

# E/M AUDIT FORM – 1995 GUIDELINES

Patient: \_\_\_\_\_ DOB: \_\_\_\_\_ Ticket #: \_\_\_\_\_ DOS: \_\_\_\_\_ Provider: \_\_\_\_\_

## HISTORY

**Chief Complaint (CC):**

**History of Present Illness (HPI):**  Brief (1-3 elements)  Extended (4+ elements) **OR**  Status of 3+ Chronic Problems (compared to prior visits)

Location  Severity  Timing  Modifying Factors  
 Quality  Duration  Context  Associated Signs & Symptoms

**Review of Systems (ROS):**  None  Problem Pertinent (1 system)  Extended (2-9)  Complete (10+)

Constitutional  Cardiovascular  Gastrointestinal  Integument  Hematological/Lymphatic  
 Eyes  Respiratory  Genitourinary  Neurological  Allergic/Immunologic  
 ENT  Musculoskeletal  Psychiatric  Endocrine  All Others Negative

**Past, Family, & Social History (PFSH):**  None  Pertinent (1 of any)  Complete (2or 3 of 3)

Past: Allergies, Current Meds, Immunizations, Previous Trauma, Surgeries, Previous Illnesses/Hospitalizations  
 Family: Health of Parents, Siblings, Children, Family Members w/diseases related to the Chief Complaint  
 Social: Drug, Alcohol, Tobacco Use, Employment, Sexual History, Marital Status, Education, Occupational History

### SCORE: HISTORY COMPONENT

<input type="checkbox"/> Problem Focused CC Brief HPI	<input type="checkbox"/> Expanded problem Focused CC Brief HPI Problem Pertinent ROS	<input type="checkbox"/> Detailed CC Extended HPI Extended ROS Pertinent PFSH	<input type="checkbox"/> Comprehensive CC Extended HPI Complete ROS Complete PFSH
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## PHYSICAL EXAM

### Body Area/Organ System (BA/OS) Elements of Examination:

BA <input type="checkbox"/> Head, including face BA <input type="checkbox"/> Neck: neck (masses, symmetry, etc.), thyroid BA <input type="checkbox"/> Chest (Breasts): inspection breast, palpation breast/axillae BA <input type="checkbox"/> Abdomen BA <input type="checkbox"/> Genitalia, Groin, Buttocks	BA <input type="checkbox"/> Back, including spine BA <input type="checkbox"/> Left Upper Extremity BA <input type="checkbox"/> Right Upper Extremity BA <input type="checkbox"/> Left Lower Extremity BA <input type="checkbox"/> Right Lower Extremity
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OS <input type="checkbox"/> Constitutional: Vital signs or General Appearance OS <input type="checkbox"/> Eyes: Conjunctivae/lids, pupils/irises, optic discs OS <input type="checkbox"/> Ears, Nose, Mouth/Throat: Ext exam ears/nose, ext aud canal/TM, hearing assessment, nasal mucosa/sputum/turbinates, lips/teeth/gums, oropharynx OS <input type="checkbox"/> Respiratory: resp effort, chest percussion, chest palpation, auscultation of lungs OS <input type="checkbox"/> Cardiovascular: palpation heart, auscultation, exam of: carotid arteries, femoral arteries, abdominal aorta, pedal pulses, extremities OS <input type="checkbox"/> Gastrointestinal: abdominal, liver/spleen, hernia, stool sample taken, anus, perineum, rectum OS <input type="checkbox"/> Genitourinary: Male: scrotum, penis, DRE-prostate. Female: pelvic, ext genitalia, urethra, bladder, cervix, uterus, adnexa/parametria OS <input type="checkbox"/> Musculoskeletal: gait/station, digits/nails, exam of joint, bone, muscles, inspect & palpate, stability, ROM, strength & tone OS <input type="checkbox"/> Skin: inspect skin/subcu tissue, palpation skin/subcu tissue OS <input type="checkbox"/> Neurologic: cranial nerves, deep tendon reflexes, sensation OS <input type="checkbox"/> Psychiatric: judgment/insight, MSE: orientation, remote & recent memory, mood & affect OS <input type="checkbox"/> Hematological/lymphatic (neck, axillae, groin, other) / immunologic	
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### SCORE: EXAM COMPONENT

<input type="checkbox"/> Problem Focused 1 BA/OS	<input type="checkbox"/> Expanded problem Focused 2-4 BA/OS	<input type="checkbox"/> Detailed 5-7 BA/OS	<input type="checkbox"/> Comprehensive 8+ OS
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### SCORE: TOTAL E&M SERVICE

History			Exam			Medical Decision Making (pg.2)		
	New	Estab.		New	Estab.		New	Estab.
<input type="checkbox"/> Problem Foc.	99201	99212	<input type="checkbox"/> Problem Foc.	99201	99212	<input type="checkbox"/> Straightforward	99201/2	99212
<input type="checkbox"/> Exp. Problem Foc.	99202	99213	<input type="checkbox"/> Exp. Problem Foc.	99202	99213	<input type="checkbox"/> Low	99203	99213
<input type="checkbox"/> Detailed	99203	99214	<input type="checkbox"/> Detailed	99203	99214	<input type="checkbox"/> Moderate Comp.	99204	99214
<input type="checkbox"/> Comprehensive	99204/5	99215	<input type="checkbox"/> Comprehensive	99204/5	99215	<input type="checkbox"/> High Comp.	99205	99215

Number Needed:  2 of 3 (established pt)  3 of 3 (new patient or consult visit)  Time Based: \_\_\_\_\_

Code Selected: \_\_\_\_\_ Code Documented: \_\_\_\_\_ U (Up) D (Down) C (Correct) Record Signed: **Y N**

Audited by: \_\_\_\_\_ Date: \_\_\_\_\_

Rita M. Foss, CPC

Crystal L. Smires

Karen L. Billings

## MEDICAL DECISION MAKING

No. of Diagnoses and Mgmt Options	Points Assigned	Pts. Per Category	Amount & Complexity of Data	Points Assigned	Pts. Per Category
Self-limiting or Minor Problems (stable, improved, or worsening) <i>Maximum of 2 pts. Can be given</i>	1		Ordered and/or reviewed clinical lab	1	
Established Problem – Stable, Improved	1		Ordered and/or reviewed radiology	1	
Established problem – Worsening	2		Discussed tests with performing or interpreting physician	1	
New Problem – No Additional Work-up Planned <i>Maximum of 1 problem given credit</i>	3		Ordered and/or reviewed test in the CPT Medicine section	1	
New Problem – Additional Work-up Planned	4		Independent visualization and direct view of image, tracing, specimen	2	
Total Points			Decision to obtain old records or additional HX from someone other than patient, e.g., family, caretaker, previous phys.	1	
			Reviewed and summarized old records and/or obtained history from someone other than patient	2	
			Total points		

**TABLE OF RISK – The Highest Level in ONE Area Determines the Over-all Risk**

Level of Risk	Presenting Problem(s) OR	Diagnostic Procedure OR	Management Options
<b>Minimal</b> →	<input type="checkbox"/> One self-limited or minor problem, i.e.: cold, insect bite, tinea corporis	<input type="checkbox"/> Laboratory tests requiring venipuncture. <input type="checkbox"/> Xray <input type="checkbox"/> EKG/EEG <input type="checkbox"/> UA <input type="checkbox"/> Ultrasound <input type="checkbox"/> KOH prep	<input type="checkbox"/> Rest <input type="checkbox"/> Gargles <input type="checkbox"/> Elastic Bandage <input type="checkbox"/> Superficial Dressing
<b>Low</b> →	<input type="checkbox"/> Two or more self-limited or minor problems <input type="checkbox"/> One stable chronic illness, e.g., well controlled htn, non-insulin dependant DM, cataract, BPH <input type="checkbox"/> Acute uncomplicated illness or injury, e.g. cystitis, allergic rhinitis, simple sprain	<input type="checkbox"/> Non-cardiovascular imaging studies with contrast, e.g., barium enema <input type="checkbox"/> Superficial needle biopsies <input type="checkbox"/> Clinical lab tests requiring arterial puncture <input type="checkbox"/> Skin biopsies	<input type="checkbox"/> OTC drugs <input type="checkbox"/> Minor surgery with no identified risk factors <input type="checkbox"/> PT/OT <input type="checkbox"/> IV fluids w/out additives
<b>Moderate</b> →	<input type="checkbox"/> <b>One or more chronic illnesses with mild exacerbation</b> , progression, or side effects of treatment. <input type="checkbox"/> <b>Two or more stable chronic illnesses</b> <input type="checkbox"/> <b>Undiagnosed new problem with uncertain prognosis</b> , e.g., lump in breast. <input type="checkbox"/> Acute illness with systemic symptoms, e.g., pyelonephritis, pneumonitis, colitis	<input type="checkbox"/> Physiological tests under stress, e.g., cardiac stress test, fetal contraction stress test <input type="checkbox"/> Diagnostic endoscopies w/no identified risk factors <input type="checkbox"/> Deep needle or incisional biopsy <input type="checkbox"/> Cardiovascular imaging studies w/contrast and no ident. Risk factors, e.g., arteriogram, cardiac cath <input type="checkbox"/> Obtain fluid from body cavity, e.g., lumbar puncture, thoracentesis	<input type="checkbox"/> Minor surgery with identified risk factors. <input type="checkbox"/> Elective major surgery (open, percutaneous or endoscopic) with no identified risk factors <input type="checkbox"/> <b>Prescription drug mgmt</b> <input type="checkbox"/> Therapeutic nuclear medicine <input type="checkbox"/> IV fluids with additives <input type="checkbox"/> Closed treatment of fracture or dislocation w/out manipulation
<b>High</b> →	<input type="checkbox"/> One or more chronic illnesses w/severe exacerbation, progression or side effects of treatment <input type="checkbox"/> Acute or chronic illness or injuries that pose a threat to life or bodily function, e.g., multiple trauma, acute MI, pulmonary embolus, severe respiratory distress, progressive severe RA, psychiatric illness with potential threat to self or others, peritonitis, acute renal failure <input type="checkbox"/> An abrupt change in neurologic status, e.g., seizure, TIA, weakness or sensory loss	<input type="checkbox"/> Cardiovascular imaging studies with contrast with identified risk factors <input type="checkbox"/> Cardiac electrophysiological tests <input type="checkbox"/> Diagnostic endoscopies with identified risk factors <input type="checkbox"/> discography	<input type="checkbox"/> Elective major surgery (open, percutaneous or endoscopic) with identified risk factors. <input type="checkbox"/> Emergency major surgery (open, percu or endo) <input type="checkbox"/> Parenteral control substances <input type="checkbox"/> Drug therapy requiring intensive monitoring for toxicity. <input type="checkbox"/> Decision not to resuscitate or to de-escalate care because of poor prognosis.

**Decision Making Total: To select a level, 2 of 3 Must Meet:**

Points Assigned	1	2	3	4
Number of DX	<input type="checkbox"/> Minimal	<input type="checkbox"/> Limited	<input type="checkbox"/> Moderate	<input type="checkbox"/> Extensive
Amount of Data	<input type="checkbox"/> Minimal	<input type="checkbox"/> Limited	<input type="checkbox"/> Moderate	<input type="checkbox"/> Extensive
Table of Risk Levels	<input type="checkbox"/> Minimal	<input type="checkbox"/> Low	<input type="checkbox"/> Moderate	<input type="checkbox"/> High
	<input type="checkbox"/> Straight forward	<input type="checkbox"/> Low Complexity	<input type="checkbox"/> Moderate comp.	<input type="checkbox"/> High Complexity