ACOEM Workers' Compensation Coding Criteria: Evaluation and Management Encounters

V2 Rev 3-17-17

Contents

Introduction

Medical care should be focused on more than symptom reduction – ideally medical encounters support the restoration of normal life activities, including work. Attending to FUNCTION as a vital sign would increase the value of medical care in every clinical setting, but is critical to clinical encounters related to workers' compensation injuries. Workers' compensation related care requires attention to causation, functional impact and work capacity. The criteria used to code levels of care in primary care Evaluation and Management encounters do not serve patients or payers in the workers' compensation system. Because the current coding system does not reimburse providers for documentation of the data elements that are critical for workers' compensation, there is insufficient attention to these issues in encounters, with resultant preventable work disability. For this reason, the ACOEM Council on Occupational and Environmental Medicine Practice has developed alternative ground rules for Evaluation and Management encounters, which will promote attention to the clinical details that evidence has shown result in less lost work days and more successful recovery, by providing an appropriate and auditable alignment of reimbursement with documentation of necessary elements of history, examination, medical decision making and problem severity. ***(Note that there is a need for separate coding rules for the extensive documentation review or case management activities commonly needed in workers' compensation – these will be addressed in separate documents, and not included in routine E&M encounter elements, the focus of this document.)***

History. The clinical history in a workers' compensation related encounter should document how the injury happened, work factors, risk factors for poor recovery, work support and functional impact. These elements can be captured with modest variations from the current data elements of a history using CMS criteria. We propose modifying the scoring criteria for level of history in comparison to CMS criteria by revising the review of systems to capture physical/emotional/mental symptoms most relevant to work disability risk while also asking about important social systems.

Examination. Neither the 1995 nor the 1997 CMS multi-organ system examination criteria serve the patient or payer well when the exam relates to a work injury. We have developed an Occupational Medicine specialty musculoskeletal examination similar to the other 1997 specialty specific exams, which will promote a careful examination of the injured area, the adjacent areas and comparison with the unaffected side when applicable. This examination follows a format and bulleted coding scheme similar to the other specialty-specific examinations; we are building exam modular templates to include required exam criteria depending on the injured part of the musculoskeletal system and plan to develop other templates to address workers' compensation conditions affecting other parts of the body beyond the musculoskeletal system.

Medical Decision Making. The proposed criteria for medical decision making are very similar to the CMS criteria, with some important differences. Risk of chronic work disability is recognized as an equivalent risk to loss of life or limb, based on research showing significantly increased morbidity and mortality for those who are not working, as well as the importance of the return-to-work outcome to patients and workers' compensation payers. Management strategies to mitigate this risk in appropriate cases are recognized as important options warranting high risk designation. We also recognize that data reviewed in workers' compensation related care should include information other than clinical data, for example job demands or ergonomic evaluations of the workplace.

Problem Severity. There is overlap between the elements used by CMS to determine problem severity and medical decision making complexity. The proposed alternative criteria for workers' compensation care use the same criteria for problem severity, with the addition of chronic work disability risk to the risk criteria.

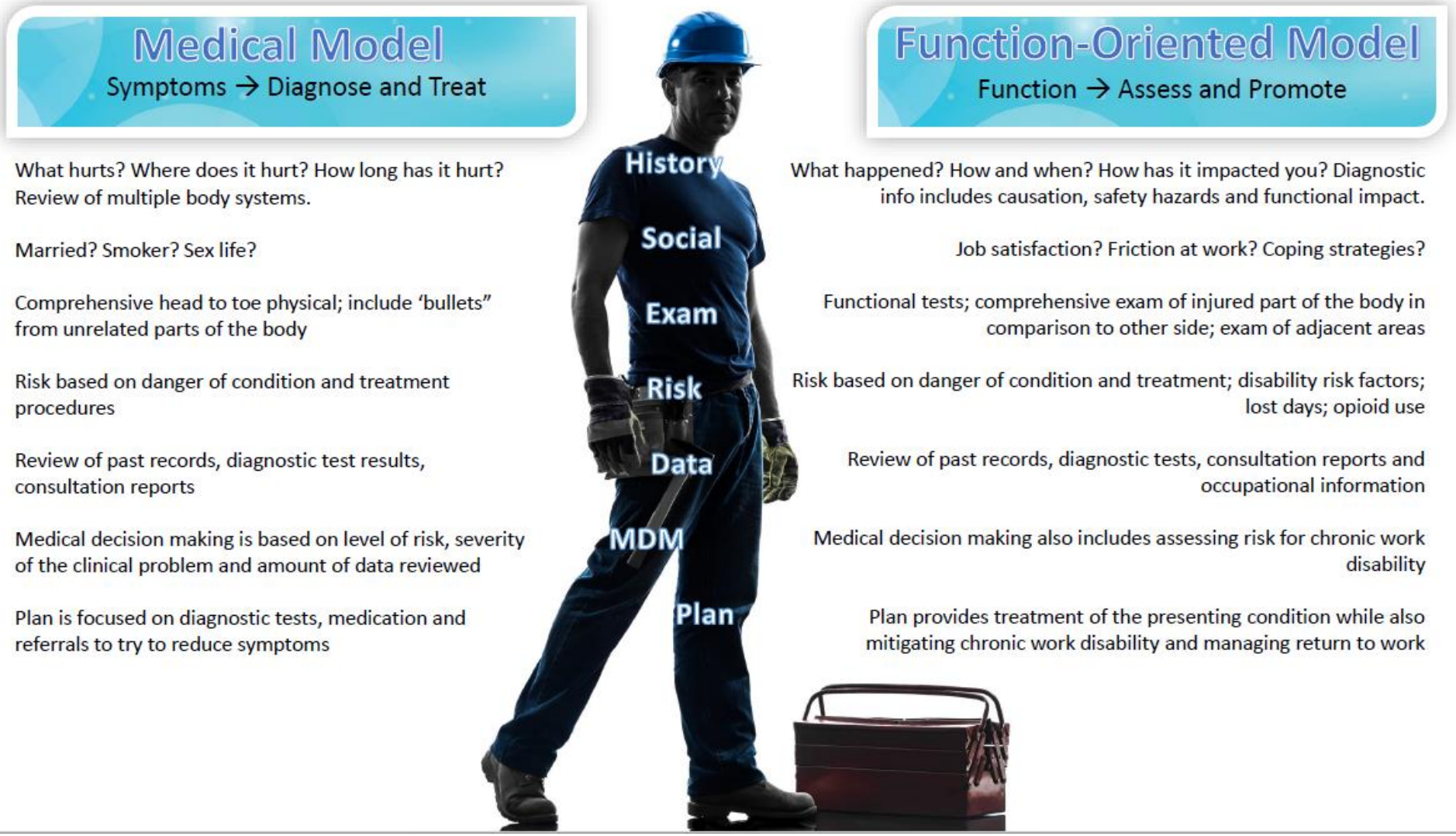

Figure 1 – Function-Oriented Model

This figure illustrates the difference between the medical model of documentation of the Evaluation and Management encounter and the ACOEM Function-Oriented Model.

History

Elements of the History

The following table lists the current CMS elements of a patient history in comparison to the proposed elements appropriate for an Occupational Medicine workers' compensation related function-oriented encounter. ***Note***: Family History elements that may reveal hereditary diseases are replaced with Family History elements that relate to risk of work disability; documentation of hereditary diseases should only be done if directly relevant to the work injury or illness, due to prohibitions in the Genetic Information Nondiscrimination Act (GINA). We recognize that the proposed Family History elements overlap with Social History, but believe there is value in capturing these additional data elements as a separate Family History section, based on research on work disability risk. We have developed a Review of Systems template to capture the elements critical for work disability risk.

