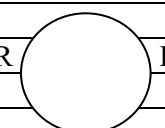


Patient Name: _____ DOB _____ Date _____ Age _____
 Height: _____ | Weight: _____ lbs. | BP: _____ / _____ | P: _____ bpm | Temp: _____ | RR: _____
L3: (1-ROS + 1HPI) + 6 elements total + MDM ^{2 of 3} or **L4:** (2-ROS + 4-HPI + 1-PFSH) + 12 elements total] + MDM ^{2 of 3}
High Risk-L5: MSM, HGSIL, or High Risk HPV | Illness threat to life, e.g. BP=180/120 ; *then 99215 Upgrade*
HPI: 1. location 2. quality 3. severity 4. duration 5. timing 6. context 7. modifying factors 8. associated symptoms
PAIN: Severity: 0 _____ 5 _____ 10 | Quality: Sharp, Dull, Ache, Irritating, Burning, Itching, _____
 Date of earlier ROS & PFSH: _____, and No change in the information, or Changes noted below ↓
Problem Points: L5-New lesion w/work-up, *then 99215 Upgrade* | L4-New | L3-Worse | L2 Same/Improved
Data Points-2pts: Summary of old records/diagnoses or EMR: Hemorrhoids Prolapse GI/Rectal Bleeding
 Fissure Tags/Papillae Stenosis/hypertone Pruritus Ani Constipation Warts/Lesions Fistula Abscess
3-Inactive or chronic (controlled or managed) conditions; or 4 HPIs:
 Location:
 Duration:
 Context:
 Modifying factors & Associated symptoms:

Exam Elements		
7. Gastrointestinal: <input type="checkbox"/> Negative stool occult blood test <input type="checkbox"/> Positive FOBT <input type="checkbox"/> Sphincter tone WNL <input type="checkbox"/> Sphincter Hypertone <input type="checkbox"/> No hemorrhoids or masses <input type="checkbox"/> No hernias present	2. Constitutional: <input type="checkbox"/> Well developed, well nourished, NAD <input type="checkbox"/> Vitals	5. Respiratory: <input type="checkbox"/> Respiration is diaphragmatic & even; accessory muscles not used
1. Musculoskeletal: <input type="checkbox"/> Gait and station is symmetrical & balanced <input type="checkbox"/> Digits and nails show no clubbing, cyanosis, infections, petechiae, ischemia, or nodes)	3. Eyes: <input type="checkbox"/> Conjunctiva clear, no lid lag & deformity	6. Psychiatric: <input type="checkbox"/> Alert and oriented to time, place, and person <input type="checkbox"/> Mood and affect appropriate <input type="checkbox"/> Judgment & insight WNL <input type="checkbox"/> Recent and remote memory intact
	4. Ears, Nose, Mouth and Throat: <input type="checkbox"/> External ears & nose w/out scars, lesions, or masses <input type="checkbox"/> Hearing grossly intact	

Anal TPI for Myalgia: Pain complaint, sphincter muscle with taunt palpable band, alleviated by lidocaine injected* area
 Anoscopy Dx ⇒ HRA enhanced w/chem agnts ⇒ w/Identified Risk Factors: **High Risk-L5** A
 Hemorrhoid Treated ⇒ Internal External Full excision Subdermal/mucosal excision
 PO5 Sclerosant Banding Ligature IRC | OMT pelvic rgn - Somatic dysfunc/spasm ○ R  L
 Hemorrhoids - areas Grade - | Thrombosed, strangulated, tender ▶
 Laser destruction anal lesion (s): extensive | Transanal Destruction Rectal Tumor/polyp ▶ P
 Dilatation Anoscopy for Stenosis: 26.7mm _____ mm 31mm | Anal Pap
 BIOPSIES: Anorectal-wall no scope, and w/Anoscope, and w/HRA enhanced w/chem agnts
 Anesthesia for pain-discomfort w/exam Marcaine 0.25% wEpi + Lidocaine 2% wEpi _____ cc
Data Points-2pts: Review of Image/Specimen ⇒ FOBT + - Path-image = / /

Assessment: Hemorrhoids GI/Rectal Bleeding (date _____) Anal Tags/Papillae Anal Fissure
 Prolapse Stenosis/hypertone Pruritus Ani Constipation Warts/lesions Anal Fistula Anal Abscess
 High Risk HPV, HGSIL or MSM
 Rx **Moderate Risk-L4:** HC 2.5% Cream or Suppositories or Dressing Anal Hygiene Brochure Vicodin
 Percocet Metronidazole MiraLAX Prep Anti-Itch/Fissure Protocol High Fiber Diet Fiber Sup. Align
 Fodmap Diet Preoperative Rx(s) Postoperative Rx(s) Augmentin Bactrim DS Cipro Calmoseptine
 Rx Mupirocin Dressing 3x Antibiotic oint.
Plan: RTO: _____ D Wk M 100-days Sooner if Sx stall or worsen Consider colonoscopy, surgery, or Tx
Reevaluate for: Track/follow bleeding w/ FOBT to R/O **comorbidity** that is **not incidental** to a primary procedure
 Hypertone Myalgia Somatic dys. Hem in other areas New lesions/abscess/papilla Granulation Tis.
 After a reevaluation treat only if necessary Discuss today's path report: Second Opinion:

