dated ___/___/___ for detail	
1. Constitutional pos___ neg ___ 2. Eyes pos___ neg ___ 3. Ears/Nose/Mouth/Throat pos___ neg___ 4. Cardiovascular pos___ neg___ 5. Respiratory pos___ neg___ 6. Gastrointestinal pos___ neg___ 7. Genitourinary pos___ neg___ 8. Muscular pos___ neg___ 9. Integumentary pos___ neg___ 10. Neurological pos___ neg___ 11. Endocrine pos___ neg___ 12. Hemotologic/Lymphatic pos___ neg___ 13. Allergies/Immune Pos___ neg___ TOTAL # OF SYSTEMS:_____	

2. PSYCHIATRIC SPECIALITY EXAMINATION

Number of Bullets completed: 1-5 = Prob. Focused (PF); 6-8 = Expanded Prob. Focused (EPF); 9 = Detailed, all = Comprehensive.

--Vital Signs (any 3 or more of the 7 listed):
Blood Pressure: (Sitting/Standing) _____ (Supine) _____ Height_____ Weight_____

Temp_____ Pulse (Rate/Regularity) _____ Respiration _____

--General Appearance and Manner (E.g., Development, Nutrition, Body Habitus, Deformities, Attention to Grooming, etc.):

--Musculoskeletal: __Assessment of muscle strength and tone (e.g., flaccid, cog wheel, spastic) (note any atrophy or abnormal movements):

(and/or) __Examination of gait and station:

-- Speech: Check if normal: ___rate __volume __articulation __coherence __spontaneity

Abnormalities; e.g., perseveration, paucity of language:

--Thought processes: Check if normal: __associations __processes __abstraction __computation
Indicate abnormalities:

--Associations (e.g., loose, tangential, circumstantial, intact):

--Abnormal or psychotic thoughts (e.g., hallucinations, delusions, preoccupation with violence (V/I), homicidal (H/I), or suicidal ideation (S/I), obsessions):

S/I: __ Present__ Absent   H/I: __Present __ Absent   V/I: __Present __ Absent

--Judgment and insight:

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--Orientation:
--Memory (Recent/Remote):
--Attention/Concentration:
--Language:
-- Fund of knowledge: __intact __inadequate
--Mood and affect: **TOTAL BULLETS:_____**
Other Findings—*not a countable bullet* (e.g. cognitive screens, personality, etc.):

3. MEDICAL DECISION MAKING

Two of three criteria must be met: Data; Diagnosis/Problems; Risk

A. **Data Reviewed:**	Points:	Description:
___ Review and/or order of clinical lab tests	1 POINT	**DESCRIBE:**
___Review and/or order of tests in the radiology section of CPT	1 POINT	**DESCRIBE:**
___Review and/or order of tests in the medicine section of CPT	1 POINT	**DESCRIBE:**
___Discussion of test results with performing provider	1 POINT	**DESCRIBE:**
___Decision to obtain old records and/or obtain history from someone other than client	1 POINT	**DESCRIBE:**
___Review and summarization of old records and/or obtaining history from someone other than client and/or discussion of case with another health care provider	2 POINT	**DESCRIBE:**
___Independent visualization of image, tracing, or specimen itself (not simply review report)	2 POINT	**DESCRIBE:**
	DATA TOTAL POINTS: _____	

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B.   Diagnosis/Problem (ADDRESSED DURING ENCOUNTER TO ESTABLISH DX OR FOR MGT DECISION MAKING):
Indicate Status and points for each: -Self-limiting or minor (stable, improved, or worsening) (1 point: max=2 Dx/Problem) -Established problem (to examining provider); stable or improved (1 point) -Established problem (to examining provider); worsening (2 point) -New problem (to examining provider); no additional workup or diagnostic procedures ordered (3 point: max=1 Dx/Problem) -New problem (to examining provider); additional workup planned*(4 point) *Additional workup does not include referring client to another provider for future care

Axis I-V: Status: Points___ Plan (RX, Lab, etc.):	Axis I-V: Status: Points___ Plan (RX, Lab, etc.):
Axis I-V: Status: Points___ Plan (RX, Lab, etc.):	Axis I-V: Status: Points___ Plan (RX, Lab, etc.):
Axis I-V: Status: Points___ Plan (RX, Lab, etc.):	Axis I-V: Status: Points___ Plan (RX, Lab, etc.):

DIAG/PROBLEMS TOTAL POINTS: _____

C.   Risk

Minimal   -One self-limited or minor problem. **OR REST W/O RX**
Low   - Two or more self-limited or minor problems; One stable chronic illness; Acute uncomplicated. **OR OTC DRUGS**
Moderate -One or > chronic illnesses with mild exacerbation, progression, or side effects; Two or more stable chronic illnesses
             or Undiagnosed new problem with uncertain prognosis; Acute illness with systemic symptoms   **OR RX**
High   - 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 **OR RX REQUIRING INTENSIVE MONITORING**

Indicate Highest Risk Level and Describe:
Psychotherapy Add-on: ___ Supportive,   ___ CBT,   ___Behavior-modifying,   ___Psychoeducational Describe (Note must be thorough enough to stand on its own.):

_____   _____
     Medical Provider's Name (Print)   Signature   Date
                USE ALTERNATE FORM IF COUNSELING/COORDINATION IS > 50% OF TIME.

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SCORING KEY
(Circle all results from Progress Notes)

I. History: (Choose lowest of the three circled to determine History Type)

CC	HPI	PFSH	ROS	HISTORY TYPE
YES	BRIEF	N/A	N/A	PF
YES	BRIEF	N/A	PROBLEM PERTINENT	EPF
YES	EXTENDED	PERTINENT	EXTENDED	DET
YES	EXTENDED	COMPLETE	COMPLETE	COMPREHENSIVE

II. Psychiatric Exam: (Select one)

PF	EPF	COMPLETE

III. Medical Decision Making (Select two highest circled to determine MDM Complexity)

Data Points	Dx/Prob Points	Risk	Complexity
0 - 1	0 - 1	Minimal	Straightforward
2	2	Low	Low
3	3	Moderate	Moderate
4	4	High	High

RESULTS: CPT CODES
(Select two highest circled to determine CPT Code)

New Client Office (requires 3 of 3)				Established Client Office (requires 2 of 3)			
CPT Code	History	Exam	MDM	CPT Code	History	Exam	MDM
99201	PF	PF	Straightforward	99211	N/A	N/A	N/A
99202	EPF	EPF	Straightforward	99212	PF	PF	Straightforward
99203	DET	DET	Low	99213	EPF	EPF	Low
99204	COMP	COMP	Moderate	99214	DET	DET	Moderate
99205	COMP	COMP	High	99215	COMP	COMP	High

Initial Hospital/PHP (requires 3 of 3)				Subsequent Hospital/PHP (requires 2 of 3)			
CPT Code	History	Exam	MDM	CPT Code	History	Exam	MDM
99221	DET	DET	Straightforward	99231	PF	PF	Straightforward
99222	COMP	COMP	Moderate	99232	EPF	EPF	Moderate