	CC	HPI	Past History	Family History	Social History	ROS
CMS Elements	Reason for the encounter	1. Location 2. Severity 3. Timing 4. Modifying factors 5. Quality 6. Duration 7. Context 8. Associated signs/ symptoms	1.Current meds 2.Drug allergies 3.Prior surgeries 4.Prior hospitalizations 5.Prior major illnesses/ injuries 6.Immunizations	1. Health status or cause of death of near relatives 2. Specific disease related to CC, HPI, ROS 3. Relevant Hereditary Diseases	1. Occupational history 2. Current employment 3. Level of education 4. Marital status or living arrangements 5. Sexual history 6. Habits (nutritional status; use of tobacco, alcohol or illicit drugs)	1. Constitutional 2. Eyes 3. Ears, nose, mouth, throat 4. Cardiovascular 5. Respiratory 6. Gastrointestinal 7. Genitourinary 8. Musculoskeletal 9. Skin 10. Neurologic 11. Psychiatric 12. Hematologic or Lymphatic 13. Allergic or immunologic
Function-Oriented Elements	History of the work injury or condition as relayed by the patient	1. Location 2. Severity (impact on function) 3. Timing 4. Modifying factors 5. Quality 6. Duration 7. Context 8. Associated signs/ symptoms	1. Current meds 2. Drug allergies 3. Significant current illnesses under care 4. Past injuries or conditions or surgeries relevant to the current work injury claim 5. Past workers' compensation claims 6. Immunization status only if relevant	1. Work/Disability status of family members 2. History of adverse childhood experiences 3. Family/home situational stressors and supports 4. Hereditary diseases only if relevant	1. Occupational history 2. Current employment 3. Work relationships and stressors 4. Level of education 5. Marital status or living arrangements 6. Stress, sleep, coping 7. Use of addictive substances 8. Lifestyle (Nutrition, exercise, meditation, involvement in community)	1. Energy level 2. Exercise capacity 3. Sleep/snoring 4. Attention/concentration 5. Weight changes 6. Appetite change 7. Libido change 8. Joint pain/swelling 9. Headaches 10. Numbness/tingling/weakness 11. Depression/anxiety/worry 12. Anger/irritability

Explanation of Function-Oriented HPI Elements

Location	What was injured? Where does it hurt? For illness, what system is involved?
Severity	Describe impact on activities at work or outside of work; consider using function scale; impact on activities of daily living
Timing	When was the onset? When are the symptoms worse or better?
Modifying factors	What makes it better or worse? How has the patient modified activities due to the condition?
Quality	Describe the character of the pain or other symptoms
Duration	How long have the symptoms lasted? If episodic, how long do they last when they occur?
Context	How did the injury or condition occur? Describe circumstances if work injury, work factors if gradual onset attributed to work, protective equipment.
Associated signs/ symptoms	Other symptoms that may be related

Level of History

The same criteria used by CMS are used for workers' compensation care. Note that complete Review of Systems (ROS) is an established requirement for a comprehensive history in most systems, and has been modified to provide useful information in workers' compensation encounters and is attached at the end of this document.

CMS and Function-Oriented	CC	HPI	Past, Family, Social	ROS
Problem-Focused	Required	Brief (1-3 elements)	N/A	N/A
Expanded Problem-Focused	Required	Brief (1-3 elements)	N/A	Problem-Pertinent (affected system)
Detailed	Required	Extended (4 + elements)	Pertinent (minimum 1 item from any)	Extended (2 – 9 elements)
Comprehensive	Required	Extended (4 + elements)	Complete (minimum 1 item from each)	Complete (10 + elements)

Physical Exam

Physical Exam Bullets (CMS 1997 criteria)

The following table presents the 1997 CMS physical exam criteria. A comprehensive physical exam using CMS criteria includes many elements that are totally irrelevant to workers' compensation injury evaluation and care, and the CMS criteria are missing many critical factors that should be examined. The CMS criteria table is followed by a proposed Occupational Medicine specialty musculoskeletal exam appropriate for workers' compensation care purposes. Templates for specific applying the proposed specialty exam to specific injured areas are in the attachments. Compare these criteria to the proposed Occupational Medicine specialty musculoskeletal exam that follows.

Organ	CMS Criteria
Constitutional	1) Three vital signs 2) General appearance
Eyes	1) Inspection of conjunctivae and lids 2) Examination of pupils and irises (PERRLA) 3) Ophthalmoscopic discs and posterior segments
ENT/Mouth	1) External appearance of the ears and nose (overall appearance, scars, lesions, masses) 2) Otoscopic examination of the external auditory canals and tympanic membranes 3) Assessment of hearing 4) Inspection of nasal mucosa, septum and turbinates 5) Inspection of lips, teeth and gums 6) Examination of oropharynx: oral mucosa, salivary glands, hard and soft palates, tongue, tonsils and posterior pharynx
Neck	1) Examination of neck (e.g., masses, overall appearance, symmetry, tracheal position, crepitus) 2) Examination of thyroid
Respiratory	1) Assessment of respiratory effort (e.g., intercostal retractions, use of accessory muscles, diaphragmatic movement) 2) Percussion of chest (e.g., dullness, flatness, hyperresonance) 3) Palpation of chest (e.g., tactile fremitus) 4) Auscultation of the lungs
Cardiovascular	1) Palpation of the heart (location, size, thrills) 2) Auscultation of the heart with notation of abnormal sounds and murmurs 3) Assessment of lower extremities for edema and/or varicosities 4) Examination of the carotid arteries (e.g., pulse amplitude, bruits) 5) Examination of abdominal aorta (e.g., size, bruits) 6) Examination of the femoral arteries (e.g., pulse amplitude, bruits) 7) Examination of the pedal pulses (e.g., pulse amplitude)
Chest (Breasts)	1) Inspection of the breasts (e.g., symmetry, nipple discharge) 2) Palpation of the breasts and axillae (e.g., masses, lumps, tenderness)
GI	1) Examination of the abdomen with notation of presence of masses or tenderness 2) Examination of the liver and spleen

	3) Examination for the presence or absence of hernias 4) Examination (when indicated) of anus, perineum, and rectum, including sphincter tone, presence of hemorrhoids, rectal masses 5) Obtain stool for occult blood testing when indicated
GU (male)	1) Examination of the scrotal contents (e.g., hydrocoele, spermatocoele, tenderness of cord, testicular mass) 2) Examination of the penis 1) Digital rectal examination of the prostate gland (e.g., size, symmetry, nodularity, tenderness)
GU (female)	Pelvic examination (with or without specimen collection for smears and cultures, which may include: 1) Examination of the external genitalia (e.g., general appearance, hair distribution, lesions) 2) Examination of the urethra (e.g., masses, tenderness, scarring) 3) Examination of the bladder (e.g., fullness, masses, tenderness) 4) Examination of the cervix (e.g., general appearance, discharge, lesions) 5) Examination of the uterus (e.g., size, contour, position, mobility, tenderness, consistency, descent or support) 6) Examination of the adnexa/parametria (e.g., masses, tenderness, organomegaly, nodularity)
Lymphatic	Palpation of lymph nodes **two** or more areas: 1) Neck 3) Groin 2) Axillae 4) Other
Musculoskeletal	1) Examination of gait and station 2) Inspection and/or palpation of digits and nails (e.g., clubbing, cyanosis, inflammatory conditions, petechiae, ischemia, infections, nodes) 3) Examination of the joints, bones, and muscles of one or more of the following six areas: a) head and neck b) spine, ribs, and pelvis c) right upper extremity d) left upper extremity e) right lower extremity f) left lower extremity The examination of a given area may include: 1) Inspection and/or palpation with notation of presence of any misalignment, asymmetry, crepitation, 2) defects, tenderness, masses or effusions 3) Assessment of range of motion with notation of any pain, crepitation or contracture 4) Assessment of stability with notation of any dislocation, subluxation, or laxity 5) Assessment of muscle strength and tone (e.g., flaccid, cogwheel, spastic) with notation of any atrophy or abnormal movements
Skin	1) Inspection of skin and subcutaneous tissue (e.g., rashes, lesions, ulcers) 2) Palpation of the skin and subcutaneous tissue (e.g., induration, subcutaneous nodules, tightening)
Neurologic	1) Test cranial nerves with notation of any deficits 2) Examination of DTRs with notation of any pathologic reflexes (e.g., Babinksi) 3) Examination of sensation (e.g., by touch, pin, vibration, proprioception)
Psychiatric	1) Description of patient's judgment and insight Brief assessment of mental status which may include 1) orientation to time, place, and person 2) recent and remote memory 3) mood and affect

Auditing Criteria for Specialty Exam: Occupational Medicine Musculoskeletal

Refer to the data section (table below) in order to quantify. After reviewing the medical record documentation, identify the level of examination. Circle the level of examination based on the number of bullets within the appropriate grid at the end.

Performed and Documented	Level of Exam
One to six bullets	Problem Focused
Seven to twelve bullets	Expanded Problem Focused
Thirteen or more bullets	Detailed
All bullets, with detailed spine exam OR detailed extremity exam	Comprehensive

(Circle the bullets that are documented.)

