



FACSIMILE INFORMATION SHEET

Fax Number _____

- Neurosurgical:
- Hoang N. Le, MD
Spinal and Cranial Neurosurgery
- Michael J. Markham, MD
Cranial & Spinal Neurosurgery
- Jay D. Miller, MD
Cranial & Spinal Surgery
- Ashok Modha, MD, FRCS
Neurooncology, Neurosurgery,
General Neurosurgery
- Norman C. Rakosz, MD
Neurological & Spinal Surgery
- George B. Shanno, MD
Cerebrovascular & Endovascular Surgery
- Christopher Carson, PA-C
- Debbie Gale, ARNP-C, MSN

Date Transmitted: 6-24-08 Time Transmitted: _____

Number of pages, including this information sheet: 3

To: Don Self & Assoc.

Firm/Company: _____

City: _____ Fax# 903-882-1027

Patient's Name: EJM REPORT AUDITS TO SHARE



Team Physicians for:
The Portland Trail Blazers
The Portland Winter Hawks
Portland State University

- Orthopedic Surgeons:
- Todd A. Borus, M.D.
Hip & Knee Replacement
Reconstructive Surgery
General Orthopedics
- Erwan H. Coale, Jr., MD
Hand & Microsurgery
- Mark R. Colville, MD
Orthopedic Surgery &
Sports Medicine
- Jay L. Crary, MD
Foot, Ankle & General
Orthopedic Surgery
- Gregory D. Gramstad, MD
Shoulder & Hip Surgery
- T. David Hayes, MD
Knee & Sports Medicine
- Bryan H. Laycoe, MD
General Orthopedic Surgery
- Edward B. Lipp, MD, FACS
Hand & General Orthopedic Surgery
- Ben H. McLaughlin, Jr., MD
Hip, Foot & Hand
- Douglas S. Misgraves, MD
Upper Extremity, Hand & Microsurgery
- Alan P. Newman, MD
Knee & Sports Medicine
- Edgar K. Ragsdale, MD
Shoulder, Arthroscopy &
Sports Medicine
- Donald W. Roberts, MD
Knee & Sports Medicine
- Stephen R. Southerland, MD, FRCS(C)
General Orthopedic, Spine & Sports Medicine
- Edward A. Sparling, MD
Hip & Knee Replacement
General Orthopedic Surgery
- T. Scott Wall, MD
Foot, Ankle & Fracture Surgery
- Kirk I. Wong, MD
Upper Extremity, Hand & Microsurgery
- Physical Medicine:
- Jerod A. Cottrill, DO
Physical Medicine & Rehabilitation
Interventional Spine
- Mallory J. Gamble, MD
Physical Medicine & Rehabilitation
- Physician Assistant:
- Charles W. Dowell, MS, PA-C, ATC
- Torey B. Kirkpatrick, PA-C, ATC
- Kyle J. Pirtle, PA-C, ATC
- Brett A. Rasmussen, MS, PA-C, ATC
- Kyle M. Richter, PA-C, ATC
- Bonnie L. Rosenfeld, PA-C
- Daniel P. Sellers, PA-C
- Wesley A. Wager, PA-C

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Message:

Lorrie Riddle, PC

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360-449-8795

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A DIVISION OF NORTHWEST SURGICAL SPECIALISTS, P.C.
 SWMC, PHYSICIANS PAVILION / 200 NE Mother Joseph Place, Ste 110, Vancouver, WA 98664
 Phone: 360.254.6161 • Fax: 360 449 1146 • www.reboundmd.com

DM 62 1105

HISTORY <input type="checkbox"/> Chief Complaint		NSS CODE REVIEW FORM NEURO			
HPI	<input type="checkbox"/> Location	<input type="checkbox"/> Severity	<input type="checkbox"/> Timing	<input type="checkbox"/> Modifying Factors	
	<input type="checkbox"/> Quality	<input type="checkbox"/> Duration	<input type="checkbox"/> Context	<input type="checkbox"/> Associated Signs/Sx	
ROS	<input type="checkbox"/> Const	<input type="checkbox"/> ENT	<input type="checkbox"/> Resp	<input type="checkbox"/> GU	<input type="checkbox"/> Skin
	<input type="checkbox"/> Eyes	<input type="checkbox"/> CV	<input type="checkbox"/> GI	<input type="checkbox"/> Musc	<input type="checkbox"/> Psych
	<input type="checkbox"/> All Neg.	<input type="checkbox"/> All Other Neg.		<input type="checkbox"/> Heme	<input type="checkbox"/> Allergic
PFSH	<input type="checkbox"/> Past Medical		<input type="checkbox"/> Family Hx	<input type="checkbox"/> Social	

