

HISTORY					Lvl 2	Lvl 3	Lvl 4	Lvl 5
HPI	<input type="checkbox"/> Location <input type="checkbox"/> Quality	<input type="checkbox"/> Severity <input type="checkbox"/> Duration	<input type="checkbox"/> Timing (constant, paroxysmal) <input type="checkbox"/> Context (Aggravating)	<input type="checkbox"/> Modifying Factors (alleviating) <input type="checkbox"/> Associated Signs/Symptoms		Brief (1-3) <input type="checkbox"/>		Ext (≥4) <input type="checkbox"/>
ROS	<input type="checkbox"/> Const <input type="checkbox"/> Eyes <input type="checkbox"/> ENT <input type="checkbox"/> Pertinent positive/negative systems documented AND "all other systems reviewed and negative"	<input type="checkbox"/> CV <input type="checkbox"/> Resp <input type="checkbox"/> GI	<input type="checkbox"/> GU <input type="checkbox"/> Musculoskeletal <input type="checkbox"/> Skin	<input type="checkbox"/> Neuro <input type="checkbox"/> Psych <input type="checkbox"/> Endocrine	None <input type="checkbox"/>	1 <input type="checkbox"/>	2-9 <input type="checkbox"/>	≥10 "ROS neg" <input type="checkbox"/>
PH	<input type="checkbox"/> Past Medical History	<input type="checkbox"/> Family History	<input type="checkbox"/> Social History			None <input type="checkbox"/>	1 <input type="checkbox"/>	2-3 <input type="checkbox"/>

Furthest Left History Level
Level 2
Level 3
Level 4
Level 5

EXAMINATION						Lvl 2	Lvl 3	Lvl 4	Lvl 5
<input type="checkbox"/> General Appear (1)	<input type="checkbox"/> 3 or more vital signs (1)	<input type="checkbox"/> Fundus (1)	<input type="checkbox"/> Tone (1)	<input type="checkbox"/> Sensory (1)	<input type="checkbox"/> Gait (1)				
<input type="checkbox"/> CV exam (1) pulse, bruit or auscultation	<input type="checkbox"/> Mental Status (5) orient, attention, memory language, fund knowledge	<input type="checkbox"/> Cranial Nerve (8) 2, 3-6, 5, 7, 8, 9, 11, 12	<input type="checkbox"/> Strength (1)	<input type="checkbox"/> Coord (1)	<input type="checkbox"/> Reflex (1)	1-5 <input type="checkbox"/>	6-11 <input type="checkbox"/>	12-22 <input type="checkbox"/>	23 <input type="checkbox"/>

Exam Level
Level 2
Level 3
Level 4
Level 5

MEDICAL DECISION MAKING (MDM)				Lvl 2	Lvl 3	Lvl 4	Lvl 5
Number of Diagnosis or Management options							
<input type="checkbox"/> (1 pt each) Establish problems - stable/improve	<input type="checkbox"/> (2 pt each) Establish problems - not control	<input type="checkbox"/> (3 pt once) New problem, no workup needed	<input type="checkbox"/> (4 pt each) New problem, workup needed	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
Complexity of Data Reviewed							
<input type="checkbox"/> Review/Order laboratory tests (1)	<input type="checkbox"/> Discuss test results with performing MD (1)	Old records or history from others:		None/1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
<input type="checkbox"/> Review/Order radiology tests (1)	<input type="checkbox"/> Discuss case with another MD (2)	<input type="checkbox"/> Decision to obtain (1)					
<input type="checkbox"/> Review/Order medical tests (1)	<input type="checkbox"/> Personally review imaging, tracing, specimen (2)	<input type="checkbox"/> Review AND summarize (2)					
Morbidity & Mortality Risk of Presenting problem, Test ordered, or Treatment ordered				Min <input type="checkbox"/>	Low <input type="checkbox"/>	Mod <input type="checkbox"/>	High <input type="checkbox"/>

2 of the 3 elements in MDM must meet or exceed the level requirement
Level 2
Level 3
Level 4
Level 5

The **MDM level** is the max level the visit will be reimbursed

Level	MDM	History	Exam
2	2	2	2
3	3	3	3
4	4	4	4
5	5	5	5

To qualify, the MDM level must be met or exceeded by either the History **OR** Exam