Constitutional	• Measurement of any 3 of these vital signs: heart rate, blood pressure; height, weight, calculated BMI. • General appearance (e.g. pain behavior, movement during visit, evidence for or against sedation)	
Psychiatric	• Cognition (e.g. orientation to time, place, and person; insight and judgment; recent and remote memory; ability to provide a detailed history) • Mood/affect or cooperation level	
Spine and Extremities	Detailed Spine Exam • Assessment of range of motion (flexion, extension, lateral bending and rotation) of involved and adjacent spine segments • Inspection/palpation/percussion of spinous processes • Examination of joints just distal to the relevant spine area (e.g. shoulder if neck injury) • Sensation in the relevant dermatome (e.g., by touch, pin, vibration, proprioception) • Examination of deep tendon reflexes with notation of any pathologic reflexes (e.g., Babinksi) • Examination of bilateral strength in the relevant area (for neck, check UEs; for back, check LEs) • Assessment of muscle tone (e.g. flaccid, cogwheel, spastic) with notation of any atrophy or abnormal movements with bilateral circumferential measurements if difference is noted; or, tests related to balance or coordination; or bladder/anal sphincter laxity for r/o cauda equina) • Distraction, provocation or other special tests (e.g. straight leg raise and crossed straight leg raise) with description of findings (not positive or negative)	Detailed Extremity Exam (document examination of both sides if injury to extremity): • Inspection for evidence of inflammation or chronic connective tissue disease, misalignment, asymmetry • Palpation of joints/limbs crepitation, defects, tenderness, masses or effusion • Assessment of active and then passive range of motion with notation of any pain, crepitation or contracture in the affected joint • Assessment of active and then passive range of motion in the joints proximal to the injured joint (e.g. if wrist was injured, examine elbow movement on the affected side) • Assessment of active and then passive range of motion in the joints distal to the injured joint (e.g. if wrist was injured, examine thumb movement on the affected side) • Assessment of stability with notation of any dislocation, subluxation, or laxity • Distraction, provocation or other special tests with description of findings (not positive or negative) • Assessment of muscle tone (e.g. flaccid, cogwheel, spastic) with notation of any atrophy or abnormal movements with bilateral circumferential measurements if difference is noted
Related Organs	• Examination of any of these areas: Cardiovascular; Pulmonary; Gastrointestinal; Endocrine; Renal; Reproductive; Dermatologic	
Functional assessment	• Examination of gait, posture or balance • Ability to rise from chair or climb to/from table, with or without assistance of arms • Documentation of any of these: use of assistive devices; discrepancy between exam findings related to actual need for devices; tests or demonstration of ability to use affected body part (e.g. grip object, reach, squat); simulation of work activities	

Level of Exam Criteria

Because all the function-oriented exam elements are all relevant to a musculoskeletal injury or condition that may be seen in workers' compensation care, scoring is much simpler for levels of care.

Level of Exam	CMS Criteria	Function-Oriented Exam Performed and Documented
Problem-Focused	Limited to affected body area or organ system One to five bullets from one or more organ systems	One to six bullets
Expanded Problem-Focused	Affected body area or organ system Other symptomatic or related organ systems At least six bullets from any organ systems	Seven to twelve bullets
Detailed	Extended examination of affected body areas Other symptomatic or related organ systems At least two bullets from six organ systems OR 12 *bullets* from two or more organ systems	Thirteen or more bullets
Comprehensive	Complete single system specialty examination or Complete multi-system examination Two bullets from EACH of nine organ systems	All bullets, with detailed spine exam OR detailed extremity exam

Medical Decision Making Criteria

Complexity of Medical Decision Making

Complexity of medical decision making (MDM) takes into account the number of clinical problems (number of diagnoses or management options); the amount and complexity of data the clinician reviews; and the risk of complications, morbidity or mortality. The MDM criteria for function-oriented workers' compensation encounters are largely the same as the CMS criteria, with clarification of the types of problems, management options, data and risk that are relevant to workers' compensation related care. The following is the CMS table for medical decision making level. This same schema can be used for function-oriented encounters appropriate for WC care, with some changes in the definition of the categories that inform. See the subsequent tables below for suggested modifications.

Level of Complexity	Number of diagnoses or management options	Amount/complexity of data to be reviewed	Risk of complications, morbidity or mortality
STRAIGHTFORWARD	Minimal	Minimal or None	Minimal
LOW COMPLEXITY	Limited	Limited	Low
MODERATE COMPLEXITY	Multiple	Moderate	Moderate
HIGH COMPLEXITY	Extensive	Extensive	High

Medical Decision Making Criteria – CMS vs. Function-Oriented Criteria

The only difference between the CMS and Function-Oriented Criteria for medical decision making complexity is including work disability as a morbidity outcome.

Note that there is a need for separate coding rules for extensive documentation review or case management activities commonly needed in workers' compensation – these will be addressed in separate documents, and not included in routine E&M encounter elements.

Criterion	CMS Criteria	Function-Oriented Criteria
STRAIGHTFORWARD	● Minimal number of diagnoses or management options ● Minimal or no data to be reviewed ● Minimal risk of complications, morbidity, mortality	● Minimal number of diagnoses or management options ● Minimal or no data to be reviewed ● Minimal risk of complications, morbidity (including work disability), mortality
LOW COMPLEXITY	● Limited number of diagnoses or management options ● Limited amount or complexity of data to be reviewed ● Low risk of complications, morbidity, mortality	● Limited number of diagnoses or management options ● Limited amount or complexity of data to be reviewed ● Low risk of complications, morbidity (including work disability), mortality
MODERATE COMPLEXITY	● Multiple diagnoses or management options ● Moderate amount or complexity of data to be reviewed ● Moderate risk of complications, morbidity, mortality	● Multiple diagnoses or management options ● Moderate amount or complexity of data to be reviewed ● Moderate risk of complications, morbidity (e.g. prolonged work disability)
HIGH COMPLEXITY	● Extensive diagnoses or management options ● Extensive amount or complexity of data to be reviewed ● High risk of complications, morbidity, mortality	● Extensive diagnoses (e.g. multiple past workers compensation claims) or management options ● Extensive amount or complexity of data to be reviewed ● High risk of complications, morbidity (e.g. prolonged work disability), mortality

Risk Level Table

Note that chronic work disability is considered a severe outcome, equivalent to loss of life or limb. Risk is based on highest level in any column, as in CMS system.

Risk Level	CMS Criteria			Function-Oriented Criteria for WC Injury or Illness		
	Presenting Problems	**Diagnostic Procedures**	**Management Options Selected**	**Presenting Problems**	**WC Diagnostic Procedures**	**Management Options Selected**
Minimal	One self-limited or minor problem	Laboratory tests Chest X-rays EKG/EEG Urinalysis Ultrasound/Echocardiogram KOH prep	Rest Gargles Elastic bandages Superficial dressings	One self-limited or minor problem	Laboratory tests X-rays Audiology EKG	Elastic bandages Superficial dressings
Low	Two or more self-limited or minor problems One stable chronic illness Acute uncomplicated injury or illness	Physiologic tests not under stress Non-cardiovascular imaging studies with contrast Superficial needle biopsy ABG Skin biopsies	Over the counter drugs Minor surgery, with no identified risk factors Physical therapy Occupational therapy IV fluids, without additives	Two or more self-limited or minor problems One stable chronic condition Acute uncomplicated injury or illness	Physiologic tests not under stress (e.g. spirometry) Imaging studies other than X-rays, without contrast Allergy or skin patch testing	Over the counter drugs Work restrictions addressing only the injured body part Splints Physical therapy Occupational therapy Counseling on safe activities and self-care
Moderate	Two stable chronic illnesses One chronic illness with mild exacerbation or progression Undiagnosed new problem with uncertain prognosis Acute complicated injury	Physiologic tests under stress, e.g., cardiac stress test, fetal contraction stress test Diagnostic endoscopies, with no identified risk factors Deep needle, or incisional biopsies Cardiovascular imaging studies, with contrast, with no identified risk factors, e.g., arteriogram, cardiac catheterization Obtain fluid from body cavity, e.g., LP/thoracentesis	Minor surgery, with identified risk factors Elective major surgery with no identified risk factors Prescription drug management Therapeutic nuclear medicine IV fluids, with additives Closed treatment of fracture or dislocation, without manipulation	Two stable chronic conditions One chronic condition with mild exacerbation or progression Undiagnosed new problem with uncertain prognosis Acute complicated injury Delayed injury recovery compared to estimated duration of disability Use of opioids past 30 days Work relationship problems Already off work, less than 4 weeks	Nerve testing Bone scans Imaging studies with contrast Functional capacity evaluation Physiologic tests under stress, e.g., cardiac stress test, pulmonary exercise test	Work restrictions addressing multiple body parts/functions Management of work accommodations, hazard abatement, equipment or ergonomic modifications Addressing environmental tests Joint aspiration or epidural injection Prescription drug management Closed treatment of fracture or dislocation, without manipulation Counseling on self-management for pain, disability risk factors, activities to support return-to-work
High	One or more chronic illness, with severe exacerbation or progression Acute or chronic illness or injury, which poses a threat to life or bodily function An abrupt change in neurological status	Cardiovascular imaging, with contrast, with identified risk factors Cardiac EP studies Diagnostic endoscopies, with identified risk factors Discography	Elective major surgery with identified risk factors Emergency major surgery Parenteral controlled substances Drug therapy requiring intensive monitoring for toxicity Decision not to resuscitate, or to de-escalate care	One or more chronic illness, with severe exacerbation/progression Acute or chronic illness or injury, which poses a threat to life, bodily function or return to work Presence of more than one disability risk flag Use of opioids past 60 days Off work more than 4 weeks Job/modified work not available	Methacholine challenge	Detailed determination of overall functional abilities related to permanent restrictions Collaboration with vocational rehabilitation Parenteral controlled substances Drug therapy requiring intensive monitoring for toxicity (including chronic opioid management or detoxification) Work-focused cognitive behavioral therapy Functional restoration program Multidisciplinary pain mgmt. program

