



# Medicare Part B

## HGSADMINISTRATORS DOCUMENTATION WORKSHEET

Beneficiary HIC #

\_\_\_\_\_

Provider Number

\_\_\_\_\_

Date of Service

\_\_\_\_\_

Procedure Code Reported

\_\_\_\_\_

Check one:  Agree  Disagree

Documented Procedure Code Level

\_\_\_\_\_

OVERPAYMENT AMOUNT \$

\_\_\_\_\_



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### E/M Documentation Auditors' Instructions

#### 1. History

Refer to data section (table below) in order to quantify. 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 three circles, the column containing a circle farthest to the *LEFT*, identifies the type of history.

After completing this table which classifies the history, circle the type of history within the appropriate grid in Section 5.

<b>HISTORY</b>	<b>HPI: Status of chronic conditions:</b> <input type="checkbox"/> 1 condition <input type="checkbox"/> 2 conditions <input type="checkbox"/> 3 conditions <b>OR</b> <b>HPI (history of present illness) elements:</b> <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"/> Status of 2 chronic conditions	<input type="checkbox"/> Status of 3 chronic conditions
	<b>ROS (review of systems):</b> <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 (Hem/lymph) <input type="checkbox"/> Eyes <input type="checkbox"/> Card/vasc <input type="checkbox"/> Musculo <input type="checkbox"/> Neuro <input type="checkbox"/> All/immuno <input type="checkbox"/> Resp <input type="checkbox"/> Psych <input type="checkbox"/> All others negative	<input type="checkbox"/> None <input type="checkbox"/> Pertinent to problem (1 system) <input type="checkbox"/> Extended (2-9 systems) <input type="checkbox"/> **Complete	<input type="checkbox"/> Extended (4 or more)
	<b>PFSH (past medical, family, social history) areas:</b> <input type="checkbox"/> Past history (the patient's past experiences with illnesses, operation, 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) <input type="checkbox"/> Complete* (2 or 3 history areas)	<input type="checkbox"/> Complete* (2 or 3 history areas)
		<b>PROBLEM FOCUSED</b> <b>EXP.PROB FOCUSED</b> <b>DETAILED</b> <b>COMPREHENSIVE</b>	

\*Complete PFSH: 2 history areas: a) Established patients - office (outpatient) care, domiciliary care, home care; b) Emergency department, c) Subsequent nursing facility care; d) Subsequent hospital care; and, e) Follow-up consultations.

3 history areas: a) New patients - office (outpatient) care, domiciliary care, home care; b) Initial consultations; c) Initial hospital care; d) Hospital observation; and, e) Comprehensive nursing facility assessments.

\*\*10 or more systems, or some systems with statement "all others negative"

#### 2. Examination

Refer to data section (table below) in order to quantify. After referring to data, identify the type of examination. Circle the type of examination within the appropriate grid in Section 5.

Limited to affected body area or organ system (one body area or system related to problem)	<b>PROBLEM FOCUSED EXAM</b>
Affected body area or organ system and other symptomatic or related organ system(s) (additional systems up to total of 7)	<b>EXPANDED PROBLEM FOCUSED EXAM</b>
Extended exam of affected area(s) and other symptomatic or related organ system(s) (additional systems up to total of 7 or more depth than above)	<b>DETAILED EXAM</b>
General multi-system exam (8 or more systems) or complete exam of a single organ system (complete single exam not defined in these instructions)	<b>COMPREHENSIVE EXAM</b>

<b>EXAM</b>	<b>Body areas:</b> <input type="checkbox"/> Head, including face <input type="checkbox"/> Chest, including breasts and axillae <input type="checkbox"/> Abdomen <input type="checkbox"/> Neck <input type="checkbox"/> Back, including spine <input type="checkbox"/> Genitalia, groin, buttocks <input type="checkbox"/> Each extremity	<input type="checkbox"/> 1 body area or system	<input type="checkbox"/> Up to 7 systems	<input type="checkbox"/> Up to 7 systems	<input type="checkbox"/> 8 or more systems
	<b>Organ systems:</b> <input type="checkbox"/> Constitutional (e.g., vitals, gen app) <input type="checkbox"/> Ears,nose,mouth,throat <input type="checkbox"/> Resp GI <input type="checkbox"/> Musculo Skin <input type="checkbox"/> Psych Hem/lymph/imm <input type="checkbox"/> Eyes <input type="checkbox"/> Cardiovascular <input type="checkbox"/> GU <input type="checkbox"/> Neuro				
		<b>PROBLEM FOCUSED</b> <b>EXP.PROB FOCUSED</b> <b>DETAILED</b> <b>COMPREHENSIVE</b>			

Beneficiary HIC #: \_\_\_\_\_ Date of Service: \_\_\_\_\_

**3. Medical Decision Making**

**Number of Diagnoses or Treatment Options**

Identify each problem or treatment option mentioned in the record. Enter the number in each of the categories in Column B in the table below. (There are maximum number in two categories.) Do not categorize the problem(s) if the encounter is dominated by counseling/ordinating of care, and duration of time is not specified. In that case, enter 3 in the total box.

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)	Max = 2	1		
Est. problem (to examiner); stable, improved		1		
Est. problem (to examiner); worsening		2		
New problem (to examiner); no additional workup planned		3		
New prob. (to examiner); add. workup planned	Max = 1	4		
<b>TOTAL</b>				

Multiply the number 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 below)

**Amount and/or Complexity of Data Reviewed**

For each category of reviewed data identified, circle the number in the points column. Total the points.

