



Medicare Part B

HGSADMINISTRATORS DOCUMENTATION WORKSHEET

Beneficiary HIC #
Provider Number
Date of Service
Procedure Code Reported

Check one: Agree Disagree

Documented Procedure Code Level

OVERPAYMENT AMOUNT \$

HGSADMINISTRATORS A.H.C.F.A. CONTRACTED CARRIER Camp Hill, PA 17089

8885-1 E 04/00

E/M Documentation Auditors' Instructions

1. History

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.

Table with 4 columns: Status of chronic conditions, HPI (history of present illness) elements, ROS (review of systems), and PFSH (past medical, family, social history) areas. Includes checkboxes for various conditions and symptoms.

*Complete PFSH: 2 history areas: a) Established patients - office (outpatient) care, domiciliary care, home care; b) Emergency department; c) Subsequent nursing facility care; d) Subsequent hospital care; and, e) Follow-up consultations. 3 history areas: a) New patients - office (outpatient) care, domiciliary care, home care; b) Initial consultations; c) Initial hospital care; d) Hospital observation; and, e) Comprehensive nursing facility assessments.

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.

Table with 4 rows: Limited to affected body area or organ system, Affected body area or organ system and other symptomatic or related organ system(s), Extended exam of affected area(s) and other symptomatic or related organ system(s), and General multi-system exam.

Table with 4 columns: Body area, Organ systems, and two columns for 'PROBLEM FOCUSED EXAM' (Expanded and Detailed).

CONFIDENTIAL

PROCEDURE CODE	BILLED ALLOWED	BILLED PAID	REVISED ALLOWED	REVISED PAID	REFUND DUE
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5. LEVEL OF SERVICE

Outpatient, Consults (OUTPATIENT, INPATIENT & CONFIRMATORY) and ER

History	New Office / Consults / ER					Established Office				
	ER: PF	ER: EPF	ER: EPD	ER: D	ER: C	ER: PF	ER: EPF	ER: EPD	ER: D	ER: C
Examination	ER: PF	ER: EPF	ER: EPD	ER: D	ER: C	ER: PF	ER: EPF	ER: EPD	ER: D	ER: C
Complexity of medical decision	ER: SF	ER: EPF	ER: EPD	ER: D	ER: C	ER: SF	ER: EPF	ER: EPD	ER: D	ER: C
Average Time (minutes)	15 (out care (99201))	20 (out care (99202))	30 (out care (99203))	40 (out care (99204))	50 (out care (99205))	15 (out care (99201))	20 (out care (99202))	30 (out care (99203))	40 (out care (99204))	50 (out care (99205))
Level	I	II	III	IV	V	I	II	III	IV	V

INPATIENT

History	Initial Hospital Observation					Subsequent Inpatient Follow-up				
	D or C	C	C	C	C	PF interval	EPF interval	EPD interval	D interval	H
Examination	D or C <td>C <td>C <td>C <td>C <td>PF</td> <td>EPF</td> <td>EPD</td> <td>D</td> <td>H</td> </td></td></td></td>	C <td>C <td>C <td>C <td>PF</td> <td>EPF</td> <td>EPD</td> <td>D</td> <td>H</td> </td></td></td>	C <td>C <td>C <td>PF</td> <td>EPF</td> <td>EPD</td> <td>D</td> <td>H</td> </td></td>	C <td>C <td>PF</td> <td>EPF</td> <td>EPD</td> <td>D</td> <td>H</td> </td>	C <td>PF</td> <td>EPF</td> <td>EPD</td> <td>D</td> <td>H</td>	PF	EPF	EPD	D	H
Complexity of medical decision	SFL	M	H	H	H	SFL	EPF	EPD	D	H
Average time (minutes)	30 (in care (99221))	40 (in care (99222))	50 (in care (99223))	70 (in care (99224))	90 (in care (99225))	15 (in care (99221))	20 (in care (99222))	30 (in care (99223))	40 (in care (99224))	50 (in care (99225))
Level	I	II	III	IV	V	I	II	III	IV	V

