

SLU E/M AUDIT WORKSHEET WITH TP INFORMATION

Encounter #: _____ Patient Name: _____ DOS: _____ Review Date: _____

Teaching Phys: _____ Specialty: _____ Reviewer: _____

CPT Code(s) Billed:	Modifier:	CPT Code(s) Audited:
ICD-10 Billed:		ICD-10 Documented:
SLU CAPS:		Billed code supported by medical necessity? Y <input type="checkbox"/> N <input type="checkbox"/>
Linked to resident note? Y <input type="checkbox"/> N <input type="checkbox"/> TP Guides Met? Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/>		TP Revision Statement: Y <input type="checkbox"/> N <input type="checkbox"/>
Requested Report: Date _____ Received Report: _____		

Comments:

History After referring to data, circle the entry farthest to the **right** in the table which best describes the HPI, ROS AND PFSH. If one column contains three circles, draw a line down that column to the bottom row to identify the type of history. If no column contains 3 circles, the column containing a circle farthest the **left**, identifies the type of history.

History

CHIEF COMPLAINT:

HPI (history of present illness) elements: (*97:extended also includes status of 3 or > chronic conditions) <input type="checkbox"/> Location <input type="checkbox"/> Severity <input type="checkbox"/> Timing <input type="checkbox"/> Modifying Factors <input type="checkbox"/> Quality <input type="checkbox"/> Duration <input type="checkbox"/> Context <input type="checkbox"/> Associated signs and symptoms		<input type="checkbox"/>	Brief (1-3)	<input type="checkbox"/>	Extended 4 or more Or '97 chronic 3 or >
ROS (Review of systems): <input type="checkbox"/> Constitutional (wt loss, etc) <input type="checkbox"/> Ears, nose, mouth, throat <input type="checkbox"/> GI <input type="checkbox"/> Integumentary (skin, breast) <input type="checkbox"/> Endo <input type="checkbox"/> Eyes <input type="checkbox"/> Card/vasc <input type="checkbox"/> GU <input type="checkbox"/> Neuro <input type="checkbox"/> Hem/Lymph <input type="checkbox"/> Resp <input type="checkbox"/> Musculoskelet <input type="checkbox"/> Psych <input type="checkbox"/> All/immuno <input type="checkbox"/> All others negative		<input type="checkbox"/>	None	<input type="checkbox"/>	Pertinent to problem (1 system)
PFSH (past medical, family, social history) areas: <input type="checkbox"/> Past history (the patient's past experiences with illness, operations, injuries and treatments) <input type="checkbox"/> Family history (a review of medical events in the patient's family, including diseases which may be hereditary or place the patient at risk) <input type="checkbox"/> Social history (an age appropriate review of past and current activities)		<input type="checkbox"/>	None	<input type="checkbox"/>	Pertinent (1 history area)
* Complete PFSH: **10 or more systems, or some systems with statement all others negative 2 hx areas: a)Estab pts. Office (outpt) care; domiciliary care; home care b) Emergency dept c) Subsequent nursing facility 3 hx areas: a)New pts. Office (outpt) care; domiciliary care; home care b) Consultations c)Initial hospital care d)Hospital observation e)Comprehensive nursing facility assessments	PROBLEM FOCUSED	EXP. PROB. FOCUSED	DETAILED	COMPREHENSIVE	

Examination

Body Areas: <input type="checkbox"/> Head, including face <input type="checkbox"/> Neck <input type="checkbox"/> Chest, including breasts and axillae <input type="checkbox"/> Abdomen <input type="checkbox"/> Genitalia, groin, buttocks <input type="checkbox"/> Back, including spine <input type="checkbox"/> Each extremity		<input type="checkbox"/>	1 body area or system	<input type="checkbox"/>	2 to 4 systems	<input type="checkbox"/>	5 to 7 system	<input type="checkbox"/>	8 or >systems
Organ Systems: <input type="checkbox"/> Constitutional (wt loss, etc) <input type="checkbox"/> Eyes <input type="checkbox"/> Ears, nose, mouth, throat <input type="checkbox"/> Cardio/vasc <input type="checkbox"/> Resp <input type="checkbox"/> GI <input type="checkbox"/> GU <input type="checkbox"/> Musculo-skeletal <input type="checkbox"/> Skin <input type="checkbox"/> Neuro <input type="checkbox"/> Psych <input type="checkbox"/> Hematologic/Lymph/Immu		<input type="checkbox"/>	*95-Limited to affected body area or organ system (one body area or system related to problem) *97-Specialty and GMS: 1-5 elements identified by bullet	<input type="checkbox"/>	*95:Affected body area or organ system and other symptomatic or related organ system(s) (additional systems up to 7) *97-Specialty and GMS: At least 6 elements identified by bullet	<input type="checkbox"/>	*95:Extended exam of affected area(s) and other symptomatic or related organ system(s) (additional systems up to 7 or more than EPF) *97-Specialty: At least 12 elements identified by bullet (9 for eye and psyc) GMS= At least 2 bullets from each of 6 areas or at least 12 in 2 or areas	<input type="checkbox"/>	*95:General multi-system exam (8 or more systems) or complete exam of a single organ system (complete single system exam not defined in these instructions) *97-Specialty: All elements with bullet in shaded areas and at least 1 in non-shaded area. GMS: At least 2 elements with bullet from each of 9 areas/systems
	PROBLEM FOCUSED	EXP. PROB. FOCUSED	DETAILED	COMPREHENSIVE					

