1 PATIENT INFORMATION

1 PATIENT DETAILS

NAME

DOB

AGE/SEX

MRN / PATIENT ID

DATE OF SERVICE

PROVIDER

CREDENTIALS

VISIT TYPE: PULMONARY HYPERTENSION CONSULTATION / FOLLOW-UP / MEDICATION MANAGEMENT / RIGHT HEART CATHETERIZATION REVIEW / HOSPITAL FOLLOW-UP / TELEHEALTH

CARE SETTING: OUTPATIENT / PULMONARY HYPERTENSION CLINIC / PULMONOLOGY CLINIC / CARDIOLOGY CLINIC / HOSPITAL / TELEHEALTH

PRIMARY PULMONOLOGIST, IF APPLICABLE

PRIMARY CARDIOLOGIST, IF APPLICABLE

PRIMARY CARE PROVIDER, IF APPLICABLE

REFERRING PROVIDER, IF APPLICABLE

INTERPRETER USED, IF APPLICABLE

CC CHIEF COMPLAINT

2 PRIMARY CONCERN

Document the primary pulmonary hypertension-related reason for the visit in the patient's own words when possible, including shortness of breath, pulmonary hypertension evaluation, elevated pulmonary pressures on echocardiogram, right heart catheterization review, pulmonary arterial hypertension follow-up, chronic thromboembolic pulmonary hypertension evaluation, right heart failure symptoms, medication monitoring, oxygen requirement, or post-hospital follow-up.

S SUBJECTIVE

3 PATIENT-REPORTED HISTORY

Document patient-reported cardiopulmonary symptoms, pulmonary hypertension history, functional limitation, treatment response, risk factors, testing history, and relevant comorbidities.

3a SYMPTOMS & FUNCTIONAL LIMITATION

Reason for Pulmonary Hypertension Evaluation:

Document whether the visit is for initial evaluation, suspected pulmonary hypertension, pulmonary arterial hypertension management, chronic thromboembolic pulmonary hypertension evaluation, right heart failure follow-up, medication titration, oxygen assessment, post-hospital follow-up, right heart catheterization review, or transplant/advanced therapy planning.

Dyspnea / Functional Limitation:

Document onset, duration, progression, exertional threshold, rest symptoms, stair tolerance, walking distance, activities limited by breathing, ability to perform ADLs, change from baseline, and impact on work or daily life.

Right Heart Failure Symptoms:

Document lower-extremity edema, abdominal bloating, ascites, early satiety, weight gain, orthopnea, paroxysmal nocturnal dyspnea, bendopnea, fatigue, reduced exercise tolerance, syncope, presyncope, palpitations, and chest discomfort.

Chest Pain / Syncope / Palpitations:

Document exertional chest pain, pressure, presyncope, syncope, dizziness, arrhythmia symptoms, triggers, frequency, duration, and associated oxygen desaturation or hypotension.

3b PULMONARY HYPERTENSION CONTEXT

Pulmonary Hypertension History:

Document date of diagnosis, PH group if known, suspected etiology, prior echocardiogram findings, right heart catheterization results, prior hospitalizations, prior decompensations, and prior specialist care.

Pulmonary Arterial Hypertension Risk Factors:

Document connective tissue disease, systemic sclerosis, lupus, congenital heart disease, portal hypertension, HIV, drug/toxin exposure, anorexigen exposure, methamphetamine/stimulant exposure, family history, genetic testing, or idiopathic disease context.

Chronic Thromboembolic Disease Risk:

Document history of pulmonary embolism, DVT, clotting disorder, recurrent thrombosis, anticoagulation history, V/Q scan results, CT angiography findings, thrombophilia history, and prior evaluation for CTEPH.

Lung Disease / Hypoxia Context:

Document COPD, interstitial lung disease, sleep apnea, obesity hypoventilation, chronic hypoxemia, oxygen use, pulmonary function testing, chest imaging findings, and smoking or inhalational exposure history.

Left Heart Disease Context:

Document heart failure with preserved or reduced ejection fraction, valvular disease, coronary disease, atrial fibrillation, hypertension, cardiomyopathy, diastolic dysfunction, left atrial enlargement, and cardiac medication history.