HPI	
Brief	1-3 elements
Extended	4 or more

ROS	
Prob Pertinent	1
Extended	2-9
Complete	10

PFSH	
Pertinent	1 of 3
Detailed	1 of 3
Comprehensive	3 of 3

EXAM	
Constitutional	<input type="checkbox"/> 3V <input type="checkbox"/> General appearance
Eyes	<input type="checkbox"/> Ophthalmoscopic exam of the optic discs
Cardiovascular	<input type="checkbox"/> Auscultation of heart <input type="checkbox"/> Carotid arteries
	<input type="checkbox"/> Peripheral vascular system
Musculo	<input type="checkbox"/> Gait <input type="checkbox"/> Muscle strength, upper and lower ext.
	<input type="checkbox"/> Muscle tone
Neurologic	<input type="checkbox"/> Orientation <input type="checkbox"/> Memory <input type="checkbox"/> Concentration
	<input type="checkbox"/> Language <input type="checkbox"/> Fund of knowledge <input type="checkbox"/> Coordination
	<input type="checkbox"/> Sensation <input type="checkbox"/> Reflexes
Cranial Nerves	<input type="checkbox"/> 2nd, 3rd, 4th, 6th <input type="checkbox"/> 5th <input type="checkbox"/> 7th <input type="checkbox"/> 8th
	<input type="checkbox"/> 9th <input type="checkbox"/> 11th <input type="checkbox"/> 12th

EXAM	
Problem Focused	1-5 elements
Exp Prob Focused	6+ elements
Detailed	12+ elements
Comprehensive	22 elements

MEDICAL DECISION MAKING

A. Number of Diagnoses or Treatment Options

A	B	x C	= D
Problems to Examiner	Number	Points	Results
Self-Limited or Minor (Stable, Improved or Worse)		1	
Est. Prob. to Examiner (Stable, Improved)		1	
Est. Prob. to Examiner (Worsening)		2	
New Prob. to Examiner; No Add'l Work-up Planned		3	
New Prob. to Examiner; Work-up Planned		4	
TOTAL			

B. Amount and/or Complexity of Data to be Reviewed

Data to be Reviewed	Points
Review and/or order lab tests	1
Review and/or order radiology tests	1
Review and/or order medicine tests	1
Discussion of tests w/performing MD	1
Obtain old records or obtain history from someone other than patient	1
Review/Summarize old records and/or obtain history other than patient and/or discuss case with another provider	2
Independent visualization of image (not simply review of report)	2

C. RISK

RISK	Presenting Problem	Dx Proc Ordered	Management Options
Minimal	<ul style="list-style-type: none"> Minor Problem (Cold, Insect Bite) 	<ul style="list-style-type: none"> Lab Tests Chest X-Ray EKG Ultrasound 	<ul style="list-style-type: none"> Rest Elastic Bandages Dressings
Low	<ul style="list-style-type: none"> > 2 Minor Problems 1 Stable Chronic Illness (Diabetes) Acute Uncomp. Injury (Simple Sprains) 	<ul style="list-style-type: none"> Non CV Imaging Studies w/Contrast Clinical Lab Tests 	<ul style="list-style-type: none"> OTC Drugs Minor Surgery w/o Risk Factors P.T.
Moderate	<ul style="list-style-type: none"> > 1 Chronic Illness w/Mild Exacerbation Acute Illness w/systemic symptoms Undiagnosed New Prob. w/Uncertain Prog. Acute Complicated Injury 	<ul style="list-style-type: none"> EMG / spinal Inj. CV imaging studies w/ Contrast; No Risk Factors 	<ul style="list-style-type: none"> Minor Surgery w/Risk Factors Elective Maj. Surg. w/o Risk Factors Rx Therapy Cl, Tx, Fracture
High	<ul style="list-style-type: none"> Abrupt change in neurologic status (TIA, sensory loss) Acute / Chronic Illness or Injuries; Life threatening 	<ul style="list-style-type: none"> Dx Endoscopies w/Risk Factors CV Imaging Studies w/Contrast; w/Risk Factors 	<ul style="list-style-type: none"> Elective Maj. Surg. w/Risk Factors Emerg. Major Surg.