NURSING FACILITY

History	Annual Assessment/Admission					Subsequent Nursing Facility				
	D interval	D interval	C	C	C	PF interval	EPF interval	EPD interval	D interval	H
Examination	D interval <td>D interval <td>C <td>C <td>C <td>PF</td> <td>EPF</td> <td>EPD</td> <td>D</td> <td>H</td> </td></td></td></td>	D interval <td>C <td>C <td>C <td>PF</td> <td>EPF</td> <td>EPD</td> <td>D</td> <td>H</td> </td></td></td>	C <td>C <td>C <td>PF</td> <td>EPF</td> <td>EPD</td> <td>D</td> <td>H</td> </td></td>	C <td>C <td>PF</td> <td>EPF</td> <td>EPD</td> <td>D</td> <td>H</td> </td>	C <td>PF</td> <td>EPF</td> <td>EPD</td> <td>D</td> <td>H</td>	PF	EPF	EPD	D	H
Complexity of medical decision	SFL	M to H	M to H	M to H	M to H	SFL	EPF	EPD	D	H
Average time (minutes)	30 (out care (99201))	40 (out care (99202))	50 (out care (99203))	70 (out care (99204))	90 (out care (99205))	15 (out care (99201))	20 (out care (99202))	30 (out care (99203))	40 (out care (99204))	50 (out care (99205))
Level	I	II	III	IV	V	I	II	III	IV	V

DOMICILIARY (Rest Home, Custodial Care) and Home Care

History	New					Established				
	EPF	EPF	D	C	C	PF interval	EPF interval	EPD interval	D interval	H
Examination	EPF	EPF	D <td>C <td>C <td>PF</td> <td>EPF</td> <td>EPD</td> <td>D</td> <td>H</td> </td></td>	C <td>C <td>PF</td> <td>EPF</td> <td>EPD</td> <td>D</td> <td>H</td> </td>	C <td>PF</td> <td>EPF</td> <td>EPD</td> <td>D</td> <td>H</td>	PF	EPF	EPD	D	H
Complexity of medical decision	SFL	M	H	H	H	SFL	EPF	EPD	D	H
Average time (minutes)	30 (out care (99201))	40 (out care (99202))	50 (out care (99203))	70 (out care (99204))	90 (out care (99205))	15 (out care (99201))	20 (out care (99202))	30 (out care (99203))	40 (out care (99204))	50 (out care (99205))
Level	I	II	III	IV	V	I	II	III	IV	V

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

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Beneficiary HIC #: _____ Date of Service: _____

3. Medical Decision Making

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	Points
Review and/or order of all 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 patient/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).

Use the risk table below as a guide to assign risk factors. It is understood that the table below does not include all possible risk factors. The overall measure of risk is the highest level listed.

Risk of Complications and/or Morbidity or Mortality	Diagnostic Procedure(s)	Management Options Selected
Minimal	Laboratory tests requiring venipuncture • Chest x-ray • Urinalysis • Ultrasound, e.g., echo • KOH prep	• Rest • Elastic bandage • Supportive dressings
Low	• Physiological tests (e.g., spirometry) • Non-invasive imaging studies with contrast, e.g., barium studies • Cardiac laboratory tests requiring special techniques • Skin biopsies	• Observation and/or • Medication with no associated risk factors • Physical therapy • Occupational therapy • IV fluids • IV antibiotics
Moderate	• One or more invasive procedures with self-administration, progression, or side effects of treatment • Two or more cardiac chronic illnesses • Unexplained new problem with uncertain prognosis • Active illness with systemic symptoms, e.g., rheumatoid arthritis, psoriasis, colitis • Major trauma or injury, e.g., head injury with brief loss of consciousness	• Minor surgery with localized risk factors • Surgery with no associated risk factors • Prescription drug management • IV fluids • IV antibiotics • Cleared treatment of fracture or dislocation without manipulation
High	• One or more chronic diseases with severe exacerbation, progression, or side effects of treatment • Multiple chronic diseases that may need to be treated simultaneously, e.g., asthma, COPD, diabetes, hypertension, heart failure, chronic kidney disease, chronic liver disease, chronic lung disease, chronic pain, chronic psychiatric illness, chronic substance use disorder • An acute change in neurological status, e.g., stroke, TIA, seizure or seizure-like	• Emergency (urgent) support (e.g., analgesics or sedation) • Diagnostic testing to determine cause of problem • Disposition and/or transfer to another care provider

Final Result for Complexity

Draw a line down any column with 2 or 3 circles to identify the type of decision making in the column. Otherwise, draw a line down the column with the 3rd circle from the left. Make a checkmark in the appropriate column. Circle the type of decision making within the appropriate grid in Section 5.

Final Result for Complexity	5	4	3	2	1
A. Number diagnoses or treatment options	Multiple	Multiple	Multiple	Multiple	Multiple
B. Highest Risk	High	High	High	High	High
C. Amount and complexity of data	High	High	High	High	High
Type of decision making	STRAIGHT FORWARD	LOW COMPLEX	MODERATE COMPLEX	HIGH COMPLEX	NO COMPLEX

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Beneficiary HIC #: _____ Date of Service: _____

3. Medical Decision Making

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	Points
Review and/or order of all 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 patient/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).

