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# E/M Documentation Auditors' Worksheet

Patient's ID/MR #: _____

Physician's Name and/or ID#: _____ Resident ❑yes ❑no

Staff Physician's Name and/or ID# *(if resident is used)*: _____

Date of Service Billed: _____

*Actual Date of Service:* _____

**Level of Service Determination: Outpatient, Consults (Outpatient, Inpatient & Confirmatory) and ER:**

- ☐ New Patient
- ☐ Established
- ☐ Outpt Cons
- ☐ Inpt Cons
- ☐ ER
- ☐ *Is request for referral documented?*

**Level of Service Determination: INPATIENT**

- ☐ Initial Hospital
- ☐ Subsequent Inpatient
- ☐ Observation
- ☐ Follow-up Consult

**Level of Service Determination: Nursing Facility**

- ☐ Annual Assessment
- ☐ Subsequent Nursing Facility
- ☐ Admission

**Level of Service Determination: Domiciliary (Rest Home Custodial Care) and HOME CARE**

- ☐ New
- ☐ Established

E/M Code Billed:

_____

Diagnosis / Procedure Codes Billed:

_____ _____

_____ _____

E/M Code Suggested:
*(*If E/M visit is **NOT** a "global" Post-Op)*

**1997**_____
**1995**_____

Suggested Diagnosis / Procedure Codes:

_____ _____

_____ _____

Were any of the following issues noted:

**❑Double Billing** **❑Medical Necessity Issues** **❑Unbundling**

**If any are checked please see comments page*

**Audited by:**

_____

**Date:** _____

❑Initial Audit Date Physician Notified of results: _____

❑90 day Follow-Up Audit _____

**COMMENTS:**

**Insurance Payor:**

- ❑ Medicare
- ❑ Medicaid
- ❑ Champus
- ❑ Other: _____

## Chief Complaint:

| | | Problem Focused | Exp. Problem Focused | Detailed | Comprehensive |
|---|---|---|---|---|---|
| HISTORY | **HPI** (history of present illness) **elements:**<br>❑Location _____ ❑Severity _____<br>❑Timing _____ ❑Modifying Factors _____<br>❑Quality _____ ❑Duration _____<br>❑Context _____ ❑Associated Signs & Symptoms _____ | Brief | Brief | Extended | Extended |
| | | 1 – 3 elements | | ≥ 4 elements or status of > 3 chronic or inactive conditions | |
| | **ROS** (Review of Systems):<br>❑Constitutional (wt loss, etc.) _____<br>❑Eyes _____<br>❑Ears, nose, mouth, throat _____<br>❑GI _____ ❑GU _____<br>❑Card/Vasc _____<br>❑Resp _____<br>❑Musculo _____ ❑Neuro _____<br>❑Psych _____ ❑Endo _____<br>❑Integumentary (skin, breast) _____<br>❑Hem/lymph _____<br>❑All / Immun _____<br>❑"All others negative" _____ | None | Pertinent to problem<br>1 system | Extended<br>2-9 systems | Complete<br>≥10 systems, or some systems with statement "all others negative" |
| | **PFSH** (past medical, family, social history) **areas:**<br>❑Past History (the patient's past experiences with illnesses, operations, injuries and treatments) _____<br>❑Family History (a review of medical events in the patient's family, including diseases which may be hereditary or place the patient at risk) _____<br>❑Social History (an age appropriate review of past and current activities) _____ | None | None | * Pertinent<br>1 or 2 history areas | * Complete<br>2 or 3 history areas |
| | | Circle the entry farthest to the right for each history area. To determine History Level, draw a line down the column with the circle farthest to the left. | | | |

| | | |
|---|---|---|
| If physician is unable to obtain history, the record should describe circumstances that preclude obtaining it. | No PFSH required:<br>Subsequent Hospital Care<br>Follow-up inpatient consults<br>Subsequent Nursing Facility Care | * PFSH requirement<br>Established patients (office/outpatient, Domiciliary, home) and emergency department: Pertinent – 1 history area; Complete 2history areas<br>New Patients (office/outpatient, Domiciliary, home), consultations, initial hospital, hospital observation, comprehensive nursing facility assessments; Pertinent – 2 history areas; complete – 3 history areas |

| EXAM | GENERAL MULTI-SYSTEM EXAM | | SINGLE ORGAN SYSTEM EXAM |
|---|---|---|---|
| | 1 – 5 elements identified by a bullet (● ) | PROBLEM FOCUSED | 1 – 5 elements identified by a bullet (● ) |
| | ≥ 6 elements identified by a bullet (● ) | EXP. PROBLEM FOCUSED | ≥ 6 elements identified by a bullet (● ) |
| | ≥ 2 elements identified by a bullet (● ) from 6 areas / systems **OR** ≥ 12 elements identified by bullet (● ) from > 2 areas / systems | DETAILED | ≥ 2 elements identified by a bullet (● ) from 6 areas / systems **OR** ≥ 12 elements identified by bullet (● ) from > 2 areas / systems |
| | Perform all elements identified by a bullet (● ) from ≥ 9 areas / systems **AND** document ≥ 2 elements identified by a bullet (● ) from 9 areas / systems | COMPREHENSIVE | Perform all elements identified by a bullet (● ) from ≥ 9 areas / systems **AND** document ≥ 2 elements identified by a bullet (● ) from 9 areas / systems |

## A Number of Diagnoses or Treatment Options

| Problems to Exam Physician | Number X Points = Result | | |
|---|---|---|---|
| Self-limited or minor (stable, improved or worsening) | | 1 | Max= 2 |
| Est. problem (to examiner); stable, improved | | 1 | |
| Est. problem (to examiner); worsening | | 2 | |
| New problem (to examiner); no additional workup planned | | 3 | Max= 3 |
| New problem (to examiner); additional workup planned | | 4 | |
| | | **Total** | |

Bring total to **Line A** in Final Result for Complexity

## C Amount and/or complexity of Data to Be Reviewed

| Data to be Reviewed | Points |
|---|---|
| Review and/or order of clinical Lab Test(s) | 1 |
| Review and/or order of tests in the radiology section of CPT | 1 |
| Review and/or order of tests in the medicine section of CPT | 1 |
| Discussion of test results with performing Physician | 1 |
| Decision to obtain old records and/or obtain history from someone other than patient | 1 |
| Review and summarization of old records and/or obtaining history from someone other than patient and/or discussion of case with another health care provider | 2 |
| Independent visualization of image, tracing or specimen itself (not simply review of report) | 2 |
| Total | |

Bring total to **Line C** in Final Result for Complexity

## B Risk of Complications and/or Morbidity or Mortality

| Level of Risk | Presenting Problem(s) | Diagnostic Procedure(s) Ordered | Management Options Selected |
|---|---|---|---|
| **MINIMAL** | • One self limited or minor problem, *e.g. cold, insect bite, tinea corporis* | • Laboratory tests requiring venipuncture<br>• Chest x-rays<br>• EKG/EEG<br>• Urinalysis<br>• Ultrasound, *e.g. echo*<br>• KOH prep | • Rest<br>• Gargles<br>• Elastic bandages<br>• Superficial dressings |
| **LOW** | • Two or more self limited or minor problems<br>• One stable chronic illness *e.g. well controlled HTN, non-insulin dependent diabetes, cataract, BPH*<br>• Acute uncomplicated illness or injury *e.g. cystitis, allergic rhinitis, simple sprain* | • Physiologic tests not under stress, e.g. pulm. Function tests<br>• Non-cardiovascular imaging studies with contrast, e.g. barium enema<br>• Superficial needle biopsies<br>• Clinical laboratory tests requiring arterial puncture<br>• Skin biopsies | • Over the counter drugs<br>• Minor surgery with no identified risk factors<br>• Physical therapy<br>• Occupational therapy<br>• IV fluids without additives |
| **MODERATE** | • One or more chronic illnesses with mild exacerbation, progression, or side effects of treatment<br>• Two or more stable chronic illnesses<br>• Undiagnosed new problem with uncertain prognosis, *e.g. lump in breast*<br>• Acute illness with systemic symptoms, *e.g. pyelonephritis, pneumonitis, colitis*<br>• Acute complicated injury, *e.g. head injury with brief loss of consciousness* | • Physiologic tests under stress, *e.g. cardiac stress test fetal contraction stress test*<br>• Diagnostic endoscopies with no identified risk factors<br>• Deep needle or incisional biopsy<br>• Cardiovascular imaging studies with contrast and no identified risk factors, *e.g. arteriogram, cardiac cath*<br>• Obtain fluid from body cavity, *e.g. lumbar puncture, thoracentesis, culdocentesis* | • Minor surgery with identified risk factors<br>• Elective major surgery (open, percutaneous or endoscopic) with no identified risk factors<br>• Prescription drug management<br>• Therapeutic nuclear medicine<br>• IV Fluids w/additives<br>• Closed treatment of fracture or dislocation without manipulation |
| **HIGH** | • One or more chronic illnesses with severe exacerbation, progression, or side effects of tx.<br>• 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 sever rheumatoid arthritis, psychiatric illness with potential threat to self or others, peritonitis, acute renal failure*<br>• An abrupt change in neurologic status, e.g. seizure, TIA, weakness, or sensory loss | • Cardiovascular imaging studies with contrast with identified risk factors<br>• Cardiac electorphysiological tests<br>• Diagnostic endoscopies with identified risk factors<br>• Discography | • Elective major surgery (open, percutaneous or endoscopic) with identified risk factors)<br>• Emergency major surgery (open, percutaneous or endoscopic)<br>• Parenteral controlled substances<br>• Drug therapy requiring intensive monitoring for toxicity<br>• Decision not to resuscitate or to de-escalate care because of poor prognosis |

Bring result to **Line B** in Final Result for Complexity

## *Final Result for Complexity*

| | | | | | |
|---|---|---|---|---|---|
| A | Number diagnoses or treatment options | ≥1 Minimal | 2 Limited | 3 Multiple | ≥4 Extensive |
| **B** | Highest Risk | Minimal | Low | Moderate | High |
| **C** | Amount and/or complexity of data | >1 Minimal or low | 2 Limited | 3 Moderate | >4 Extensive |
| Type of decision making | | Straight Forward | Low Complex | Moderate Complex | High Complex |

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 and circle the Decision Making Level

| TIME | | | |
|---|---|---|---|
| | If the physician documents total time AND suggests that counseling or coordinating care dominates (more than 50%_ the encounter, time may determine level of service. Documentation may refer to : prognosis, differential diagnosis, risks, benefits of treatment, instructions, compliance, risk reduction or discussion with another health care provider | | |
| | Does documentation reveal total time ┐ TIME… Face-to-face in outpatient setting<br>TIME… Unit/floor in inpatient setting ┘ | ❑YES ❑NO | If **ALL** answers are "yes" may select level based on time |
| | Does documentation describe the content of counseling or coordinating care | ❑YES ❑NO | |
| | Does documentation reveal that more than half of time was counseling or coordinating care | ❑YES ❑NO | |

**OUTPATIENT, CONSULTS** (Outpatient, Inpatient & confirmatory)

| | New / Consults | | | | | **Established** | | | | |
|---|---|---|---|---|---|---|---|---|---|---|
| | Requires 3 components in on column | | | | | Requires 2 components in one column | | | | |
| HISTORY | **PF** | **EPF** | **D** | **C** | **C** | Minimal problem that may not require presence of physician | **PF** | **EPF** | **D** | **C** |
| EXAM | **PF** | **EPF** | **D** | **C** | **C** | | **PF** | **EPF** | **D** | **C** |
| MDM (medical decision making) | **SF** | **SF** | **L** | **M** | **H** | | **SF** | **L** | **M** | **H** |
| Average time (minutes) (Confirmatory consults & ER have no average time) | 10 New 99201<br>15 Outpt Cons 99241<br>20 Inpt Cons 99251<br>Conf Cons 99271 | 20 New 99202<br>30 Outpt Cons 99242<br>40 Inpt Cons 99252<br>Conf Cons 99272 | 30 New 99203<br>40 Outpt Cons 99243<br>55 Inpt Cons 99253<br>Conf Cons 99273 | 45 New 99204<br>60 Outpt Cons 99244<br>80 Inpt Cons 99254<br>Conf Cons 99274 | 60 New 99205<br>80 Outpt Cons 99245<br>110 Inpt Cons 99255<br>Conf Cons 99275 | 5 99211 | 10 99212 | 15 99213 | 25 99214 | 40 99215 |
| LEVEL | I | II | III | IV | V | I | II | III | IV | V |

NEW PATIENT: If a column has 3 circles, draw a line down the column and circle the code **OR** find the column with the circle farthest to the left, draw a line down the column and circle the code.

**ESTABLISHED: 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 center and circle the code.**

| INPATIENT | Initial Hospital / Observation | | | Subsequent Inpatient / Follow-up | | |
|---|---|---|---|---|---|---|
| | Requires 3 components in one column | | | Requires 2 components in one column | | |
| HISTORY | **D or C** | **C** | **C** | PF Interval | **EPF Interval** | **D Interval** |
| EXAM | **D or C** | **C** | **C** | **PF** | **EPF** | **D** |
| MDM (medical decision making) | **SF / L** | **M** | **H** | **SF / L** | **M** | **H** |
| Average time (minutes) | 30 Init hosp 99221 | 50 Init hosp 99222 | 70 Init hosp 99223 | 15 Init hosp 99231 | 25 Init hosp 99232 | 35 Init hosp 99231 |
| Observation care has no average time | Observ Care 99218 | Observ Care 99219 | Observ Care 99220 | 10 F U cons 99261 | 20 F U cons 99262 | 30 F U cons 99261 |
| LEVEL | I | II | III | I | II | III |

| Nursing Facility | Annual Assessment / Admission | | | Subsequent Nursing Facility | | |
|---|---|---|---|---|---|---|
| | Old Plan Review | New Plan | Admission | | | |
| | Requires 3 components in one column | | | Requires 2 components in one column | | |
| HISTORY | **D or C** | **C** | **C** | PF Interval | **EPF Interval** | **D Interval** |
| EXAM | **D or C** | **C** | **C** | **PF** | **EPF** | **D** |
| MDM (medical decision making) | **SF / L** | **M** | **H** | **SF / L** | **M** | **H** |
| Average time (minutes) | 30 99301 | 40 99302 | 50 99303 | 15 99311 | 25 99312 | 35 99313 |
| LEVEL | I | II | III | I | II | III |

| **Emergency Room** | New / Established | | | | |
|---|---|---|---|---|---|
| | Requires 3 components in one column | | | | |
| HISTORY | **PF** | **EPF** | **EPF** | **D** | **C** |
| EXAM | **PF** | **EPF** | **EPF** | **D** | **C** |
| MDM (medical decision making) | **SF** | **L** | **M** | **M** | **H** |
| No average time established | 99281 | 99282 | 99283 | 99284 | 99285 |
| LEVEL | I | II | III | IV | V |


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