

Department of Physical Medicine & Rehabilitation
UAMS Consultation Encounter Form

Patient Name: _____

UAMS #: _____

Referring Physician: _____

Date Seen: _____

Facility: _____

Insurance _____

Initial Inpatient Consultation

___ 99251 Problem focused

___ 99252 Expanded Problem focused

___ 99253 Detailed

___ 99254 Comprehensive – moderate decision making

___ 99255 Comprehensive – highly complex decision making

Subsequent visit

___ 99231 Problem focused

___ 99232 Expanded problem focused

___ 99233 Detailed

___ *GC modifier Resident participation with consult (Medicare only)*

Diagnosis

1.

2.

3.

4.

- Will follow
- Not Appropriate
- Admit when stable
- _____

“I certify that: (1) All services on this form were personally provided and/or personally supervised by me and are hereby approved for billing; (2) I understand that the medical records must be documented for these services; and (3) the rendering of the services and documentation for the medical record are in accordance with Faculty Group Practice guidelines”

Attending Physician

Date