Patient Name: _____ DOB _____ Date _____ Age _____

- 11102 Tangential Biopsy: Using a flexible blade the lesion is shave biopsied. Tissue Is sent to pathology for analysis.
- 11103 Tangential Biopsy; each additional lesion X _____.
- 11104 Punch Biopsy: Skin stretched with lesion perpendicular to resting skin lines. Punch is rotated until subcutaneous tissue reached. Biopsy specimen removed and sent to pathology for analysis
- 11300 Shave of epidermal or dermal Lesion, single, trunk, arms or legs, .05cm or less
- 11301 Shave of epidermal or dermal lesion, single, trunk, arms or legs, .06cm to 1.0cm
- 11302 Shaving of epidermal or dermal lesion, single, trunk, arms or legs, 1.1cm to 2.0 cm
- 11303 Shaving of epidermal or dermal lesion, single, trunk, arms or legs, over 2.0 cm
- 11305 Shaving of epidermal or dermal lesion, single, scalp, neck, hands, feet, genitalia, .05cm or less.
- 11307 Shaving of epidermal or dermal lesion, single, scalp, neck, hands, feet, genitalia, 1.1 to 2.0 cm
- 11308 Shaving of epidermal or dermal lesion, single, scalp, neck, hands, feet, genitalia, over 2.0 cm
- 11406 Excision, benign lesion including margins, except skin tag (unless listed elsewhere), trunk, arms or legs; excised diameter over 4.0 cm
- 20552 Injection(s); single or multiple trigger point(s), 1 or 2 muscle(s): Multiple trigger point injections to Sphincter muscle with taunt palpable band (Subcutaneous, Superficialis & Profundis) alleviated Myalgia by injection to area 1cc*
- 45100 Biopsy of anorectal wall, anal approach: Anoscope inserted in the anal canal, scissors/biopsy forceps inserted through the scope, Tissue from anorectal wall removed and sent to pathology for analysis.
- 46040 An abscessed area is noted in the deep perirectal tissues surrounding the anus. A small incision < 1cm is made over an area of pronounced fluctuance. A milking of the perirectal tissue is performed to drain as much pus as possible through the incision site, which relieves the pain. The area is then covered by a thick gauze pad and left to heal by secondary intention.
- 46050 Incision & drainage, Perianal abscess, superficial: Incision directly over perianal abscess, abscess drained & irrigated.
- 46221 Hemorrhoidectomy Internal Rubber Band Ligations: A lighted anoscope is inserted into the rectum, a ligator is inserted and the hemorrhoid is retracted from the anal wall, a band is released around the base of the hemorrhoidal tissue. The ligator and anoscope are removed and the patient may carefully resume normal activity.
- 46230 Excision multiple external papillae/tags, anus -papilla/skin tags identified and excised.
- 46250 External hemorrhoidectomy ≥ 2 columns: A small excision of anoderm (about 5-10 mm round) is made with a scissors or CO2 laser. The hemorrhoid is then cored out sub-dermally (underneath the skin). The skin edges are trimmed to reduce skin tag formation. The area is then covered by a gauze pad and left to heal by secondary intention.
- 46255 Internal & external hemorrhoidectomy 1 column:
 - see below
 - SUBDERMAL EXCISION: The hemorrhoid is then excised, cored out sub-dermally from underneath the skin and mucosa using a blunt dissection technique.
 - FULL EXCISION: The hemorrhoid is then excised completely, including the skin and mucosa using a blunt dissection technique.Electro and or laser cautery is applied. A pressure dressing is then applied to compress dead space and prevent hematoma and seroma formation. The wound heals by secondary intention
- 46500 The lower anus is explored and hemorrhoids located, sclerosing solution injected into the submucosa under the hemorrhoid.
- 46604 Anoscope inserted in the anal canal, stricture/stenosis identified. Dilation of stricture/stenosis _____ mm. Anoscope removed, patient may resume normal activity.
- 46606 Anoscope inserted in the anal canal, abnormalities identified and removed with biopsy forceps. Tissue sent to pathology.
- 46607 Anoscope inserted in the anal canal, high resolution magnification and chemical agent enhancement solution/stain applied, tissue examined, abnormalities Identified, biopsy obtained via biopsy forceps. Tissue sent to pathology.
- 46610 Anoscope inserted through the anal canal, area examined and polyp/lesion Identified, poly/lesion removed and cauterized. Tissue sent to pathology.
- 46917 Lesions identified on perianal skin, destruction of lesions by laser was performed.
- 46924 Extensive destruction of >25 anal lesions via laser surgery.
- 46930 Destruction of internal hemorrhoid by thermal energy: CO2 infrared laser light is used as a heat source to quickly coagulate, or clot, vessels supplying blood to the hemorrhoid causing it to shrink and recede.
- 46945 internal hemorrhoid vascular ligature through anoscope using 3-0 chromic, 1 column.
- 54057 Destruction of lesion(s), Penis, simple; laser surgery: Penile lesion(s) identified and marked, Lesion(s) destroyed by laser. Care taken to ensure protection of the surrounding healthy tissue.
- 54065 Destruction of lesion(s), penis, extensive; laser surgery: Penile lesion(s) identified and marked, lesion(s) destroyed by laser. Care taken to ensure protection of the surrounding healthy tissue.
- 54100 Biopsy of penis: Remove small portion of suspicious skin lesion on penis. Tissue sent to pathology.
- 98925 Osteopathic manipulative treatment (OMT); 1-2 body regions involved: Physician applied Manual treatment to eliminate or alleviate somatic dysfunction. OMT to Pelvis with good results

Rick Shacket, DO MD (H) _____