Use the risk table below as a guide to assign risk factors. It is understood that the table below does not include all possible risk factors. The overall measure of risk is the highest level listed.

Risk of Complications and/or Morbidity or Mortality	Diagnostic Procedure(s)	Management Options Selected
Minimal	Laboratory tests requiring venipuncture • Chest x-ray • Urinalysis • Ultrasound, e.g., echo • KOH prep	• Rest • Elastic bandage • Supportive dressings
Low	• Physiological tests (e.g., spirometry) • Non-invasive imaging studies with contrast, e.g., barium studies • Cardiac laboratory tests requiring special techniques • Skin biopsies	• Observation and/or • Medication with no associated risk factors • Physical therapy • Occupational therapy • IV fluids • IV antibiotics
Moderate	• One or more invasive procedures with self-administration, progression, or side effects of treatment • Two or more cardiac chronic illnesses • Unexplained new problem with uncertain prognosis • Active illness with systemic symptoms, e.g., rheumatoid arthritis, psoriasis, colitis • Major trauma or injury, e.g., head injury with brief loss of consciousness	• Minor surgery with localized risk factors • Surgery with no associated risk factors • Prescription drug management • IV fluids • IV antibiotics • Cleared treatment of fracture or dislocation without manipulation
High	• One or more chronic diseases with severe exacerbation, progression, or side effects of treatment • Multiple chronic diseases that may need to be treated simultaneously, e.g., asthma, COPD, diabetes, hypertension, heart failure, chronic kidney disease, chronic liver disease, chronic lung disease, chronic pain, chronic psychiatric illness, chronic substance use disorder • An acute change in neurological status, e.g., stroke, TIA, seizure or seizure-like	• Emergency (urgent) support (e.g., analgesics or sedation) • Diagnostic testing to determine cause of problem • Disposition and/or transfer to another care provider

Final Result for Complexity

Draw a line down any column with 2 or 3 circles to identify the type of decision making in the column. Otherwise, draw a line down the column with the 3rd circle from the left. Make a checkmark in the appropriate column. Circle the type of decision making within the appropriate grid in Section 5.

Final Result for Complexity	5	4	3	2	1
A. Number diagnoses or treatment options	Multiple	Multiple	Multiple	Multiple	Multiple
B. Highest Risk	High	High	High	High	High
C. Amount and complexity of data	High	High	High	High	High
Type of decision making	STRAIGHT FORWARD	LOW COMPLEX	MODERATE COMPLEX	HIGH COMPLEX	NO COMPLEX

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Medicare Part B

HGSADMINISTRATORS DOCUMENTATION WORKSHEET

Beneficiary HIC # _____

Provider Number _____

Date of Service _____

Procedure Code Reported _____

Check one: Agree Disagree

Documented Procedure Code Level _____

OVERPAYMENT AMOUNT \$ _____

8985-1 E 04/00

HGSADMINISTRATORS
A HCFA CONTRACTED CARRIER
Camp Hill, PA 17088

EM Documentation Auditors' Instructions

1. History

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.

Table with 4 columns: HPI (Status of chronic conditions), ROS (Review of systems), PFSH (Past medical, family, social history), and a grid for history types (None, Pertinent to problem, Extended, Complete).

*Complete PFSH: 2 history areas: a) Established patients - office (outpatient) care, domiciliary care, home care; b) Emergency department; c) Subsequent nursing facility care; d) Subsequent hospital care; and, e) Follow-up consultations.

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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.

Table with 4 columns: Limited to affected body area or organ system, Affected body area or organ system and other symptomatic or related organ system(s), Extended exam of affected area(s) and other symptomatic or related organ system(s), and General multi-system exam.

Table with 4 columns: Body areas (Head, Back, Organ systems), Exam (1 body area or less, Up to 7 systems, Up to 7 systems, 2 or more systems), and Comprehensive Exam.

PROCEDURE CODE	BILLED ALLOWED	BILLED PAID	REVISED ALLOWED	REVISED PAID	REFUND DUE
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5. LEVEL OF SERVICE

Outpatient, Consults (OUTPATIENT, INPATIENT & CONFIRMATORY) and ER

History	New Office / Consults / ER				Established Office			
	ER: PF	ER: EPF	ER: D	ER: C	ER: PF	ER: EPF	ER: D	ER: C
Examination	ER: PF	ER: EPF	ER: D	ER: C	ER: PF	ER: EPF	ER: D	ER: C
Complexity of medical decision	SF	SF	L	M	SF	SF	L	M
Average time (minutes)	15 (ER 1520)	30 (ER 1520)	45 (ER 1520)	60 (ER 1520)	10 (ER 1520)	15 (ER 1520)	25 (ER 1520)	40 (ER 1520)
Level	I	II	III	IV	I	II	III	IV