Oxygen Use / Saturation Trends:

Document oxygen use at rest, exertion, and sleep; flow rate; portable oxygen access; home pulse oximetry readings; desaturation episodes; oxygen adherence; and equipment issues.

Sleep-Related Breathing Symptoms:

Document snoring, witnessed apneas, gasping, daytime sleepiness, morning headaches, CPAP/BiPAP use, adherence, mask issues, and prior sleep study results.

3c TREATMENT & BACKGROUND

Medication History and Response:

Document pulmonary vasodilators, endothelin receptor antagonists, phosphodiesterase-5 inhibitors, soluble guanylate cyclase stimulators, prostacyclin therapy, anticoagulation, diuretics, oxygen, heart failure medications, adherence, side effects, titration history, refill needs, and access barriers.

Prostacyclin / Infusion Therapy, if applicable:

Document medication name, route, dose, pump function, catheter site, infusion interruptions, side effects, supply access, mixing technique, backup pump availability, line infection history, and emergency plan.

Diuretic / Volume Status History:

Document daily weights, dry weight if known, edema, abdominal distension, diuretic regimen, response, electrolyte issues, renal function changes, dietary sodium intake, and fluid intake.

Prior Testing and Procedures:

Include echocardiogram, right heart catheterization, V/Q scan, CT chest, CT pulmonary angiogram, pulmonary function testing, 6-minute walk test, cardiopulmonary exercise testing, sleep study, BNP/NT-proBNP, and pulmonary angiography when available.

Relevant Medical History:

Include autoimmune disease, congenital heart disease, liver disease, HIV, thromboembolic disease, lung disease, sleep apnea, kidney disease, thyroid disease, anemia, pregnancy status if applicable, and malignancy history.

Family History:

Document family history of pulmonary hypertension, sudden death, congenital heart disease, clotting disorders, autoimmune disease, pulmonary embolism, or unexplained dyspnea.

Social / Exposure History:

Document smoking, vaping, methamphetamine/stimulant exposure, anorexigen exposure, occupational exposures, altitude exposure, travel, exercise limitations, transportation barriers, medication access, and caregiver support.

Pertinent Negatives:

Document denial of red-flag symptoms when clinically relevant, including syncope, severe dyspnea at rest, chest pain, hemoptysis, rapidly worsening edema, oxygen desaturation, unilateral leg swelling, fever, catheter infection symptoms, or abrupt interruption of prostacyclin therapy.

ROS PULMONARY HYPERTENSION REVIEW OF SYSTEMS

4 PERTINENT POSITIVES & NEGATIVES

Document pertinent positives and negatives:

Dyspnea, exercise intolerance, fatigue, chest pain, palpitations, dizziness, presyncope, or syncope

Edema, abdominal bloating, weight gain, orthopnea, early satiety, or reduced urine output

Cough, wheezing, hemoptysis, oxygen desaturation, or sleep-related breathing symptoms

Joint pain, Raynaud symptoms, rash, skin thickening, sicca symptoms, oral ulcers, or autoimmune symptoms

Calf pain, unilateral leg swelling, pleuritic chest pain, thromboembolic symptoms, or anticoagulation concerns

Medication side effects, headache, flushing, jaw pain, diarrhea, nausea, hypotension, or infusion-site issues

Anxiety, functional limitation, sleep disruption, work limitation, or quality-of-life impact

O OBJECTIVE

5 CARDIOPULMONARY EXAMINATION

Document observed pulmonary hypertension-relevant findings and cardiopulmonary examination details.

5a VITALS

TEMPERATURE	BLOOD PRESSURE	HEART RATE
RESPIRATORY RATE	OXYGEN SATURATION	OXYGEN FLOW RATE, IF APPLICABLE
HEIGHT	WEIGHT	BMI
PAIN SCORE, IF APPLICABLE	WHO FUNCTIONAL CLASS, IF DOCUMENTED	

5b EXAMINATION

General Appearance:

Document alertness, distress level, work of breathing, ability to speak in full sentences, oxygen use, body habitus, mobility, and overall clinical condition.

Neck:

Document jugular venous distention, hepatojugular reflux, lymphadenopathy, thyroid findings, neck circumference if relevant, and signs of volume overload.