Medical Decision Making

Number of Diagnoses or Treatment Options				
A	B	X	C	D
Problem(s) Status	Number	Points	Result	
Self-limited or minor (stable, improved or worsening)	<i>Max=2</i>	1		
Est. problem (to examiner); stable, improved		1		
Est. problem (to examiner) ; worsening		2		
New problem (to examiner); no additional workup planned	<i>Max=1</i>	3		
New prob. (to examiner); add. workup planned		4		
Total				

Multiply the # in columns B & C and put the product in column D. Enter a total for column D. Bring total to line A in Final Result for Complexity (table next page)

For each category of reviewed data identified, circle the number in the points column.& total	
Amount and/or Complexity of Data Reviewed	Points
Review and/or order of clinical lab tests	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 pt	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:	

Risk of Complications and/or Morbidity or Mortality Risk related to the <i>Presenting Problem</i> is based on the risk anticipated between the current and next encounter. Risk related to <i>Diagnostic Procedures or Management Options</i> is based on the risk anticipated during and immediately after procedure or txt.		Use the risk table below as a guide to assign risk factors. It is understood that the table below does not contain all specific instances of medical care; the table is intended to be used as a guide. Circle the most appropriate factor(s) in each category. The overall measure of risk is the highest level circled. Enter the level of risk identified in Final Result for Complexity (table Below)	
Level of Risk	Presenting Problem(s)	Diagnostic Procedure(s) Ordered	Management Options Selected
<i>Minimal</i>	<ul style="list-style-type: none"> One self-limited or minor problem e.g., cold, insect bite 	<ul style="list-style-type: none"> Laboratory tests requiring venipuncture Chest x-rays EKG/EEG Urinalysis Ultrasound KOH prep 	<ul style="list-style-type: none"> Rest Gargles Elastic bandages Superficial dressings
<i>Low</i>	<ul style="list-style-type: none"> Two or more self-limited or minor problems One stable chronic illness, e.g., well controlled hypertension or non-insulin dependent diabetes Acute uncomplicated illness or injury, e.g., cystitis, allergic rhinitis, simple sprain 	<ul style="list-style-type: none"> Physiologic tests not under stress, e.g., pulmonary function tests Non-cardiovascular imaging studies with contrast, e.g., barium enema Superficial needle biopsies Clinical laboratory tests requiring arterial puncture Skin biopsies 	<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
<i>Moderate</i>	<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 tests under stress, e.g., cardiac stress test, fetal contraction 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
<i>High</i>	<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 with potential threat to self or others, peritonitis, acute renal failure An abrupt change in neurologic status, e.g., seizure, TIA, weakness or 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 factors) Emergency major surgery (open, percutaneous or endoscopic with identified risk factors) Parenteral controlled substances Drug therapy requiring intensive monitoring for toxicity Decision not to resuscitate or to de-escalate care because of poor prognosis

Final Result for Complexity					
Draw a line down any column with 2 or 3 circles to identify the type of decision making in that column. Otherwise, draw a line down the column with the 2 nd circle from the left. After completing this table, which classifies complexity, circle the type of decision making within the appropriate grid.					
Final Result for Complexity					
A	Number diagnoses or treatment options	≤ 1 Minimal	2 Limited	3 Multiple	≥ 4 Extensive
B	Amount and complexity of data	≤ 1 Minimal	2 Limited	3 Multiple	≥ 4 Extensive
C	Highest Risk	Minimal	Low	Moderate	High
	Type of decision making	STRAIGHT-FORWARD	LOW COMPLEX.	MODERATE COMPLEX.	HIGH COMPLEX.

Time		
If the physician documents total time and suggests that counseling or coordination of 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 with patient/family in 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 more than half of the time was counseling or coordinating care?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Level of Service										
Outpatient, Consults (OUTPATIENT & INPATIENT) and ER										
	New Office/Consults/ER Requires 3 key components					Established Office Requires 2 key components				
	History	PF	EPF	D <i>ER:EPF</i>	C <i>ER:D</i>	C	<i>Minimal problem that may</i>	PF	EPF	D
Examination	PF	EPF	D <i>ER:EPF</i>	C <i>ER:D</i>	C	<i>Not require the</i>	PF	EPF	D	C
Complexity of MDM	SF	SF <i>ER:L</i>	L <i>ER:M</i>	M	H	<i>Presence of a physician</i>	SF	L	M	H
Average time (minutes)	10 New (99201) 15 Outpt cons (99241) 20 Inpt cons (99251) ER (99281)	20 New (99202) 30 Outpt cons (99242) 40 Inpt cons (99252) ER (99282)	30 New (99203) 40 Outpt cons (99243) 55 Inpt cons (99253) ER (99283)	45 New (99204) 60 Outpt cons (99244) 80 Inpt cons (99254) ER (99284)	60 New (99205) 80 Outpt cons (99245) 110 Inpt cons (99255) ER (99285)	5 (99211)	10 (99212)	15 (99213)	25 (99214)	40 (99215)
Level	I	II	III	IV	V	I	II	III	IV	V
	Initial Hospital/Observation Requires 3 key components					Subsequent Inpatient Requires 2 key components				
	History	D	C	C	C	PF Interval	EPF Interval	D Interval		
Examination	D	C	C	C	PF	EPF	D			
Complexity of MDM	SF/L	M	H	H	SF/L	M	H			
Average time (minutes)	30 Init hosp (99221) Observ care (99218)	50 Init hosp (99222) Observ care (99219)	70 Init hosp (99223) Observ care (99220)			15 Subsequent (99231)	25 Subsequent (99232)	35 Sub. (99233)		
Level	I	II	III			I	II	III		