Risk for Chronic Work Disability

The proposed alternative risk table for workers' compensation care includes clinical problems known to increase the risk of chronic work disability, including opioid use, already being off work, and presence of disability risk factors. Risk management strategies appropriate for mitigating these risk factors have been added to the "management options selected" column. This table can also serve to help determine whether the medical decision making is appropriate for the clinical problem level identified.

The treating provider must provide clear documentation of the rationale for attributing high risk for chronic work disability to a clinical situation.

Ideally, there should be evidence of screening for evidence-based risk categories: adverse childhood experiences (ACE); yellow flags for pain behavior, disability beliefs, catastrophization, fear/avoidance; blue flags for problems between the worker and workplace; black flags for systemic barriers to return-to-work such as employer policy; orange flags for mental illness. (ACOEM proposes establishing a separate code for billing for performing screening for disability risk using standardized forms. The proposed ground rules for documentation of such screening will be developed in another document.)

The management plan should address mitigation of the identified risk factors, including an evidence-based opioid management plan when opioids are used.

Return-to-work should be addressed at the first meeting with the injured employee, and be updated at each additional visit. Because a prolonged period of time off work will decrease the likelihood of return to work, the first weeks of treatment are crucial in preventing and/or reversing chronicity and disability mindset.

References:

Early Identification and Management of Psychological Risk Factors ("Yellow Flags") in Patients with Low Back Pain: A Reappraisal. Nicholas MK, Linton SJ, Watson PJ, Main CJ, "Decade of the Flags" Working Group. *Physical Therapy,* May 2011 Vol 91 (5): 737-753.

Early Patient Screening and Intervention to Address Individual-Level Occupational Factors ("Blue Flags") in Back Disability. Shaw WS, Van der Windt DA, Main CJ, Loisel P, Linton SJ, "Decade of the Flags" Working Group. Journal of Occupational Rehabilitation, 2009, Vol 19: 64-80.

http://www.physio-pedia.com/The_Flag_System

Medical Decision-Making Point System

Problem Points

For CMS auditing purposes, a point system was developed and piloted by the Marshfield Clinic, to help quantify the nebulous criteria for nature and number of clinical problems (minimal, limited, multiple, extensive). This auditing point system was distributed by CMS to Medicare carriers. The "nature and number of clinical problems" are quantified into Problem Points by referring to the following table. Note that a long-standing problem can still be considered a new problem if it is new to the examiner. Points are added, but the maximum is 4.

For this table, the function-oriented criteria are essentially the same as CMS criteria, but different examples are given for typical WC encounters.

CMS Criteria	Function-Oriented Criteria	Workers' Compensation Encounter Examples	Points
Self-limited or minor	Self-limited or minor	Jammed finger or wrist sprain	1
Established problem, stable or improving	Established problem, stable or improving	Stable depression, under treatment; previous separate WC injury, improving	1
Established problem, worsening	Established problem, worsening	Knee osteoarthritis, with worse symptoms or swelling	2
New problem, no additional work-up needed	Established or new patient with a new problem, no additional work-up needed	Allergic reaction to the materials in a splint or elastic bandage	3
New problem, with additional work-up needed	Established or new patient with a new problem, with additional work-up needed	Any new clinical or vocational issue which requires further investigation such as new symptoms suggesting misdiagnosis (e.g. shoulder injury now presenting with radicular symptoms warranting need for cervical spine imaging) or need for clarification of job tasks, hazards, demands or personal protective equipment needed.	4

Data Points

The following table shows the CMS Criteria and Function-Oriented alternative criteria for data points, to score the amount and complexity of the data reviewed.

Note that there is a need for separate coding rules for extensive documentation review or case management activities commonly needed in workers' compensation – these will be addressed in separate documents, and not included in routine E&M encounter elements.

CMS Criteria for Data Reviewed	Function-Oriented Criteria for WC Injury/Illness	Points
Review or order clinical lab tests	Review or order clinical lab tests	1
Review or order radiology test (except heart catheterization or echo)	Review or order radiology test	1
Review or order medicine test (PFTs, EKG, cardiac echo or catheterization)	Review or order PFT, EKG, Audiogram	1
Discuss test with performing physician	Discuss test with performing physician or discuss work tasks or restrictions with stakeholder (e.g. employer)	2
Independent review of image, tracing, or specimen	Independent review of image, tracing, or specimen	2
Decision to obtain old records	Identify and request needed additional records, including job-related	1
Review and summation of old records	Review and summation of old records, including exposure records	2

Calculating Cognitive Labor Using Medical Decision Making Points System

There is no difference between the CMS and Function-Oriented criteria for medical decision making. Note 2 out of 3 must be present to qualify for a given level.

Level of Complexity of Medical Decision Making	Problem Complexity		Data Complexity		Risk
	Number of diagnoses or management options	Problem Points	Amount/complexity of data to be reviewed	Data Points	Risk of complications, morbidity or mortality
Straightforward Complexity	Minimal	1	Minimal or None	1	Minimal
Low Complexity	Limited	2	Limited	2	Low
Moderate Complexity	Multiple	3	Moderate	3	Moderate
High Complexity	Extensive	4	Extensive	4	High

Problem Severity Criteria

Problem severity is one of the separate criteria used in determining the level of care by CMS. There is a lot of overlap with Medical Decision Making criteria. Criteria are the same for CMS and Function-Oriented, except that workers' compensation (WC) Function-Oriented criteria also consider risk of work disability as a measure of morbidity.

Nature of Problem	CMS Criteria	Function-Oriented Criteria
Minimal	1. Problem does not require physician presence 2. Service provided under supervision of a physician	1. Problem does not require physician presence 2. Service provided under supervision of a physician
Self-limited or minor **2 out of 3**	1. Minimal number of diagnoses or management options 2. Minimal or no data to be reviewed 3. Minimal risk of complications, morbidity, mortality	1. Minimal number of diagnoses or management options 2. Minimal or no data to be reviewed 3. Minimal risk of complications, morbidity (e.g. work disability), mortality
Low severity **2 out of 3**	1. Limited number of diagnoses or management options 2. Limited amount or complexity of data to be reviewed 3. Low risk of complications, morbidity, mortality	1. Limited number of diagnoses or management options 2. Limited amount or complexity of data to be reviewed 3. Low risk of complications, morbidity (e.g. work disability), mortality
Moderate severity **2 out of 3**	1. Multiple diagnoses or management options 2. Moderate amount or complexity of data to be reviewed 3. Moderate risk of complications, morbidity, mortality	1. Multiple diagnoses or management options 2. Moderate amount or complexity of data to be reviewed 3. Moderate risk of complications, morbidity (e.g. work disability), mortality
High severity **2 out of 3**	1. Extensive diagnoses or management options 2. Extensive amount or complexity of data to be reviewed 3. High risk of complications, morbidity, mortality	1. Extensive diagnoses or management options 2. Extensive amount or complexity of data to be reviewed 3. High risk of complications, morbidity (e.g. work disability), mortality

Coding Requirements for New Patient Encounters

Coding new patient encounters in workers' compensation would use the same requirements as CMS for type of encounter.

Type of Encounter	AMA CPT Code	CMS CPT Requirements	Example
New patient, simple	99201	A PROBLEM FOCUSED HISTORY; A PROBLEM FOCUSED EXAMINATION; STRAIGHTFORWARD MEDICAL DECISION MAKING. SELF-LIMITED OR MINOR PROBLEM. PHYSICIAN TIME 10 MINUTES.	Contusion of finger in a door
New patient, straightforward	99202	AN EXPANDED PROBLEM FOCUSED HISTORY; AN EXPANDED PROBLEM FOCUSED EXAMINATION; STRAIGHTFORWARD MEDICAL DECISION MAKING. LOW SEVERITY OR MODERATE SEVERITY PROBLEM. PHYSICIAN TIME 20 MINUTES.	Landscaper with a puncture wound to the foot
New patient, detailed	99203	A DETAILED HISTORY; A DETAILED EXAMINATION; MEDICAL DECISION MAKING OF LOW COMPLEXITY. MODERATE SEVERITY PROBLEM. PHYSICIAN TIME 30 MINUTES.	Fall at work resulting in low back pain and visible contusion
New patient, moderately complex	99204	A COMPREHENSIVE HISTORY; A COMPREHENSIVE EXAMINATION; MEDICAL DECISION MAKING OF MODERATE COMPLEXITY. MODERATE OR HIGH SEVERITY PROBLEM. PHYSICIAN TIME 45 MINUTES.	Ankle injury in patient with arthritis and past knee injury
New patient, high complexity	99205	A COMPREHENSIVE HISTORY; A COMPREHENSIVE EXAMINATION; MEDICAL DECISION MAKING OF HIGH COMPLEXITY. MODERATE OR HIGH SEVERITY PROBLEM. PHYSICIAN TIME 60 MINUTES.	Shoulder injury with radicular symptoms, on opioids from other doctor for 2 months

Coding Requirements for Established Patient Encounters

Coding established patient encounters in workers' compensation would use the same requirements as CMS for type of encounter. In workers' compensation related care, it is the date of injury/claim that establishes a patient as new or established (new patient if new injury/claim even if known to the practice/clinician.)

Type of Encounter	AMA CPT Code	CMS CPT Requirements	Example
Established patient*, simple	99211	MAY NOT REQUIRE THE PRESENCE OF A PHYSICIAN. USUALLY, THE PRESENTING PROBLEM(S) ARE MINIMAL. TYPICALLY, 5 MINUTES ARE SPENT PERFORMING OR SUPERVISING THESE SERVICES. MINIMAL PROBLEM. STAFF TIME 5 MINUTES.	Follow-up minor laceration
Established patient, straightforward	99212	AT LEAST 2 OF THESE 3 KEY COMPONENTS: (A PROBLEM FOCUSED HISTORY; A PROBLEM FOCUSED EXAMINATION; STRAIGHTFORWARD MEDICAL DECISION MAKING.) SELF-LIMITED OR MINOR PROBLEM. PHYSICIAN TIME 10 MINUTES.	Follow-up resolved contusions
Established patient, detailed	99213	AT LEAST 2 OF THESE 3 KEY COMPONENTS: (AN EXPANDED PROBLEM FOCUSED HISTORY; AN EXPANDED PROBLEM FOCUSED EXAMINATION; MEDICAL DECISION MAKING OF LOW COMPLEXITY.) LOW OR MODERATE SEVERITY PROBLEM. PHYSICIAN TIME 15 MINUTES.	Follow-up wrist sprain
Established patient, moderately complex	99214	AT LEAST 2 OF THESE 3 KEY COMPONENTS: (A DETAILED HISTORY; A DETAILED EXAMINATION; MEDICAL DECISION MAKING OF MODERATE COMPLEXITY.) MODERATE OR HIGH SEVERITY PROBLEM. PHYSICIAN TIME 25 MINUTES.	Neurologic symptoms suggesting carpal tunnel syndrome after wrist sprain
Established patient, high complexity	99215	AT LEAST 2 OF THESE 3 KEY COMPONENTS: (A COMPREHENSIVE HISTORY; A COMPREHENSIVE EXAMINATION; MEDICAL DECISION MAKING OF HIGH COMPLEXITY.) MODERATE OR HIGH SEVERITY PROBLEM. PHYSICIAN TIME 40 MINUTES.	Back strain complicated by depression and opioid dependence

Summary

The proposed modified ground rules for history elements (to include causation, functional impact and risk for chronic work disability), physical examination (to focus on functional impact), medical decision making (to include mitigating risk for chronic work disability) and problem severity (to include chronic opioid use and disability beliefs) will promote better clinical management in workers' compensation clinical encounters, while ensuring that clinicians are appropriately paid for the cognitive work involved in preventing unnecessary work disability. Workers' compensation related encounters should also include the flexibility of coding based on time with appropriate documentation; such time-based encounters could be used for follow-up related to mitigation of work disability risk, such as overcoming strong disability beliefs and addressing fear/avoidance behavior that is interfering with successful return to work. These proposed ground rules work within the established parameters for codes and levels of care for new and established patients, and should be easy to adopt without major system modifications.

Attachment 1 – ACOEM Value Statement

Workers' Compensation Medical Care – Time to Focus on Value!

AMERICAN COLLEGE OF OCCUPATIONAL AND ENVIRONMENTAL MEDICINE

Every year in the United States, there are over a million workplace injuries or illnesses severe enough that days are lost from work. [1] The number of work-related illnesses and injuries in the American workforce requiring at least one day from work totals 1,157,410 cases annually, with a median of 9 days lost from work. The cost for total workers' compensation benefits paid in 2013 was $63.6 billion, an increase of more than 8% since 2009. This accounts for at least 5% of payroll costs for the average workplace.

Injured workers require medical care and careful attention to factors that will help them recover their ability to work, but current medical practice guidelines focus on disease diagnosis and treatment of symptoms, not function. At present there is no widely used system of coding guidelines for workers' compensation clinical encounters that is specifically geared towards maximizing outcomes for both patient health and patient work function. Current coding rules fail to incentivize the delivery of services that are critically important in the workers' compensation arena or take into account occupational exposures, functional capacity, work disability risk or employment status. In addition to the usual medical care, workers' compensation requires health care providers to address additional issues such as causation, functional impact, return-to-work planning, and other issues not represented in the most widely used payment systems.

The resulting misalignment between these current coding rules designed for other purposes and Occupational Medicine best practices has often negatively impacted medical outcomes for injured workers, and created barriers to improved health care quality and needlessly increased medical and disability costs. There is evidence, however, that even modest changes to compensate physicians for specific services within specific time frames produce tremendous benefits. The states of Washington and Colorado have instituted measures to include medical treatment guidelines and disability management. In the Washington state system, this new system has resulted in the reduction of disability days per claim by 4.1 days and in one area near Seattle, 4,800 days of disability were avoided per 1,000 workers treated by providers in the program. This program has demonstrated that a small investment of money to incentivize providers to follow a few best practices specific to workers' compensation patients can produce very rewarding returns in the health and satisfaction of workers, and cost-savings for employers.

ACOEM supports the adoption of a different set of ground rules for using the Current Procedural Terminology (CPT®) Evaluation and Management (E&M) codes when the visits are for workers' compensation clinical encounters. These new rules provide guidelines for documenting many of the services relevant in workers' compensation encounters to align them with a functional-based evaluation. The proposed changes align with the CPT/CMS guidelines for Evaluation and Management codes, adding functionality and disability risk as components in documenting history, exam and medical decision-making elements, while decreasing emphasis on history and examination elements that are not as significant in workers' compensation encounters. The Occupational Medicine musculoskeletal specialty exam would place emphasis on functional impact and comprehensive examination of the injured body part. Details of the proposed changes may be found at www.betterworkcompcare.org.

In addition to changes to documentation guidelines for outpatient visit Evaluation and Management services, ACOEM also proposes the continued use of consultation codes in workers' compensation, and the use of case management codes with alternative ground rules (to be developed) appropriate for workers' compensation care.

In those instances where there are no existing CPT codes for services critical to workers' compensation care, ACOEM proposes the adoption of new codes with ground rules for their use.

The advantages of utilizing a properly focused payment system in workers' compensation should be clear and the incentives are significant to the workers, the workers' compensation carriers, the employers, as well as the providers.