Cardiovascular:

Document rate, rhythm, murmurs, accentuated P2, right ventricular heave, gallops, JVD, edema, pulses, perfusion, capillary refill, and signs of right heart failure.

Pulmonary:

Document respiratory effort, breath sounds, wheezes, crackles, rhonchi, diminished breath sounds, oxygen requirement, and findings suggesting underlying lung disease.

Abdomen:

Document distension, ascites, hepatomegaly, tenderness, hepatojugular reflux, and volume overload findings.

Extremities:

Document edema, clubbing, cyanosis, calf tenderness, asymmetry, digital ulcers, sclerodactyly, Raynaud-related changes, and perfusion.

Skin:

Document telangiectasias, sclerodactyly, rash, cyanosis, bruising, infusion site findings, catheter site condition, or autoimmune/connective tissue disease findings.

Neurologic:

Document mental status, gait, weakness, dizziness-related findings, and functional limitations.

RF PULMONARY HYPERTENSION RISK / FUNCTIONAL ASSESSMENT

6 SEVERITY & RISK PROFILE

Document pulmonary hypertension severity and risk profile when assessed. Include:

WHO FUNCTIONAL CLASS

6-MINUTE WALK DISTANCE AND OXYGEN DESATURATION

BNP OR NT-PROBNP TREND

ECHOCARDIOGRAPHIC RIGHT VENTRICULAR SIZE/FUNCTION

RIGHT ATRIAL SIZE AND ESTIMATED PULMONARY PRESSURES

RIGHT HEART CATHETERIZATION HEMODYNAMICS

SYNCOPE OR PRESYNCOPE HISTORY

HEART RATE, BLOOD PRESSURE, AND OXYGEN REQUIREMENT

VOLUME STATUS

HOSPITALIZATION HISTORY

MEDICATION TOLERANCE AND ADHERENCE

RISK CATEGORY WHEN DOCUMENTED

FUNCTIONAL TRAJECTORY COMPARED TO PRIOR VISITS

RHC HEMODYNAMIC / RIGHT HEART CATHETERIZATION ASSESSMENT

7 INVASIVE HEMODYNAMICS

Document invasive hemodynamic findings when available. Include:

DATE OF RIGHT HEART CATHETERIZATION

RIGHT ATRIAL PRESSURE

RIGHT VENTRICULAR PRESSURE

PULMONARY ARTERY PRESSURE

MEAN PULMONARY ARTERY PRESSURE

PULMONARY CAPILLARY WEDGE PRESSURE

CARDIAC OUTPUT AND CARDIAC INDEX

PULMONARY VASCULAR RESISTANCE

TRANSPULMONARY GRADIENT AND DIASTOLIC PRESSURE GRADIENT WHEN RELEVANT

MIXED VENOUS OXYGEN SATURATION

VASOREACTIVITY TESTING RESULTS IF PERFORMED

INTERPRETATION AND PH GROUP IMPLICATIONS

LIMITATIONS OR NEED FOR REPEAT CATHETERIZATION

MT MEDICATION / THERAPY MONITORING

8 PH THERAPY STATUS

Document pulmonary hypertension-specific therapy monitoring. Include:

CURRENT PH-TARGETED MEDICATION REGIMEN

DOSE AND TITRATION STATUS

ADHERENCE AND MISSED DOSES

SIDE EFFECTS AND TOLERABILITY

DRUG-DRUG INTERACTIONS

REMS OR PREGNANCY TESTING REQUIREMENTS WHEN APPLICABLE

LIVER FUNCTION OR HEMOGLOBIN MONITORING WHEN APPLICABLE

BLOOD PRESSURE AND HYPOTENSION SYMPTOMS

ANTICOAGULATION STATUS IF APPLICABLE

DIURETIC RESPONSE AND ELECTROLYTE MONITORING

PROSTACYCLIN PUMP/CATHETER STATUS IF APPLICABLE

SPECIALTY PHARMACY ACCESS AND REFILL BARRIERS

NEED FOR ESCALATION, DE-ESCALATION, COMBINATION THERAPY, OR ADVANCED THERAPY REFERRAL

DX DIAGNOSTIC TESTING / IMAGING ASSESSMENT

9 TESTING REVIEWED

Document pulmonary hypertension-relevant testing reviewed or performed. Include:

