University of Virginia Health System — Orthopaedic Surgery Encounter Form

CHARGE CONTROL NO.	DIV. NO.	DIV. NAME			INVOICE NO.	MULT. SURG.?
					FSC LIST	
MRN	PATIENT NAME		ADMIT DATE	DISCHARGE DATE		
CASE	PROVIDER		FSC OVERRIDE	DISC TYPE / DISC %		
REFERRING PHYSICIAN		UPIN	INJURY DATE	ADJ. AMT.		
SVC. CTR.	RESIDENT		TIME	THRU DATE		
REFERRAL #	LMP	ONSET	TREATMENT TIME	TYPE		
BILLING AREA	LOCATION / HOSPITAL	SERVICE DATE	AUTHORIZATION			
		COMMERCIAL LAB				

I CHIEF COMPLAINT:

II HISTORY OF PRESENT ILLNESS (HPI)

Was this an accident? If yes, what was the date and approximate hour of the day? _____/_____/_____ Hour:_____
Work related? ☐ Yes ☐ No

Location Quality Severity Duration Timing Context Modifying Factors Associated Signs & Symptoms

PAST MEDICAL, SOCIAL, FAMILY HISTORY (PFSH)

III MEDICAL (Illness, Operations, Injuries and Treatment)

IV SOCIAL (Review of Past & Current Activities)
☐ TOBACCO_____ ☐ ETOH_____ ☐ LIVING ARRANGEMENTS_____

V FAMILY (Review of Medical Events in Patient's Family)
☐ CAD ☐ IDDM ☐ ARTHRITIS ☐ CA

VI REVIEW OF SYSTEMS (ROS)

CONSTITUTIONAL	NO COMPLAINT ☐	CARDIOVASCULAR	NO COMPLAINT ☐
HEMATOLOGICAL/LYMPHATIC	NO COMPLAINT ☐	RESPIRATORY	NO COMPLAINT ☐
INTEGUMENTARY	NO COMPLAINT ☐	PSYCHIATRIC	NO COMPLAINT ☐
NEUROLOGICAL	NO COMPLAINT ☐	MUSCULOSKELETAL	NO COMPLAINT ☐
EARS/NOSE/THROAT/MOUTH	NO COMPLAINT ☐	ALLERGIC/IMMUNOLOGIC	NO COMPLAINT ☐
GASTROINTESTINAL	NO COMPLAINT ☐	ENDOCRINE	NO COMPLAINT ☐
EYES	NO COMPLAINT ☐	GENITOURINARY	NO COMPLAINT ☐

SCORE

(2) Problem Focused: CC; 1-3 HPI elements

(3) Expanded problem: CC; 1-3 HPI elements; 1 ROS

(4) Detailed: CC; ≥ 4 HPI elements (acute) or ≥ 3 HPI elements (chronic); 2-9 ROS; 1 PFSH element

(5) Comprehensive: CC; ≥ HPI elements (acute) or ≥ 3 HPI elements (chronic); 10+ ROS; 3 PFSH elements (new or consult) or 2 PFSH elements (established)

Form # 030268 To reorder, log onto: *http://www.virginia.edu/uvaprint/HSC/hs_forms.pl*

PHYSICAL EXAM

VII

CONSTITUTIONAL – ❑ Measure any three of following vital signs

Height_____ Weight_____
BP Supine_____ BP Sitting/Standing_____
Pulse Rate_____ Respiration _____
Temperature_____

(2) Problem Focused: One to five elements identified by bullet
(3) Expanded problem: At least six elements identified by bullet
(4) Detailed: At least twelve elements identified by bullet
(5) Comprehensive: All elements identified below

SCORE

CARDIOVASCULAR ☐ Observation and palpation of peripheral vascular system
LYMPHATIC ☐ Palpation of lymph nodes in neck, axilae, groin/or other

MUSCULOSKELETAL ☐ Examination of gait and station

NEUROLOGICAL/PSYCHIATRIC
☐ Examination of Sensation ☐ Examination of deep tendon reflexes
☐ Test Coordination ☐ Orientation
☐ Mood and affect

	JOINT EXAMINATION	SKIN
INSPECT 4 OF 6 AREAS	• **Inspection, percussion, and/or palpation** • **Stability** • **Range of motion** • **Muscle strength, tone**	• **Inspection, or** • **Palpation**
☐ Head and Neck		
☐ Spine, Ribs & Pelvis		
☐ L upper extremity		
☐ R upper extremity		
☐ L lower extremity		
☐ R lower extremity		

VIII

MEDICAL DECISION MAKING: Circle the appropriate value in each column. Two of the three elements must be met or exceeded to achieve the level.

Number of possible Diagnoses or	Amount and/or complexity	Risk of Complications and/or	Type of Decision Making	Score
Minimal (1)	Minimal or None (<1)	Minimal	Straightforward	2
Limited (2)	Limited (2)	Low	Low Complexity	3
Multiple (3)	Moderate (3)	Moderate	Moderate Complexity	4
Extensive (4+)	Extensive (4+)	High	High Complexity	5

IX

LEVEL OF CARE CALCULATION: Initial visit or consultation: score. Follow-up visit; remove lowest score. Choose next lowest.	History	Orthopaedic Examination	Medical Decision Making	LEVEL OF CARE

CIRCLE LEVEL OF VISIT	LEVEL 1	LEVEL 2	LEVEL 3	LEVEL 4	LEVEL 5
CONSULTATIONS	**99241** (63110308)	**99242** (63110316)	**99243** (63110324)	**99244** (63110332)	**99245** (63110340)
CONFIRM CONSULT.	**99271** (63110456)	**99272** (63110464)	**99273** (63110472)	**99274** (63110480)	**99275** (63110498)
NEW PT VISIT	**99201** (63110357)	**99202** (63110365)	**99203** (63110373)	**99204** (63110381)	**99205** (63011399)
ESTAB. PT VISIT	**99211** (63110407)	**99212** (63110415)	**99213** (63110423)	**99214** (63110431)	**99215** (63110449

PROCEDURES (CIRCLE, CHECK OR COMPLETE)				
ASPIRATION/INJECTION	**20600** (63121693)	**20605** (63121685)	**20610** (63121677)	**20550** (63120042)
	SMALL JOINT BURSA OR GANGLION CYST	INTERMEDIATE JOINT, BURSA OR GANGLION	MAJOR JOINT OR BURSA	TENDON SHEATH, LIGAMENT, TRIGGER POINTS OR CYST

99499 (63110118)	**99024** (63110506)
PRE-OP H&P	POST-OP/VISIT

INJECTABLE
DRUG TYPE:_____ AMOUNT_____
HCPCS Code:_____ SMS CODE:_____

FRACTURE CARE (Check and/or complete)
SITE_____
_____Without manipulation _____With manipulation _____Initial Treatment Only _____Follow-up Care Only
_____Open Treatment CPT Code:_____ SMS Code:_____ Recasting (specify type)_____
Casting Material: _____Plaster (A4580) _____Fiberglass (A4590) CPT Code:_____ SMS Code:_____

X

DIAGNOSIS	DX Code	Description
1		
2		
3		

MISCELLANEOUS (Complete)

Description:_____ HCPCS CPT Code:_____

RETURN APPOINTMENT (SPECIFY): WITHIN_____(WEEKS) WITHIN_____(MONTHS) OTHER_____

ATTENDING PHYSICIAN SIGNATURE:_____ RESIDENT FELLOW SIGNATURE: