

Provider Name & ID _____		Pt Name: _____		
Code Billed: _____		Auditor's Code: _____ D.O.S. _____		
Consult: Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, <u>ALL</u> 3 must be documented (Request <input type="checkbox"/> Report <input type="checkbox"/> Recommendation <input type="checkbox"/>)				
Chief Complaint: _____				
HISTORY	HPI (history of present illness) elements:			
	HPI: Status of chronic conditions: <input type="checkbox"/> 1 condition <input type="checkbox"/> 2 condition <input type="checkbox"/> 3 condition <div style="text-align: center; font-weight: bold; font-size: 1.2em;">OR</div>			Status of 1-2 chronic conditions
	<input type="checkbox"/> Location Where is problem?	<input type="checkbox"/> Timing Frequency of signs or symptoms	<input type="checkbox"/> Modifying Factors What have you done to alleviate or worsen symptoms?	Brief 1-3 elements
	<input type="checkbox"/> Severity How bad on a scale 1/10	<input type="checkbox"/> Duration Onset of signs or symptoms	<input type="checkbox"/> Associated Signs/Symptoms What else is bothering you?	
	<input type="checkbox"/> Quality Sharp/dull/ hot/dry	<input type="checkbox"/> Context What are you doing when sxs occurs?		Extended ≥ 4 elements
	ROS (Review of Systems)			
	<input type="checkbox"/> Constitutional <input type="checkbox"/> Card/Vasc <input type="checkbox"/> Musculo <input type="checkbox"/> Psych <input type="checkbox"/> "All Others Negative" <input type="checkbox"/> Eyes <input type="checkbox"/> Respiratory <input type="checkbox"/> Integument <input type="checkbox"/> Endo <input type="checkbox"/> Ears, Nose, Mouth, Throat <input type="checkbox"/> GI <input type="checkbox"/> GU <input type="checkbox"/> Hem/Lymph <input type="checkbox"/> Neuro <input type="checkbox"/> Allerg/Imm.			None
	No PFSH required: 99231, 99232 & 99233			1 ROS
	<input type="checkbox"/> Past History (the pt's past experiences w/illnesses, operations, injuries, treatments, medications & allergies)			
	<input type="checkbox"/> Family History (review of medical events in the pt's family including diseases which are hereditary or put the pt at risk)			Extended 2-9 ROS
<input type="checkbox"/> Social History (an age appropriate review of past and current activities)			Complete ≥ 10 ROS or some systems + statement "all others negative"	
To determine history level, draw a line down the column with the circle farthest to the left .				
Important Note: Allow a comprehensive history if the physician is unable to obtain a history from the patient or other source . The record should describe the patient's condition or circumstance that precludes obtaining history. *99281-99285: No distinction is made between new & established patients in the E.D			None	
			1 PFSH	
			None	
			1-2 PFSH	
			3 PFSH	
			PROBLEM FOCUSED	
			EXP. PROB. FOCUSED	
			DETAILED	
			COMPRE-HENSIVE	
			PF	
			EPF	
			D	
			C	

Check the appropriate 1997 specialty examination form used for the provider's specialty. Attach the completed form to this audit tool.

- General Multi-System Specialty Exam
- Cardiovascular
- Dermatology
- Ears, Nose and Throat
- Eyes
- Genitourinary (Female)
- Genitourinary (Male)
- Hematologic/Lymphatic/Immunologic Examination
- Musculoskeletal
- Neurology
- Psychiatry
- Respiratory

A Presenting Problems to the Treating Provider (# Diags Require Active Management or Affect Treatment Options)			B Amount and/or Complexity of Data to be Reviewed Pts.	
	Points = Result			
Self limited / minor (stable, improved or worse)	Max=2	1	Review or order of clinical lab tests	1
Est. problem (stable, improved)		1	Review or order of tests in the radiology section of CPT	1
Est. problem (worsening)		2	Review or order of tests in the medicine section of CPT	1
New problem (to Provider) (no add'l workup)	Max=1	3	Discussion of test results with performing physician	1
New problem (to Provider) (additional workup)		4	Decide to obtain old records or to obtain history from someone else	1
			Review & summarize old records or get Hx from someone or talk with other provider	2
Bring total to Line A in Final Result for Complexity TOTAL			Independent visualization of image, tracing or specimen itself (not simply review of the paper copy report)	2
			Bring total to Line B in Final Result for Complexity TOTAL	