ECHOCARDIOGRAM FINDINGS

RIGHT HEART CATHETERIZATION FINDINGS

EKG FINDINGS

BNP/NT-PROBNP

6-MINUTE WALK TEST

PULMONARY FUNCTION TESTS

DLCO

CT CHEST / HRCT

CT PULMONARY ANGIOGRAM

V/Q SCAN

SLEEP STUDY

OXYGEN TESTING

AUTOIMMUNE SEROLOGIES

HIV TESTING WHEN INDICATED AND CONSENTED

LIVER DISEASE OR PORTAL HYPERTENSION EVALUATION

COMPARISON TO PRIOR TESTING

NEED FOR ADDITIONAL TESTING OR REFERRAL

ST SCREENING / ASSESSMENT TOOLS

10 SCORES & INTERPRETATION

Document standardized tools used and interpretation, if applicable. Include: WHO functional class · 6-minute walk test · Borg dyspnea scale · REVEAL risk score or other PH risk tool when used · Modified Medical Research Council dyspnea scale · Oxygen desaturation assessment · PH quality-of-life questionnaire when used · Epworth Sleepiness Scale or STOP-Bang when relevant · PHQ-9 / GAD-7 when chronic disease impact is relevant · Medication adherence assessment. Include score, result, interpretation, comparison to prior results, and limitations.

L LABORATORY AND DIAGNOSTIC RESULTS

11 REVIEWED & ORDERED

Document pulmonary hypertension-relevant results reviewed or ordered. Include:

Cardiopulmonary Testing:

Echocardiogram, right heart catheterization, EKG, cardiac MRI, cardiac catheterization, cardiopulmonary exercise testing, and hemodynamic monitoring.

Functional Testing:

6-minute walk test, ambulatory oximetry, oxygen titration, pulmonary rehabilitation assessment, and exercise testing.

Pulmonary Testing:

PFTs, DLCO, ABG/VBG, sleep study, overnight oximetry, CT chest, HRCT, V/Q scan, CT pulmonary angiogram, and chest X-ray.

Laboratory Testing:

CBC, CMP, renal function, liver function, electrolytes, BNP/NT-proBNP, thyroid studies, iron studies, pregnancy testing when applicable, HIV testing when indicated and consented, hepatitis testing when relevant, and drug monitoring labs.

Autoimmune / Thromboembolic Workup:

ANA, ENA panel, centromere antibody, Scl-70, antiphospholipid antibodies, rheumatoid markers, inflammatory markers, thrombophilia evaluation when clinically indicated, and rheumatology testing.

Medication Monitoring:

Liver function tests, hemoglobin, renal function, potassium, INR when applicable, pregnancy testing, and therapy-specific monitoring.

Prior Records Reviewed:

Pulmonology notes, cardiology notes, PH clinic records, right heart catheterization reports, echocardiograms, imaging reports, hospital discharge summaries, medication history, specialty pharmacy records, and outside records.

A ASSESSMENT

12 PULMONARY HYPERTENSION INTERPRETATION

Provide pulmonary hypertension-specific clinical interpretation: Primary pulmonary hypertension diagnosis or working diagnosis · Pulmonary hypertension group or suspected etiology · Severity, functional class, and risk status · Hemodynamic interpretation and right ventricular function · Volume status and right heart failure assessment · Functional capacity and trajectory · Contribution from left heart disease, lung disease, thromboembolic disease, connective tissue disease, sleep-disordered breathing, liver disease, drug/toxin exposure, or idiopathic disease · Medication response,

adherence, side effects, access barriers, and monitoring needs · Oxygen requirement and ventilatory support needs · Need for medication escalation, diuresis adjustment, anticoagulation, repeat imaging, right heart catheterization, CTEPH evaluation, transplant/advanced therapy referral, hospitalization, or urgent escalation

P PLAN

13 MANAGEMENT BY PROBLEM

Outline pulmonary hypertension management by problem. Include:

Diagnostic classification plan

including evaluation for PH group, right heart catheterization, echocardiogram, PFTs, V/Q scan, CT imaging, autoimmune labs, sleep study, liver/HIV testing when indicated, and specialist coordination.