SUMMARY

Patient Name	_____
Date of Service	_____
Physician	_____
Physician Code	_____
Reviewed Code	_____
History	_____
Exam	_____
MDM	_____
Comments	_____
_____	_____
Coder:	Date:

HISTORY <input type="checkbox"/> Chief Complaint		NSS CODE REVIEW FORM - ORTHO			
HPI	<input type="checkbox"/> Location	<input type="checkbox"/> Severity	<input type="checkbox"/> Timing	<input type="checkbox"/> Modifying Factors	
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ROS	<input type="checkbox"/> Const	<input type="checkbox"/> ENT	<input type="checkbox"/> Resp	<input type="checkbox"/> GU	<input type="checkbox"/> Skin
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	<input type="checkbox"/> All Neg.	<input type="checkbox"/> All Other Neg.		<input type="checkbox"/> Neuro	<input type="checkbox"/> Endo
P FSH	<input type="checkbox"/> Past Medical	<input type="checkbox"/> Family Hx	<input type="checkbox"/> Social		

HPI	
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Detailed	1 of 3
Comprehensive	3 of 3

EXAM		
Constitutional	<input type="checkbox"/> 3V	<input type="checkbox"/> General Appearance
CV	<input type="checkbox"/> Peripheral Vascular System	
Lymphatic	<input type="checkbox"/> Palpation of Nodes	
Neck	<input type="checkbox"/> Ins / Palpation	<input type="checkbox"/> ROM
Spine	<input type="checkbox"/> Ins / Palpation	<input type="checkbox"/> ROM
Right U / E	<input type="checkbox"/> Ins / Palpation	<input type="checkbox"/> ROM
Left U / E	<input type="checkbox"/> Ins / Palpation	<input type="checkbox"/> ROM
Right L / E	<input type="checkbox"/> Ins / Palpation	<input type="checkbox"/> ROM
Left L / E	<input type="checkbox"/> Ins / Palpation	<input type="checkbox"/> ROM
Skin	<input type="checkbox"/> Trunk	<input type="checkbox"/> Right U/E
Neuro	<input type="checkbox"/> Coordination	<input type="checkbox"/> Reflexes

EXAM	
Problem Focused	1-5 elements
Exp Prob Focused	6+ elements
Detailed	12+ elements
Comprehensive	30 elements

MEDICAL DECISION MAKING

A. Number of Diagnoses or Treatment Options

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TOTAL			

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C. RISK

	Presenting Problem	Dx Proc Ordered	Management Options
Minimal	• Minor Problem (Cold, Insect Bite)	• Lab Tests • Chest X-Ray • EKG • Ultrasound	• Rest • Elastic Bandages • Dressings
Low	• > 2 Minor Problems • 1 Stable Chronic Illness (Diabetes) • Acute Uncomp. Injury (Simple Sprains)	• Non CV Imaging Studies w/Contrast • Superficial Needle Biopsies	• OTC Drugs • Minor Surgery w/o Risk Factors • P.T.
Moderate	• > 1 Chronic Illness w/Mild Exacerbation • > 2 Stable Chronic Illness • Undiagnosed New Prob. w/Uncertain Prog. • Acute Complicated Injury	• Dx, Endoscopies w/o Risk Factors • Deep Needle Bx	• Minor Surgery w/Risk Factors • Elective Maj. Surg. w/o Risk Factors • Rx Therapy • Cl, Tx, Fracture
High	• > 1 Chronic Illness w/Severe Exacerbation • Acute / Chronic Illness or Injuries; Life threatening	• Dx Endoscopies w/Risk Factors • CV Imaging Studies w/Contrast; w/Risk Factors	• Elective Maj. Surg. w/Risk Factors • Emerg. Major Surg.

SUMMARY

Patient Name
Date of Service
Physician
Physician Code
Reviewed Code
History
Exam
MDM
Comments
Coder: _____ Date: _____