

## 1995 DOCUMENTATION GUIDE - ACUTE/MONTHLY NURSING HOME VISITS

	CPT CODE	99307	99308	99309	99310
	<b>Medical Necessity</b>	Required	Required	Required	Required
Category 1 History	<b>HPI Elements</b>	1-3	1-3	4	4
	<b>HX: Past Medical, Social, Family</b>	N/A	N/A	1 of 3	2 of 3
	<b>Review of Systems</b>	N/A	1	2-9	10+
Category 2 Exam	<b>Body Areas AND/OR Organ Systems (OS)</b>	1	2-7	2-7 with at least 1 in detail	8+ OS or 1 complete OS
Category 3 MDM	<b>Complexity</b>	Straight Forward	Low	Moderate	High

**Discharge Day:** Care management < 30 minutes = **99315**; Care management > 30 minutes = **99316**

Service Level is based on documentation in 2 of 3 categories

**MEDICAL NECESSITY** of a service is the overarching criterion,  
in addition to CPT Code requirements, in determining service level

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