PH-targeted therapy plan

including initiation, continuation, titration, combination therapy, side effect monitoring, REMS requirements, specialty pharmacy coordination, and adherence counseling.

Right heart failure / volume plan

including diuretic adjustment, daily weights, sodium/fluid guidance if provided, renal/electrolyte monitoring, edema tracking, and decompensation precautions.

Oxygen plan

including resting/exertional/nocturnal oxygen assessment, prescription adjustment, equipment needs, portable oxygen planning, oxygen safety, and monitoring goals.

CTEPH plan

including V/Q scan, CT pulmonary angiography, anticoagulation, referral to CTEPH center, pulmonary angiography, balloon pulmonary angioplasty, pulmonary endarterectomy evaluation, or medical therapy when indicated.

Lung disease or sleep-disordered breathing plan

including inhaler optimization, ILD/COPD management, CPAP/BiPAP adherence, sleep medicine referral, pulmonary rehabilitation, and oxygen reassessment.

Left heart disease plan

including cardiology coordination, diuresis, blood pressure management, rhythm management, valvular evaluation, and heart failure optimization.

Connective tissue disease or autoimmune plan

including rheumatology coordination, autoimmune testing, immunosuppressive therapy review, and monitoring for systemic involvement.

Anticoagulation plan

including indication, medication, duration, bleeding precautions, INR or lab monitoring when relevant, and coordination with prescribing clinician.

Functional and rehabilitation plan

including activity guidance, pulmonary rehabilitation, exercise precautions, fall/syncope precautions, work/activity limitations, and quality-of-life support.

Advanced therapy or transplant plan

including referral to specialized PH center, parenteral prostacyclin therapy consideration, atrial septostomy or transplant evaluation when appropriate, and goals-of-care discussion when relevant.

Patient education

regarding diagnosis, medication adherence, emergency plan for prostacyclin interruption, oxygen safety, pregnancy risk if relevant, warning signs, and when to seek urgent or emergency care.

F FOLLOW-UP

14 REASSESSMENT PLAN

Specify follow-up timeframe and purpose, including symptom reassessment, volume status check, medication titration, lab monitoring, 6-minute walk testing, echocardiogram review, right heart catheterization review, oxygen reassessment, CTEPH evaluation, specialty pharmacy coordination, or urgent return precautions.

TB TIME DOCUMENTATION & BILLING

15 TIME DOCUMENTATION (IF APPLICABLE)

TOTAL TIME SPENT

PULMONARY HYPERTENSION COUNSELING TIME

MEDICATION / SPECIALTY PHARMACY COORDINATION TIME

OXYGEN COUNSELING TIME, IF APPLICABLE

CARE COORDINATION TIME

RECORDS REVIEW TIME, IF APPLICABLE

TEST REVIEW TIME, IF APPLICABLE

15a BILLING CONSIDERATIONS — E/M / PULMONARY HYPERTENSION CODING

E/M LEVEL: [E.G., 99202 / 99203 / 99204 / 99205 / 99212 / 99213 / 99214 / 99215]

6-MINUTE WALK / OXYGEN TESTING CODE(S), IF APPLICABLE

RIGHT HEART CATHETERIZATION REVIEW / COORDINATION, IF APPLICABLE

MEDICATION MANAGEMENT / REMS COORDINATION, IF APPLICABLE

CARE COORDINATION CODE(S), IF APPLICABLE

BASIS FOR BILLING: [TIME-BASED / MEDICAL DECISION MAKING / TEST INTERPRETATION / MEDICATION MANAGEMENT / OXYGEN MANAGEMENT / CARE COORDINATION]

ICD-10 DIAGNOSIS CODES: [PRIMARY PULMONARY HYPERTENSION DIAGNOSIS CODE + DESCRIPTION]

[SECONDARY RIGHT HEART FAILURE / DYSPNEA / HYPOXEMIA / THROMBOEMBOLIC / CARDIAC / LUNG DISEASE DIAGNOSIS CODE(S), IF APPLICABLE]

SO SIGNATURE

16 PROVIDER SIGN-OFF

PROVIDER NAME

CREDENTIALS

SPECIALTY: PULMONARY HYPERTENSION / PULMONOLOGY / CARDIOLOGY

DATE

TIME

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