INPATIENT

History	Initial Hospital Observation				Subsequent Inpatient Follow-up			
	D or C	C	C	C	PF Interval	EPF Interval	D Interval	D Interval
Examination	D or C <td>C <td>C <td>C <td>PF <td>EPF <td>D <td>D </td></td></td></td></td></td></td>	C <td>C <td>C <td>PF <td>EPF <td>D <td>D </td></td></td></td></td></td>	C <td>C <td>PF <td>EPF <td>D <td>D </td></td></td></td></td>	C <td>PF <td>EPF <td>D <td>D </td></td></td></td>	PF <td>EPF <td>D <td>D </td></td></td>	EPF <td>D <td>D </td></td>	D <td>D </td>	D
Complexity of medical decision	SF/L <td>M <td>H <td>H <td>SF/L <td>W <td>H <td>H </td></td></td></td></td></td></td>	M <td>H <td>H <td>SF/L <td>W <td>H <td>H </td></td></td></td></td></td>	H <td>H <td>SF/L <td>W <td>H <td>H </td></td></td></td></td>	H <td>SF/L <td>W <td>H <td>H </td></td></td></td>	SF/L <td>W <td>H <td>H </td></td></td>	W <td>H <td>H </td></td>	H <td>H </td>	H
Average time (minutes)	30 (ER 1520)	50 (ER 1520)	70 (ER 1520)	90 (ER 1520)	15 (ER 1520)	20 (ER 1520)	30 (ER 1520)	45 (ER 1520)
Level	I	II	III	IV	I	II	III	IV

NURSING FACILITY

History	Annual Assessment/Reassessment				Subsequent Nursing Facility			
	D Interval	D Interval	C	C	PF Interval	EPF Interval	D Interval	D Interval
Examination	C <td>C <td>C <td>C <td>PF <td>EPF <td>D <td>D </td></td></td></td></td></td></td>	C <td>C <td>C <td>PF <td>EPF <td>D <td>D </td></td></td></td></td></td>	C <td>C <td>PF <td>EPF <td>D <td>D </td></td></td></td></td>	C <td>PF <td>EPF <td>D <td>D </td></td></td></td>	PF <td>EPF <td>D <td>D </td></td></td>	EPF <td>D <td>D </td></td>	D <td>D </td>	D
Complexity of medical decision	SF/L <td>M to H <td>M to H <td>M to H <td>SF/L <td>M <td>M to H <td>M to H </td></td></td></td></td></td></td>	M to H <td>M to H <td>M to H <td>SF/L <td>M <td>M to H <td>M to H </td></td></td></td></td></td>	M to H <td>M to H <td>SF/L <td>M <td>M to H <td>M to H </td></td></td></td></td>	M to H <td>SF/L <td>M <td>M to H <td>M to H </td></td></td></td>	SF/L <td>M <td>M to H <td>M to H </td></td></td>	M <td>M to H <td>M to H </td></td>	M to H <td>M to H </td>	M to H
Average time (minutes)	30 (ER 1520)	40 (ER 1520)	50 (ER 1520)	60 (ER 1520)	15 (ER 1520)	25 (ER 1520)	35 (ER 1520)	45 (ER 1520)
Level	I	II	III	IV	I	II	III	IV

DOMICILIARY (Rest Home, Custodial Care) and Home Care

History	New				Established			
	PF	EPF	D	C	PF Interval	EPF Interval	D Interval	D Interval
Examination	PF <td>EPF <td>D <td>C <td>PF <td>EPF <td>D <td>C </td></td></td></td></td></td></td>	EPF <td>D <td>C <td>PF <td>EPF <td>D <td>C </td></td></td></td></td></td>	D <td>C <td>PF <td>EPF <td>D <td>C </td></td></td></td></td>	C <td>PF <td>EPF <td>D <td>C </td></td></td></td>	PF <td>EPF <td>D <td>C </td></td></td>	EPF <td>D <td>C </td></td>	D <td>C </td>	C
Complexity of medical decision	SF/L <td>SF <td>L <td>M <td>SF/L <td>SF <td>L <td>M </td></td></td></td></td></td></td>	SF <td>L <td>M <td>SF/L <td>SF <td>L <td>M </td></td></td></td></td></td>	L <td>M <td>SF/L <td>SF <td>L <td>M </td></td></td></td></td>	M <td>SF/L <td>SF <td>L <td>M </td></td></td></td>	SF/L <td>SF <td>L <td>M </td></td></td>	SF <td>L <td>M </td></td>	L <td>M </td>	M
No average time established	Domiliary (ER 1520)	Domiliary (ER 1520)	Domiliary (ER 1520)	Domiliary (ER 1520)	Domiliary (ER 1520)	Domiliary (ER 1520)	Domiliary (ER 1520)	Domiliary (ER 1520)
Level	I	II	III	IV	I	II	III	IV