[1] Bureau of Labor Statistics http://www.bls.gov/iif/oshwc/osh/case/osch0055.pdf.

Attachment 2 – Template for OEM History – Use for Narration

1. **Chief Complaint (How did the injury happen or did the condition arise? Include dates)**

2. **History of the Present Illness (location/ severity (impact on function)/ timing/ modifying factors/ quality/ duration/ context/ associated signs/symptoms):**

3. **Past History**

    a. **Current medications**
    b. **Drug allergies**
    c. **Significant illnesses under care**
    d. **Past injuries or conditions or surgeries relevant to the current work injury claim**
    e. **Past workers' compensation claims**
    f. **Immunization status only if relevant to the work injury**

4. **Family History**
    a. **Work/Disability status of family members**
    b. **History of adverse childhood experiences**
    c. **Family/home situational stressors and supports**
    d. **Hereditary diseases if relevant**

5. **Social History**
    a. **Occupational history**
    b. **Current employment**
    c. **Work relationships and stressors**
    d. **Level of education**
    e. **Marital status or living arrangements**
    f. **Stress, sleep, coping**
    g. **Use of addictive substances**
    h. **Lifestyle (Nutrition, exercise, meditation, involvement in community)**

6. **Review of Systems (☐ See separate form)**
    a. **Energy level**
    b. **Exercise capacity**
    c. **Sleep/snoring**
    d. **Attention/concentration**
    e. **Weight changes**
    f. **Appetite change**
    g. **Libido change**
    h. **Joint pain/swelling**
    i. **Headaches**
    j. **Numbness/tingling/weakness**
    k. **Depression/anxiety/worry**
    l. **Anger/irritability**

Attachment 3 – Review of Systems for OEM Workers' Compensation Encounter

Name: _____ **Date:** _____

Use either the severity scale (1 for not a problem; 4 for severe) or the frequency scale to answer how much of a problem each of these were in the last month. Use the back of the form to explain further if needed.

How bad?	1	2	3	4
How often?	Never or rarely	Sometimes	Often	Usually/ Daily
Low energy level				
Fatigue				
Sleep problems (if you answered 3 or 4, please answer the following too)				
Trouble falling asleep				
Trouble falling back to sleep				
Interrupted sleep				
Early waking				
Restless legs				
Snoring				
Not feeling rested after sleep				
Sleeping too much				
Headache				
Joint pains				
Numbness/tingling/weakness (Where?)				
Reduced exercise capacity				
Dissatisfied with current weight				
Weight changes				
Decreased appetite				
Increased appetite				
Change in libido (sexual appetite)				
Increased anger/irritability				
Decreased attention/concentration				
Feeling sad or depressed				
Feeling worried or anxious				
Change in use of addictive substances				
Use of illegal drugs				
Drinking more than 2 alcoholic drinks at one time (if you answered 3 or 4, please also answer the next 4 questions)				
Felt you should cut down				
Felt annoyed by people criticizing your drinking?				
Felt bad or guilty about drinking				
Had a drink first thing upon waking up				
Smoking, vaping, used smokeless tobacco				
Problems with spouse/partner				
Significant problems with children				
Serious financial stressors				
Less interest in hobbies/usual recreation				
Less involvement with friends/organizations/ church				
Work schedule problems				
High stress at work				

Lack of support, or friction with others, at work				
High physical demands at work				

If you are not working right now, please indicate how soon you expect to be able to return to your regular work:

☐ Next 2 weeks ☐ Next 2 months ☐ I don't know ☐ I don't expect to ☐ Other: _____

Attachment 4 – Template for OEM Workers' Compensation Exam for Neck Injury

---

OEM WC Exam Neck Injury

(Perform clinically indicated examination; refer to the coding criteria above to assign appropriate level. Template includes items expected for a comprehensive level of exam. Delete any items not examined and provide documentation supporting examination performed.)

Constitutional

- ***Vital Signs*** *(**any 3** of these counts as one bullet*)

  HR:
  BP:
  Height:
  Weight:
  BMI:

- ***Appearance*** (*describe pain behavior, movement or evidence of sedation/impairment):*

Psychiatric

- ***Cognition*** (*describe orientation, insight, judgment, memory or quality of history)*

- ***Mood/Affect/Cooperation***

Spine Exam for Neck Injury

- ***Range of motion*** *(May document as normal, near normal, decreased, etc.; exact measurement not expected; **6 of 10** needed to count as completed)*
  Cervical Flexion _____ (Normal - 50 degrees)
  Cervical Extension _____ (Normal - 60 degrees)
  Cervical Right Lateral _____ (Normal - 45 degrees)
  Cervical Left Lateral _____ (Normal - 45 degrees)
  Cervical Right Rotation _____ (Normal - 80 degrees)
  Cervical Left Rotation _____ (Normal - 80 degrees)
  Thoracic Flexion _____ (Normal - 45 degrees)
  Thoracic Extension _____ (Normal - 0 degrees)
  Thoracic Right Lateral _____ (Normal - 30 degrees)
  Thoracic Left Lateral _____ (Normal - 30 degrees)

- ***Palpation/inspection*** (describe any spasm, guarding, asymmetry, abnormal curvature ***or*** describe as normal to palpation/inspection)

- **Shoulder** (*Compare sides; delete items if not examined. Count as completed if bilateral exam including **any** of the following elements)* Exam resource: http://stanfordmedicine25.stanford.edu/the25/shoulder.html)

  Right
  Inspection/Palpation - no evidence of swelling, ecchymosis or joint deformity

  Active ROM - normal forward flexion (0-180), backward extension (0-60), abduction (0-180), adduction, internal rotation ((0-70) and external rotation (0-90)

  Passive ROM - normal forward flexion (0-180), backward extension (0-60), abduction (0-180), adduction, internal rotation ((0-70) and external rotation (0-90)

  Stability - no evidence of dislocation

- ***Special tests*** *(e.g. provocation or distraction tests related to neck or shoulder; describe response and include side if relevant;; counted as completed if **any** relevant special test result is documented*) (resource: http://www.physio-pedia.com/Cervicothoracic_tests)

  Examples of provocative tests:
  Adson test is negative.
  (Tip: The patient's head is rotated to face the tested shoulder. The patient extends the head while the assessor laterally rotates and extends the patient's shoulder. The examiner finds the radial pulse, and the patient is asked to inhale once very deeply and hold it. A disappearance of the pulse is considered positive.)

  Shoulder Abduction Test is negative on the Right or Left.
  (Tip: Used for patients with complaints at rest suggesting cervical radiculopathy. Instruct seated patient to put the hand of the affected extremity on his head, to support the extremity in the scapular plane. A positive response is reduction of ipsilateral cervical radicular symptoms.)

  Impingement sign is negative.
  (Tip: Raise patient arm into forced flexion while stabilizing the scapula and so preventing its rotation. Pain developing before 180 degrees of forward flexion is considered positive.)

  Neer Sign is negative.
  (Tip: Place one hand over the shoulder then forward flex the arm 90 degrees in front of the patient followed by internal rotation of the whole arm at the shoulder, finally continue to raise the arm --> pain at shoulder is a positive test

  Hawkins Sign is negative.
  (Tip: Ask patient to forward flex arm their arm 90 degrees in front of them, then flex the elbow 90 degrees, then have your patient rotate the should internally while you apply resistance with external rotation --> pain at shoulder is a positive test.)

  Drop Arm Test is negative.
  (Tip: Ask patient raise arm to 90 degrees of abduction and lower it slowly. A suddenly dropped arm is considered positive and suggests a rotator cuff tear.)

Valsalva test is negative.

(Tip: Instruct the seated patient to take a deep breath and hold the breath while attempting to exhale over a 2-3-second period with gradually increasing force. This is basically holding pressure against a closed glottis, increases intraspinal pressure and may reproduce radicular symptoms related to a narrow neuroforamen.)

