Nurse Practitioner Encounter Code-Complexity Rating Scale

The Complexity Rating Scale is intended to capture the nature of nurse practitioner practice by including history and physical assessment, education, and psychosocial issues in one encounter code. The Scale applies to regular/routine office visits and does not replace ICD9 codes. Nurse practitioners performing procedures during a patient encounter should use the procedure codes included on the MOH encounter code list. The Scale is not used for care provided at a later time, for example a phone call to a patient the next day to review lab results would have a separate encounter code.

Nurse practitioners use the Complexity Scale as a guide to assign a rating between 1 and 3 for the level of complexity of patient encounters. The Scale is not intended to provide a set formula or score, but to assist in determining the level of complexity of the visit. The Scale is divided into five categories: 1) history, 2) physical examination, 3) education, 4) number of psychosocial issues addressed, and 5) the amount of coordination and level of decision making required of the nurse practitioner during the encounter. An explanation each category is found within the Scale.

The Scale is used to rate the encounter, not the patient – for example a patient with complex co-morbidities and mental health issues could score anywhere from 1 to 3 on the scale, depending on the nature of the visit, the comprehensiveness of care involved, impact of the mental health issues at the time, and the time the nurse practitioner spent on coordinating care and education of the patient.

Instructions for using the Complexity Rating Scale

Nurse practitioners will determine the level of complexity of the patient visit by selecting one box in each column of the Scale that best represents their activities and the patient's presentation during the visit. Once the level of complexity is determined match the level and the patient's age to the encounter code found on the MOH list of NP encounter codes (36420-36437).

Level	History	Exam	Education	Psychosocial Complexity	Decision Making/ Coordination
1	CC*, HPI,** Targeted ROS***	Brief targeted exam: single system	**Simple, single problem** with basic education. May include a demonstration or discussion	Good to Superior functioning Absent or mild psychological symptoms None or mild difficulty in social, occupational or school functioning Supportive social relationships Can identify and access supports	**Low Complexity** Minimal coordination required
2	CC, HPI, extended	2 or more systems	**1 co-morbid issue**. Where a	Moderate to severe psychological	**Low to Moderate**

			risk	symptoms	Complexity
	ROS, and targeted family and social history		**risk assessment** maybe required, explanation and a **management plan** started.	symptoms Moderate or severe difficulty in social, occupational or school functioning Inconsistent social relationships Needs direction identifying and/or accessing supports	**Complexity** Moderate coordination required
3	CC, HPI, complete ROS, and complete family and social history	Complete multi system or extensive single system	**2 co-morbid issues**, and or a client with **cognitive decline**, **disability** or extended time required. Use of interpreter	Severe psychological symptoms Severe impairment in ability to function Absent/dysfunctional social relationships Unable to access supports without extensive assistance	**Moderate to High Complexity** Extensive Coordination Required In acute care setting this patient may require multiple visits in a day. _Re-assessment in same day is coded as a 36623 for acute care only_

* Chief concern   **HPI – History of presenting illness   ***ROS – Review of system

EXAMPLES OF EDUCATION

Level One Example	The nurse practitioner provides: 1) Instruction on fever management in a child, 2) Side effect of a new medication, or 3) When to follow-up after a visit 4) Diagnosis of GERD and new medication is prescribed, life style issues are discussed, and a handout may be provided or a link to an online resource is given to the patient
Level Two Example	This visit may or may not include goal setting but could be required at a later date. During the visit there is a focus on self-care management, for example a patient with Diabetes and self-care management strategies
Level Three Example	This visit may include the involvement of family or other individuals or agencies, for example palliative patients, frail elderly, or patients cognitively impaired. Goal setting may be a feature but not a requirement as it may it be inappropriate.

EXAMPLES OF PSYCHOSOCIAL COMPLEXITY

Complexity of the visit is increased based on the impact of psychosocial factors at the time of the visit. Examples of factors that contribute to psychosocial complexity for specific office visit are:

- Psychological symptoms

- Involvement with the legal system or government agencies such as the Ministry of Children and Families
- Stability of interpersonal relationships
- Ability to access support systems (personal and community agencies)
- Substance addiction/abuse
- Personal safety (e.g. Violence in relationship)
- Effects of past trauma
- Cultural health attributions, beliefs and practices
- Spiritual health attributions, beliefs and practices

These factors may not be a feature of every encounter.

