### MAPPING ONLY - Coding History Section

### History of Present Illness





#### MAPPING

|  |  |
| --- | --- |
| **Problem - Note** | **History Of Present Illness** |
| Severity | Severity |
| Duration | Duration |
| Intensity | Quality/Nature |
| Time of Day | Timing/Frequency |
| Location | Location |
| Context | Context/Onset |
| N/A | Associated Signs & Symptoms |
| N/A | Modifying Factors |
| Type of Problem - | Maps to Medical Decision Making |

**Review of Systems** 



|  |  |
| --- | --- |
| **Review of Systems** | **Review of Symptoms** |
| Gastrointestinal | Gastrointestinal |
| Neurological | Neurological |
| Cardio/vascular | Cardiovascular |
| Genitourinary | Genitourinary |
| Immune | Allergic/immunologic |
| Hematological | Hematological/Lymphatic |
| Constitutional (wt loss, etc.) | Constitutional |
| Integumentary | Skin |
| Eyes | Eye |
| Musculoskeletal | Musculoskeletal |
| Ear,Nose, Mouth, Throat | Ear, Nose…. |
| endocrine | endocrine |
| Respiratory | Respiratory |
| Psychiatric | Psychiatric |

#### Past History





***MAPPING***

|  |  |
| --- | --- |
| **History of Present Illness** | **Past History** |
| Family History | Family History |
| Psychiatric History | Medical History |
| Social History | Social History |

#### Total Score Section





#### Rules

|  |  |  |  |
| --- | --- | --- | --- |
| Field | Rule | Validation  Validation Message | Initializations Occurring on Signature |
| Type of Exam | “Exam” will be automatically calculated based on the selection of the user in the psychiatric section. | None | None |

#### MDM Coding

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***MAPPING***

|  |  |
| --- | --- |
| **Medical Records /Orders** | **Data Reviewed** |
| * Medical Records Section – Labs checkbox * Orders – Labs checkbox | Review/Order Clinical Labs |
| * Medical Records Section – Diagnostic Test * Orders Section – EKG * Order Section - Radiology | Review/Order Radiology Test |
| * Collaboration of care | Review/Summarize old records and/or obtain history from someone other than patient and/or discussion of case with another health care provider |





***MAPPING***

|  |  |
| --- | --- |
| **Problem/Condition** | **Diagnoses/Treatment Options** |
| At least 1 problem with status of “new” | New Problem |
| Total number of problems = 1 | 1 Problem |
| Total number of problems = 2 | 2 Problems |
| Total number of problems = 3 | 3 Problems |
| Total number of problems = 4 or more | 4 or more Problems |
| 1 problem with the status of “worsening” | One Established Problem Worsening |
| 2 or more problems with the status of “worsening” | Two Established Problem Worsening |





***MAPPING***

|  |  |
| --- | --- |
| **Problems** | **Presenting Problems** |
| Type of problem – Acute | 1 acute uncomplicated |
| Type of problem – Chronic | 1 Stable Chronic/Major |

|  |  |
| --- | --- |
| **SmartCareRX** | **Risk of Complications/Morbidity/Mortality** |
| Order Medications | Medication Management |





***MAPPING***

|  |  |
| --- | --- |
| **Plan** | **Risk of Complications/Morbidity/Mortality** |
| More than 50%... | 50% Face Time |