- ***Neuro - Sensation*** *(**Each dermatome must be tested** with sharp and soft touch to count as complete; modify with findings if not 5/5; delete testing not performed)*
  - Posterior aspect of the shoulders (C4)
    - Soft touch
      - Right normal
      - Left normal
    - Sharp touch
      - Right normal
      - Left normal
  - Lateral aspect of the upper arms (C5)
    - Soft touch
      - Right normal
      - Left normal
    - Sharp touch
      - Right normal
      - Left normal
  - Medial aspect of the lower arms (T1)
    - Soft touch
      - Right normal
      - Left normal
    - Sharp touch
      - Right normal
      - Left normal
  - Tip of the thumb (C6)
    - Soft touch
      - Right normal
      - Left normal
    - Sharp touch
      - Right normal
      - Left normal
  - Tip of the middle finger (C7)
    - Soft touch
      - Right normal
      - Left normal
    - Sharp touch
      - Right normal
      - Left normal
  - Tip of the fifth finger (C8)
    - Soft touch
      - Right normal

Left normal
Sharp touch
Right normal
Left normal
Other sensory testing performed:

- ***Neuro - Reflexes*** *(modify results based on exam; delete testing not performed;* ***3 out of 6*** *counts as performed)*
  - Biceps (C5, C6)
    - Right 2+
    - Left 2+
  - Brachioradialis (C6)
    - Right 2+
    - Left 2+
  - Triceps (C7)
    - RIght 2+
    - Left 2+
  - Patellar (L4)
    - Right 2+
    - Left 2+
  - Achilles Tendon (S1)
    - Right 2+
    - Left 2+
  - Babinski
    - Right toes downgoing
    - Left toes downgoing

- ***Neuro - Strength tested against examiner resistance*** *(Documentation of* ***at least 3 of these elements*** *tested bilaterally counts as performed; modify with findings if not 5/5; delete testing not performed)*

  - Thumb extension
    - Right 5/5
    - Left 5/5
  - Thumb opposition
    - Right 5/5
    - Left 5/5
  - Pinch strength
    - Right 5/5
    - Left 5/5
  - Grip strength
    - Right 5/5
    - Left 5/5
  - Interosseous strength
    - Right 5/5
    - Left 5/5
  - Wrist flexion
    - Right 5/5
    - Left 5/5

Wrist extension
Right 5/5
Left 5/5
Wrist radial movement
Right 5/5
Left 5/5
Wrist ulnar movement
Right 5/5
Left 5/5
Forearm pronation
Right 5/5
Left 5/5
Forearm supination
Right 5/5
Left 5/5
Biceps
Right 5/5
Left 5/5
Triceps
Right 5/5
Left 5/5
Shoulder abduction
Right 5/5
Left 5/5
Shoulder adduction
Right 5/5
Left 5/5
Shoulder flexion
Right 5/5
Left 5/5
Shoulder extension
Right 5/5
Left 5/5

- ***Neuro - Muscle tone*** (atrophy, spasm, cogwheeling)

- **Examination of Related Organ Systems** (*comprehensive level includes examination for **at least one** of these organ systems, if relevant to the presenting condition*)

  Cardiovascular (heart, peripheral circulation)

  Pulmonary (lung exam; rib cage)

  Gastrointestinal (bowel sounds, liver, spleen, abdominal cavity)

  Endocrine (thyroid, adrenal axis)

  Renal (kidney involvement if traumatic injury)

  Reproductive (inguinal hernia)

  Dermatologic (skin findings; dermatologic evidence for autoimmune condition that may confound presentation)

Functional Evaluation

- Observe/describe Gait/Posture/Balance/Movement):

- Describe movements to/from chair/exam table, use of arms to assist movement:

- Describe use of any assistive devices, and exam findings that support or contradict the need for such devices; OR describe provocative tests related to use of affected body part; OR describe simulated movements related to work activities involving the affected body part (e.g. grip, reach, squat)

Other Exam Findings

Attachment 5 – Auditing Worksheet

E&M Code Auditing Sheet ACOEM Workers' Compensation Ground Rules

Case #: _____ Audit Date: _____ Auditor: _____
Patient ID: _____ MR #: _____
Provider ID: _____ Payer: _____ DOS: _____ DOI: _____
CC/Reason for Visit: _____

HISTORY AND PHYSICAL EXAMINATION

	Final Results for History (3 of 3 required)	PROBLEM FOCUSED	EXPANDED PROBLEM FOCUSED	DETAILED	COMPREHENSIVE
HISTORY	**HPI:** ☐ Context (circumstances of work injury; work factors) ☐ Location ☐ Timing/Onset ☐ Quality ☐ Associated signs & symptoms ☐ Severity (functional impact) ☐ Modifying Factors ☐ Duration	Brief (1-3) ❑	Brief (1-3) ❑	Extended (4 or more) ❑	Extended (4 or more) ❑
	ROS: . ☐ Energy level ☐ Exercise capacity ☐ Sleep/snoring ☐ Attention/concentration ☐ Weight ☐ Appetite ☐ Libido ☐ Joint pain/swelling ☐ Headaches ☐ Numbness/tingling/weakness ☐ Depression/anxiety/worry ☐ Anger/irritability	None ❑	Pertinent to Problem (1 system) ❑	Extended (2-9) ❑	10 or more ❑
	PFSH (past medical, family, social history): ☐ **Past Hx.** (Meds, Allergies, Significant current illnesses, Past related injuries/conditions/surgeries, Past WC claims, Immunizations if relevant to injury) ☐ **Family Hx**. (Work/disability status of family members, History of Adverse Childhood Experiences (ACE), Family/home stressors/supports, Hereditary diseases only if relevant to claim condition) ☐ **Social Hx.** (Occupational Hx., Current job, Work relationships/stressors, Level of education, Marital status/living arrangements, Stress/sleep/coping, Use of addictive substances, Lifestyle: nutrition, exercise, meditation, community involvement)	None ❑	None ❑	One from any ❑	Complete (one from each) ❑
EXAM	See Specialty Exam: Occupational Medicine Musculoskeletal Exam Scoring Sheet below.	1-6 bullets ❑	7-12 bullets ❑	≥13 bullets ❑	All bullets, with including either detailed spine exam OR detailed extremity exam ❑

Specialty Exam: Occupational Medicine Musculoskeletal Exam

Performed and Documented	Level of Exam
One to six bullets	Problem Focused
Seven to twelve bullets	Expanded Problem Focused
Thirteen or more bullets	Detailed
All bullets, with detailed spine exam OR detailed extremity exam	Comprehensive

(Circle the bullets that are documented.)

<table>
<tr><td>Constitutional</td><td colspan="2">• Measurement of any 3 of these vital signs: heart rate, blood pressure; height, weight, calculated BMI.
• General appearance (e.g. pain behavior, movement during visit, evidence for or against sedation)</td></tr>
<tr><td>Psychiatric</td><td colspan="2">• Cognition (e.g. orientation to time, place, and person; insight and judgment; recent and remote memory; ability to provide a detailed history)
• Mood/affect or cooperation level</td></tr>
<tr><td>Spine and Extremities</td><td>Detailed Spine Exam
• Assessment of range of motion (flexion, extension, lateral bending and rotation) of involved and adjacent spine segments
• Inspection/palpation/percussion of spinous processes
• Examination of joints just distal to the relevant spine area (e.g. shoulder if neck injury)
• Sensation in the relevant dermatome (e.g., by touch, pin, vibration, proprioception)
• Examination of deep tendon reflexes with notation of any pathologic reflexes (e.g., Babinksi)
• Examination of bilateral strength in the relevant area (for neck, check UEs; for back, check LEs)
• Assessment of muscle tone (e.g. flaccid, cogwheel, spastic) with notation of any atrophy or abnormal movements with bilateral circumferential measurements if difference is noted; or, tests related to balance or coordination; or bladder/anal sphincter laxity for r/o cauda equina)
• Distraction, provocation or other special tests (e.g. straight leg raise and crossed straight leg raise) with description of findings (not positive or negative)</td><td>Detailed Extremity Exam (document examination of both sides if injury to extremity):
• Inspection for evidence of inflammation or chronic connective tissue disease, misalignment, asymmetry
• Palpation of joints/limbs for crepitation, defects, tenderness, masses or effusion
• Assessment of active and then passive range of motion with notation of any pain, crepitation or contracture in the affected joint
• Assessment of active and then passive range of motion in the joints proximal to the injured joint (e.g. if wrist was injured, examine elbow movement on the affected side)
• Assessment of active and then passive range of motion in the joints distal to the injured joint (e.g. if wrist was injured, examine thumb movement on the affected side)
• Assessment of stability with notation of any dislocation, subluxation, or laxity
• Distraction, provocation or other special tests with description of findings (not positive or negative)
• Assessment of muscle tone (e.g. flaccid, cogwheel, spastic) with notation of any atrophy or abnormal movements with bilateral circumferential measurements if difference is noted</td></tr>
<tr><td>Related Organs</td><td colspan="2">• Examination of any of these areas: Cardiovascular; Pulmonary; Gastrointestinal; Endocrine; Renal; Reproductive; Dermatologic</td></tr>
<tr><td>Functional assessment</td><td colspan="2">• Examination of gait, posture or balance
• Ability to rise from chair or climb to/from table, with or without assistance of arms
• Documentation of any of these: use of assistive devices; discrepancy between exam findings related to actual need for devices; tests or demonstration of ability to use affected body part (e.g. grip object, reach, squat); simulation of work activities</td></tr>
</table>

MEDICAL DECISION MAKING

Score Boxes A, B and C – enter results in Box D to determine medical decision making level.