C Risk of Complications / Morbidity / Mortality: Check off all that apply. The highest level of risk in any one column determines the overall risk.					
Level	Presenting Problem(s)	Diagnostic Procedure(s) Ordered	Management Options Selected		
MINIMAL	<ul style="list-style-type: none"> One self-limited or minor problem, e.g., cold, insect bite, tinea corporis 	<ul style="list-style-type: none"> Laboratory tests requiring venipuncture Chest x-rays KOH prep or EKG/EEG Urinalysis or Ultrasound e.g., echo Potassium Dydroxide prep etc. 	<ul style="list-style-type: none"> Rest Gargles Elastic bandages Superficial dressings 		
LOW	<ul style="list-style-type: none"> Two or more self-limited or minor problems One stable chronic illness e.g., well controlled hypertension, non-insulin dependent diabetes, cataract, BPH Acute uncomplicated illness or injury e.g., cystitis, allergic rhinitis, simple sprain 	<ul style="list-style-type: none"> Physiologic test not under stress e.g., pulm. function tests Non-cardiovascular imaging studies with contrast e.g., barium enema Superficial needle biopsies or Skin biopsies Clinical laboratory tests requiring arterial puncture 	<ul style="list-style-type: none"> Over the counter drugs Minor surgery with no identified risk factors Physical therapy Occupational therapy IV fluids without additives 		
MODERATE	<ul style="list-style-type: none"> One or more chronic illnesses with mild exacerbation, progression or side effects of treatment Two or more stable chronic illnesses Undiagnosed new problem with uncertain prognosis e.g., lump in breast Acute illness with systemic symptoms e.g., pyelonephritis pneumonitis, colitis Acute complicated injury e.g., head injury with brief loss of consciousness 	<ul style="list-style-type: none"> Physiologic test under stress e.g., cardiac stress test, fetal contraction stress test Diagnostic endoscopies with no identified risk factors Deep needle or incisional biopsy Cardiovascular imaging studies with contrast and no identified risk factors e.g., arteriogram, cardiac cath Obtain fluid from body cavity e.g., lumbar puncture, thoracentesis, culdocentesis 	<ul style="list-style-type: none"> Minor surgery with identified risk factors Elective major surgery (open percutaneous or endoscopic) with no identified risk factors) Prescription drug management Therapeutic nuclear medicine IV fluids with additives Closed treatment of fracture or dislocation without manipulation 		
HIGH	<ul style="list-style-type: none"> One or more chronic illnesses with severe exacerbation, progression or side effects of treatment Acute or chronic illnesses or injuries that may pose a threat to life or bodily function e.g., multiple trauma, acute MI, pulmonary embolus, severe respiratory distress, progressive severe rheumatoid arthritis, psychiatric illness w/potential threat to self or others, peritonitis, acute renal failure An abrupt change in neurological status e.g., seizure, TIA, weakness, sensory loss 	<ul style="list-style-type: none"> Cardiovascular imaging studies with contrast with identified risk factors Cardiac electrophysiological tests Diagnostic endoscopies with identified risk factors Discography 	<ul style="list-style-type: none"> Elective major surgery (open, percutaneous or endoscopic) with identified risk factor Emergency major surgery (open, percutaneous or endoscopic) Parenteral controlled substances Drug therapy requiring intensive monitoring for toxicity Decision not to resuscitate or de-escalate care because of poor prognosis 		
A	Circle the Total number in section A	≤ 1 Minimal	2 Limited	3 Multiple	≥ 4 Extensive
B	Circle the Total number in section B	≤ 1 Minimal or None	2 Limited	3 Multiple	≥ 4 Extensive
C	Circle the Level in section C	Minimal	Low	Moderate	High
Complexity Level of Medical Decision Making (Mdm)		STRAIGHTFORWARD SF	LOW L	MODERATE M	HIGH H
Draw a line down the column with 2 or 3 circles and circle decision making level OR Draw a line down the column with the center circle = level of Mdm					

TIME	If the physician documents total time and suggests that counseling or coordinating care dominates the encounter, time may determine level of service. Documentation may refer to: prognosis, differential diagnosis, risks, benefits of treatment, instructions, compliance, and/or risk reduction.		If all answers are "yes," you may select the level based on time.	
	Does documentation reveal total time?	Time: Face-to-face outpatient setting Unit/floor in inpatient setting		<input type="checkbox"/> Yes <input type="checkbox"/> No
	Does documentation describe the content of counseling or coordinating care?			<input type="checkbox"/> Yes <input type="checkbox"/> No
	Does documentation reveal that > 50% of time was counseling/coordinating care?			<input type="checkbox"/> Yes <input type="checkbox"/> No