EXAMPLES OF DECISION MAKING	EXAMPLES OF COORDINATION
Level One Low Complexity, Straight forward Risk of Complications - Low Number of Diagnostic options - Minimal	• Referral • Form completion • Review of records • Telephone call • Reviewing Medinet • Consult with colleague • Looking up guidelines/current therapies
Level Two Moderate Complexity Risk of Complications - Moderate Number of Diagnostic options - Limited	Coordination activities are those directly connected to the office visit. Phone call the next day to review results would be a different encounter code.
Level Three High complexity Risk of Complication- High Number of Diagnostic options – Multiple	Time spent on coordination activities increase complexity level Examples: -A form involving check boxes and signature is less complex than a disability form requiring written description of impacts of illness on ability to function -A short referral is more complex than a longer referral requiring a complete review of records

The following case examples are intended to demonstrate the use of the Complexity Rating Scale in a Primary Care Setting

A. A 65-year-old female patient presents for refills of her Ramipril and HTCZ. She has a history of hypertension but is otherwise well. She recently had blood work completed and this was all with in normal limits. Her BP today is 129/78, HR 68. She was in 2 months ago for a CPX. This visit would be coded as - Complexity **Level 1 (EC 36423)**

B. You visit an 82-year-old patient in her home. She has diabetes, hypertension and macular degeneration. She is well and manages independently, but is no longer able to drive. Her family called as they noticed that she seemed more confused and had not been

eating well. Because this visit requires review of multiple systems, likely a screening test, referral and work-up this visit would be coded as - **Complexity Level 3 (EC 36437)**

C. A 17-year-old male presents to your office following an injury to his ankle at school during Gym class. He is well other wise and has no other complaints. You examine a single system and may include ordering an X-ray or referral to physiotherapy. You provide a handout on ankle sprains and explain the recovery process. This visit would be coded as – **Complexity Level 1 (EC 36421)**

D. A 49-year-old male presents to the office to review his recent lab work. The results indicate he has a new diagnosis of Diabetes. He currently is taking an antihypertensive and no other medications. The visit requires education about the diagnosis, discussion of treatment options and a possible referral to a Diabetes Education Program. This visit would be coded as – **Complexity Level 2 (EC 36427)**

The following case examples are intended to demonstrate the use of the Complexity Rating Scale in an Acute Care Setting

A. A 75 year old patient is admitted to hospital with a hip fracture. During the encounter you obtained a complete history including MOCA and MMSE, performed a head to toe physical examination, provided education to the family and patient, discussed discharge planning, contacted the patient's most responsible provider for more patient information and results of recent diagnostic tests and addressed issues concerning delirium, COPD, DM with the patient, family and nursing staff. This visit would be coded as- **Complexity Level 3 (EC 36436)**

B. A 30 year old male fell 25 feet while cliff-jumping and is admitted to hospital. You obtained a history, which revealed that he smokes 1 ppd of cigarettes and has a history of asthma, works on an oil rig as a rough hand, is single, and lives with father when not working; and completed a physical examination revealing that he is morbidly obese, sustained a degloving injury of Left heel, and has a massive hematoma to his Right hip and thigh. In addition to obtaining the history and physical examination, you debrided and sutured the injury, wrote admission orders including numerous investigations (CBC results HGB 95), consulted with Respiratory Services, implemented measures to address his smoking, and contacted his family. This would be coded as -**Complexity Level 3 (36433)**

C. You reassess the 30 year old patient above on day 3 of his admission. His wound is healing and there is no evidence of infection and lab results indicate that his HGB has improved. You discussed with the nursing staff transferring to another ward, assessed his pain management and wrote a new pain management orders. This visit would be coded as - **Complexity Level 2 (EC 36427)**

Nurse Practitioner Encounter Codes to be used with ICD9 Codes.

Click [here](#) to see the Encounter Codes

Click [here](#) to see the Diagnostic Code Descriptions (ICD9)