Calculating Final Result of Complexity

				Jaio	aiatii	19 1 111	ai i i i		
	Α	Number of Diagnoses or Treatment Options-see section A							
		Problems to Exam Physic	olems to Exam Physician						
	Self-I	imited or minor (stable, impro	ved or		Max.=2				
		ening)				1			
	Est. p	problem (to examiner); stable, i	mproved			1			
	Est. p	problem (to examiner); worseni	ng			2			
	New	problem (to examiner); no addi	tional		Max.=1				
	worku	workup planned 3							
	New	New problem (to examiner); add.workup planned 4							
		Total							
	Bring total to line A in Final Result for C								
	B Amount and/or Complexity of Data to be Reviewed-see sect. B								
	Data to be Reviewed								
		Review and/or order of clinical lab tests							
	Revie	med. &							
	other	other except cardiac cath & ECG)							
-		ew and/or order of tests in the r			EKG, cardia	ic cath,			
	ECG, non-invasive vascular studies, pulmonary function studies)								
	Discussion of test results with performing physician								
1	Decision to obtain old records and/or obtain history from someone other than patient								
	Review and summarization of old records and/or obtaining additional history from								
5		someone other than patient and/or discussion of case with another health care provider							
Independent visualization of image, tracing or specimen itself (not s						simply review of			
	report) previously or subsequently interpreted by another physician								
	Total								
		Bring total to line B in Final Result for Complexity							
		Final Result of Complexity							
	Drav	a line down the column with 2 or 3 circles and circle decision making level							
		OR Draw a line down the column with the center circle and circle the decis							
		aking level.							
		Number diagnoses or	<u><</u> 1	2	3	<u>></u>	4		
	Α	treatment options	Minimal	Limited	Multiple	Exter	sive		
		Amount and complexity of	<u><</u> 1	2	3	>	4		
	В	data	Minimal	Limited	Moderate	Exter	nsive		
			or low						
	С	Highest risk	Minimal	Low	Moderate	Hiç	gh		
		Tune of decision making	Straight-	Low Commission	Moderate	Lliah O	mploy		
		Type of decision making	Forward	Low Complex	Complex	High Co	лпрієх		

С	Risk of Complications and/or Morbidity or Mortality - see section C					
Level of Risk	Presenting Problem(s)	Diagnostic Procedure(s) Ordered	Management Options Selected			
Minimal	*One self-limited or minor problem, e.g. cold, insect bite, tinea corporis	*Laboratory tests requiring venipuncture *Chest x-rays *KOH prep *EKG/EEG *Urinalysis *Ultrasound, e.g. echo	*Rest *Gargles *Elastic bandages *Superficial dressings			
Low	*Two or more self-limited or minor problems *One stable chronic illness, e.g. well controlled hypertension, non-insulin dependent diabetes, cataract, BPH *Acute uncomplicated illness or injury e.g. cystitis, allergic rhinitis, simple sprain	*Physiologic test not under stress, e.g. pulm. function tests *Non-cardiovascular imaging studies with contrast, e.g. barium enema *Superficial needle biopsies *Clinical laboratory tests requiring arterial puncture *Skin biopsies	*Over-the-counter drugs *Minor surgery with no identified risk factors *Physical therapy *Occupational therapy *IV fluids without additives			
Moderate	*One or more chronic illnesses with mild exacerbation, progression or side effects of treatment *Two or more stable chronic illnesses *Undiagnosed new problem with uncertain prognosis, e.g. lump in breast *Acute illness with systemic symptoms, e.g. pyelonephritis, pneumonitis, colitis *Acute complicated injury, e.g. head injury with brief loss of consciousness	*Physiologic test under stress, e.g. cardiac stress test, fetal contraction stress test *Diagnostic endoscopies with no identified risk factors *Deep needle or incisional biopsy *Cardiovascular imaging studies with contrast and no identified risk factors, e.g. arteriogram, cardiac cath *Obtain fluid from body cavity, e.g. lumbar puncture, thoracentesis, cardiocentesis	*Minor surgery with identified risk factors *Elective major surgery (open percutaneous or endoscopic) with no identified risk factors *Prescription drug management *Therapeutic nuclear medicine *IV fluids with additives *Closed treatment of fracture of dislocation without manipulation			
High	*One or more chronic illnesses with severe exacerbation, progression or side effects of tx *Acute or chronic illnesses or injuries that may pose a threat to life or bodily function, e.g. multiple trauma, acute MI, pulmonary embolus, severe respiratory distress, progressive severe rheumatoid arthritis, psychiatric illness w/ potential threat to self or others, peritonitis, acute renal failure *An abrupt change in neurological status, e.g. seizure, TIA, weakness, sensory loss	*Cardiovascular imaging studies with contrast with identified risk factors *Cardiac electrophysiological tests *Diagnostic endoscopies with identified risk factors *Discography	*Elective major surgery (open percutaneous or endoscopic) with identified risk factor *Emergency major surgery (open, percutaneous or endoscopic) *Parenteral controlled substances *Drug therapy requiring intensive monitoring for toxicity *Decision not to resuscitate or descalate care because of poor prognosis			