PLEASE NOTE: Time factors are indicated by CPT code followed by -xx (example: 99201-10 indicates 10 minutes)
 Directions: Transfer the history, exam and medical decision making results to the correct chart below & follow the instructions for that Code family

New Office/Outpatient Visits & Office/Inpatient Consultations						Established Patient Office/Outpatient Visits					
Level	Draw a line down the column which has a key component identified which is the farthest to the left (leveled by the lowest)					Minimal problem that may not require presence of MD/DO	If a column has 2 or 3 circles, draw a line down the column and circle the code OR draw a line down the column with the center circle and circle the code				
HX	PF	EPF	D	C	C		PF	EPF	D	C	
EX	PF	EPF	<u>D</u>	C	C		PF	EPF	D	C	
MDM	SF	SF	L	M	H		SF	L	M	H	
CPT Code	99201-10 99241-15 99251-20	99202-20 99242-30 99252-40	99203-30 99243-40 99253-55	99204-45 99244-60 99254-80	99205-60 99245-80 99255-110	99211-5	99212-10	99213-15	99214-25	99215-40	

Initial Hosp. Visits & Observation Care				Subsequent Hosp.		
Level	Draw a line down the column which has a key component identified which is the farthest to the left (leveled by the lowest) These are PER DAY CODES			If a column has 2 or 3 circles, draw a line down the column and circle the code OR draw a line down the column with the center circle and circle the code This is a PER DAY CODE		
HX	D or C	C	<u>C</u>	PF interval	EPF interval	D interval
EX	D or C	C	C	PF	EPF	D
MDM	SF/L	M	H	SF/L	M	H
CPT Code	99221-30 99218 99234	99222-50 99219 99235	99223-70 99220 99236	99231-15	99232-25	99233-35

EMERGENCY CARE SERVICES					
Draw a line down the column which has a key component identified which is the farthest to the left (leveled by the lowest)					
HX	PF	EPF	EPF	D	C
EX	PF	EPF	EPF	D	C
MDM	SF	L	M	M	H
CPT Code	99281	99282	99283	99284	99285

Additional Comments: _____

Directions: Transfer history, exam and medical decision making results to appropriate chart below and follow the specific instructions for chart.

These are PER DAY CODES, time factors effective 2007

	Initial Nursing Facility Care			Subsequent Nursing Facility Care			
Level	Draw a line down the column which has a key component identified which is the farthest to the left (leveled by the lowest)			If a column has 2 or 3 circles, draw a line down the column and circle the code OR draw a line down the column with the center circle and circle the code			
HX	D	C	C	PF	EPF	D	C
EX	D	C	C	PF	EPF	D	C
MDM	L	M	H	SF	L	M	M to H
CPT Code	99304-25	99305-35	99306-45	99307-10	99308-15	99309-25	99310-35

	New Patient Home/Domiciliary/Custodial/Rest Home Etc.					Established Home/Domiciliary/Custodial/Rest Home Etc.			
	Draw a line down the column which has a key component identified which is the farthest to the left (leveled by the lowest).					If a column has 2 or 3 circles, draw a line down the column and circle the code OR draw a line down the column with the center circle and circle the code			
HX	PF	EPF	D	C	C	PF interval	EPF interval	D interval	C interval
EX	PF	EPF	D	C	C	PF	EPF	D	C
MDM	SF	SF	L	M	H	SF	L	M	M to H
CPT Code	99341-20 99324-20	99342-30 99325-30	99343-45 99326-45	99344-60 99327-60	99345-75 99328-75	99347-15 99334-15	99348-25 99335-25	99349-40 99336-40	99350-60 99337-60

Abbreviation Legend:
 CC = Chief Complaint
 HX = History
 PF = Problem Focused
 SF = Straightforward

ROS = Review of System
 EX = Exam
 EPF = Expanded Problem Focused
 L = Low

PFSH = (Past, Family, Social) History
 Mdm = Medical Decision Making
 D = Detailed
 M = Moderate
 C = Comprehensive
 H = High

Additional Comments: _____