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

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Beneficiary HIC #: _____ Date of Service: _____

3. Medical Decision Making

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	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 lab results with patient/other health care provider	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 cases 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)

Use the risk table below as a guide to assign risk factors. It is understood that the table below does not represent all possible risk factors. The overall measure of risk is the highest level factor.

Risk of Complications and/or Morbidity or Mortality	Presenting Problem(s)	Diagnostic Procedure(s)	Management Options Selected
Minimal	One self-limited or minor problem, e.g., cold, insect bite, low energy	Laboratory tests requiring venipuncture • Chest x-ray • Urinalysis • Ultrasound, e.g., echo • NCH prep	• Rest • Analgesic • Basic bandage • Superficial dressing
Low	Two or more self-limited or minor problems • Chronic stable disease, e.g., well-controlled asthma, hypertension, diabetes • Acute uncomplicated illness or injury, e.g., sprain, simple fracture, stroke sequelae	• Physiologic tests not under stress, e.g., pulmonary function, spirometry, stress test • Microbiologic/immunologic studies with contrast, e.g., barium swallow • Other laboratory tests requiring venipuncture • Skin biopsies	• One-to-one patient education • Physical therapy • Medication therapy • IV fluids with additives • Closed treatment of fracture or dislocation without manipulation
Moderate	One or more chronic illnesses with mild exacerbation, progression, or side effects of treatment • Two or more stable chronic illnesses • Acute illness with mild symptoms, e.g., sinusitis, otitis media • Acute illness with systemic symptoms, e.g., pneumonia, pneumonia, colitis • Acute illness with mild symptoms, e.g., sinusitis, otitis media	• Physiologic tests not under stress, e.g., cardiac stress test • Diagnostic endoscopic study with no identified risk factors • Diagnostic endoscopic study with identified risk factors • Diagnostic endoscopic study with moderate and/or severe risk factors, e.g., sigmoidoscopy, colonoscopy • Obtained from body cavity, e.g., lumbar puncture, paracentesis, thoracentesis	• Medication therapy with identified risk factors • Blockade of major system (open neuromuscular or endotracheal) with no identified risk factors • Prescription drug management • IV fluids with additives • Closed treatment of fracture or dislocation without manipulation
High	One or more chronic illnesses with severe exacerbation, progression, or side effects of treatment • Two or more chronic illnesses with moderate to severe exacerbation, progression, or side effects of treatment • Acute illness with severe symptoms, e.g., severe pneumonia, severe pneumonia, severe pneumonia • Acute illness with severe symptoms, e.g., severe pneumonia, severe pneumonia, severe pneumonia	• Diagnostic endoscopic study with identified risk factors • Diagnostic endoscopic study with moderate and/or severe risk factors • Diagnostic endoscopic study with identified risk factors • Diagnostic endoscopic study with moderate and/or severe risk factors	• Blockade of major system (open neuromuscular or endotracheal) with identified risk factors • Emergency major surgery (open neuromuscular or endotracheal) • Drug therapy requiring intensive monitoring for toxicity • Decision not to resuscitate or to de-resuscitate • Discontinue if 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 the column. Circle the number in the column with the 2nd circle from the left. Mark the type of decision making with the appropriate grid in Section 5.

Final Result for Complexity	A	B	C	D
Number diagnoses or treatment options	5-1	4-3	3-2	2-1
Highest risk	Minimal	Low	Moderate	High
Amount and complexity of data	5-1	4-3	3-2	2-1
Type of decision making	STRONG	LOW	MODERATE	WEAK

8985-2-D 4/01

4. Time

If the physician documents total time and suggests that counseling or coordinating care dominates (more than 50% of the encounter), time may determine level of service. Documentation may refer to counseling or discussion with another health care provider.

Does documentation reveal total time?	Time	Does documentation describe the content of counseling or coordinating care?	Yes	No
Does documentation reveal total time?	Time	Does documentation describe the content of counseling or coordinating care?	<input type="checkbox"/>	<input type="checkbox"/>
Does documentation reveal more than half of the time was counseling or coordinating care?		Does documentation reveal more than half of the time was counseling or coordinating care?	<input type="checkbox"/>	<input type="checkbox"/>

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