BOX A: NUMBER OF DIAGNOSIS OR MANAGEMENT OPTIONS (# X POINTS = RESULTS)

	Problems to Exam Physician	#	Points	Results
PROBLEMS	Self-limited or minor (stable, improved or worsening) (e.g. jammed finger or wrist sprain)	Max = 2	1	
	Established problem; stable, improved	"	1	
	Established problem; worsening	"	2	
	New problem; no additional workup planned	Max = 1	3	
	New problem; additional workup planned	"	4	
	Bring total to line A Box D ***TOTAL***			

BOX B: AMOUNT/COMPLEXITY OF DATA TO BE REVIEWED

		Points	Results
DATA	Review or order clinical lab tests	1	
	Review or order radiology test	1	
	Review or order PFT, EKG, Audiogram	1	
	Discuss test with performing physician or discuss work tasks or restrictions with stakeholder (e.g. employer)	2	
	Independent review of image, tracing, or specimen	2	
	Identify and request needed additional records, including job-related	1	
	Review and summation of old records, including exposure records	2	
	Bring total to line B in Box D ***TOTAL***		

BOX D: FINAL RESULT FOR COMPLEXITY OF MEDICAL DECISION MAKING (2 OF 3 REQUIRED)

COMPLEXITY	A	Number of diagnosis or management options	≤1 Minimal	2 Limited	3 Multiple	≥4 Extensive
	B	Amount and complexity of data to be reviewed	≤1 Minimal	2 Limited	3 Moderate	≥4 Extensive
	C	Risk of complications and/or morbidity (including prolonged work disability) or mortality	Minimal	Low	Moderate	High
		Type of Decision Making	Straight - Forward	Low Complex	Moderate Complex	High Complex

Lowest of the 2 chosen determines the Medical Decision Complexity

BOX C: RISK OF COMPLICATION AND/OR MORBIDITY OR MORTALITY

Risk Level	Presenting Problem(s)	Diagnostic Procedure(s) Ordered	Management Options Selected
MIN	One self-limited or minor problem	Laboratory tests X-rays Audiology EKG	Elastic bandages Superficial dressings
LOW	Two or more self-limited or minor problems One stable chronic condition Acute uncomplicated injury or illness	Physiologic tests not under stress (e.g. spirometry) Imaging studies other than X-rays, without contrast Allergy or skin patch testing	Over the counter drugs Work restrictions addressing only the injured body part Splints Physical therapy Occupational therapy Counseling on safe activities and self-care
MODERATE	Two stable chronic conditions One chronic condition with mild exacerbation or progression Undiagnosed new problem with uncertain prognosis Acute complicated injury Delayed injury recovery compared to estimated duration of disability Use of opioids past 30 days Work relationship problems Already off work, less than 4 weeks	Nerve testing Bone scans Imaging studies with contrast Functional capacity evaluation Physiologic tests under stress, e.g., cardiac stress test, pulmonary exercise test	Work restrictions addressing multiple body parts/functions Management of work accommodations, hazard abatement, equipment or ergonomic modifications Addressing environmental tests Joint aspiration or epidural injection Prescription drug management Closed treatment of fracture or dislocation, without manipulation Counseling on self-management for pain, disability risk factors, activities to support return-to-work
HIGH	One or more chronic illness, with severe exacerbation/progression Acute or chronic illness or injury, which poses a threat to life, bodily function or return to work Presence of more than one disability risk flag Use of opioids past 60 days Off work more than 4 weeks Job/modified work not available	Methacholine challenge	Detailed determination of overall functional abilities related to permanent restrictions Collaboration with vocational rehabilitation Parenteral controlled substances Drug therapy requiring intensive monitoring for toxicity (including chronic opioid management or detoxification) Work-focused cognitive behavioral therapy Functional restoration program Multidisciplinary pain mgmt. program

Use highest level of risk based on ONE element from ANY of the categories. Note this in line C of Box D.

Levels Supported by Documentation in this Encounter:

Level of History: ☐ Problem Focused ☐ Expanded Problem Focused ☐ Detailed ☐ Comprehensive
Level of Exam: ☐ Problem Focused ☐ Expanded Problem Focused ☐ Detailed ☐ Comprehensive
Level of MDM: ☐ Straightforward ☐ Low Complexity ☐ Moderate Complexity ☐ High Complexity

Type of Patient Encounter
☐ New Patient (New to clinic; known to clinic but new WC injury; known to clinic but last new patient encounter > 6 months ago)
☐ Established Patient

Determine the correct code, based on type of patient encounter, level of history, level of exam and level of MDM:

New Patient Office Encounter

3 of 3 must be present to code at a given level; if not, next lowest code applies. New patient codes can be used for the initial visit for an established patient with a new workers' compensation condition/claim.

Type of Encounter	E&M Code	HISTORY	EXAM	MDM	(AVERAGE TIME)
New patient, simple	99201	PROBLEM FOCUSED	PROBLEM FOCUSED	STRAIGHTFORWARD	10 MIN
New patient, straightforward	99202	EXPANDED PROBLEM FOCUSED	EXPANDED PROBLEM FOCUSED	STRAIGHTFORWARD	20 MIN
New patient, detailed	99203	DETAILED	DETAILED	LOW COMPLEXITY	30 MIN
New patient, moderately complex	99204	COMPREHENSIVE	COMPREHENSIVE	MODERATE COMPLEXITY	45 MIN
New patient, high complexity	99205	COMPREHENSIVE	COMPREHENSIVE	HIGH COMPLEXITY	60 MIN

Established Patient Office Encounter

2 of 3 must be present to code at a given level; if not, next lowest code applies.

Type of Encounter	E&M Code	HISTORY	EXAM	MDM	(AVERAGE TIME)
Established patient, simple	99211	N/A	N/A	N/A	5 MIN
Established patient, straightforward	99212	PROBLEM FOCUSED	PROBLEM FOCUSED	STRAIGHTFORWARD	10 MIN
Established patient, detailed	99213	EXPANDED PROBLEM FOCUSED	EXPANDED PROBLEM FOCUSED	LOW COMPLEXITY	15 MIN
Established patient, moderately complex	99214	DETAILED HISTORY	DETAILED EXAMINATION	MODERATE COMPLEXITY	25 MIN
Established patient, high complexity	99215	COMPREHENSIVE HISTORY	COMPREHENSIVE EXAMINATION	HIGH COMPLEXITY	40 MIN

Attachment 6 - Research Scoring Template for Chart Review

What is the correct code for this encounter, based on the ***ACOEM*** ground rules?

New Patient	☐99201	☐99202	☐99203	☐99204	☐99205
Established Patient	☐99211	☐99212	☐99213	☐99214	☐99215

What is the correct code for this encounter, based on the ***CMS/AMA CPT*** ground rules?

New Patient	☐99201	☐99202	☐99203	☐99204	☐99205
Established Patient	☐99211	☐99212	☐99213	☐99214	☐99215

What code was submitted for payment for this encounter?

New Patient	☐99201	☐99202	☐99203	☐99204	☐99205
Established Patient	☐99211	☐99212	☐99213	☐99214	☐99215

What code was authorized for payment for this encounter?

New Patient	☐99201	☐99202	☐99203	☐99204	☐99205
Established Patient	☐99211	☐99212	☐99213	☐99214	☐99215

List any modifiers used or time based codes submitted for payment in addition to the E&M codes:

_____

OUTCOMES

What was the estimated disability duration for this case, and specify guidelines used?

_____ days ☐ ODG ☐ Reed Group MDG ☐ Other: _____

Lost work days _____ Restricted (light/limited/modified) duty days _____

Days between DOI and case closure _____

Work status at time of case closure ☐ Full duty ☐ Limited duty (or hours) ☐ Off work

What were the claim costs?

Medical _____ Indemnity _____ Other _____ Total _____