Amount and/or Complexity of Data Reviewed		Points
Reviewed Data		
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 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
<b>TOTAL</b>		

Bring total to line **C** in Final Result for Complexity (table below)

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).

**Risk of Complications and/or Morbidity or Mortality**

Level of Risk	Presenting Problem(s)	Diagnostic Procedure(s) Ordered	Management Options Selected
<b>Minimal</b>	<ul style="list-style-type: none"> <li>One self-limited or minor problem, e.g., cold, insect bite, tinea corporis</li> </ul>	<ul style="list-style-type: none"> <li>Laboratory tests requiring venipuncture</li> <li>Chest x-rays</li> <li>EKG/EEG</li> <li>Urinalysis</li> <li>Ultrasound, e.g., echo</li> <li>KOH prep</li> </ul>	<ul style="list-style-type: none"> <li>Rest</li> <li>Gargles</li> <li>Elastic bandages</li> <li>Superficial dressings</li> </ul>
<b>Low</b>	<ul style="list-style-type: none"> <li>Two or more self-limited or minor problems</li> <li>One stable chronic illness, e.g., well-controlled hypertension or non-insulin dependent diabetes, cataract, BPH</li> <li>Acute uncomplicated illness or injury, e.g., cystitis, allergic rhinitis, simple sprain</li> </ul>	<ul style="list-style-type: none"> <li>Physiologic tests not under stress, e.g., pulmonary function tests</li> <li>Non-cardiovascular imaging studies with contrast, e.g., barium enema</li> <li>Superficial needle biopsies</li> <li>Clinical laboratory tests requiring arterial puncture</li> <li>Skin biopsies</li> </ul>	<ul style="list-style-type: none"> <li>Over-the-counter drugs</li> <li>Minor surgery with no identified risk factors</li> <li>Physical therapy</li> <li>Occupational therapy</li> <li>IV fluids without additives</li> </ul>
<b>Moderate</b>	<ul style="list-style-type: none"> <li>One or more chronic illnesses with mild exacerbation, progression, or side effects of treatment</li> <li>Two or more stable chronic illnesses</li> <li>Undiagnosed new problem with uncertain prognosis, e.g., lump in breast</li> <li>Acute illness with systemic symptoms, e.g., pyelonephritis, pneumonitis, colitis</li> <li>Acute complicated injury, e.g., head injury with brief loss of consciousness</li> </ul>	<ul style="list-style-type: none"> <li>Physiologic tests under stress, e.g., cardiac stress test, fetal contraction stress test</li> <li>Diagnostic endoscopies with no identified risk factors</li> <li>Deep needle or incisional biopsy</li> <li>Cardiovascular imaging studies with contrast and no identified risk factors, e.g., arteriogram cardiac cath</li> <li>Obtain fluid from body cavity, e.g., lumbar puncture, thoracentesis, culdocentesis</li> </ul>	<ul style="list-style-type: none"> <li>Minor surgery with identified risk factors</li> <li>Elective major surgery (open, percutaneous or endoscopic) with no identified risk factors</li> <li>Prescription drug management</li> <li>Therapeutic nuclear medicine</li> <li>IV fluids with additives</li> <li>Closed treatment of fracture or dislocation without manipulation</li> </ul>
<b>High</b>	<ul style="list-style-type: none"> <li>One or more chronic illnesses with severe exacerbation, progression, or side effects of treatment</li> <li>Acute or chronic illnesses or injuries that may pose a threat to life or body 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</li> <li>An abrupt change in neurologic status, e.g., seizure, TIA, weakness or sensory loss</li> </ul>	<ul style="list-style-type: none"> <li>Cardiovascular imaging studies with contrast with identified risk factors</li> <li>Cardiac electrophysiological tests</li> <li>Diagnostic endoscopies with identified risk factors</li> <li>Discography</li> </ul>	<ul style="list-style-type: none"> <li>Elective major surgery (open, percutaneous or endoscopic) with identified risk factors</li> <li>Emergency major surgery (open, percutaneous or endoscopic)</li> <li>Parenteral controlled substances</li> <li>Drug therapy requiring intensive monitoring for toxicity</li> <li>Decision not to resuscitate or to de-escalate care because of poor prognosis</li> </ul>

**Final Result for Complexity**

Draw a line down any column with 2 or 3 circles to identify the type of decision making that column. Otherwise, draw a line down the column with the 2nd circle from the left. After completing this table, which classifies complexity, circle the type of decision making within the appropriate grid in Section 5.

Final Result for Complexity				
	1	2	3	4
	Minimal	Limited	Multiple	Extensive
<b>A</b> Number diagnoses or treatment options				
<b>B</b> Highest Risk				
<b>C</b> Amount and complexity of data				
Type of decision making	STRAIGHT-FORWARD	LOW-COMPLEX	MODERATE-COMPLEX	HIGH-COMPLEX

**4. 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? Face-to-face in outpatient setting  Yes  No  
Unit/floor in inpatient setting

Does documentation describe the content of counseling or coordinating care?  Yes  No

Does documentation reveal that more than half of the time was counseling or coordinating care?  Yes  No

If all answers are "yes", select level based on time.

**5. LEVEL OF SERVICE**

Outpatient, Consults (OUTPATIENT, INPATIENT & CONFIRMATORY) and ER

	New Office / Consults / ER					Established Office				
	Requires 3 components within shaded area					Requires 2 components within shaded area				
History	PF ER: PF	EPF ER: EPF	D ER: EPF	C ER: D	C ER: C	PF ER: PF	EPF ER: EPF	D ER: EPF	C ER: C	C ER: C
Examination	PF ER: PF	EPF ER: EPF	D ER: EPF	C ER: D	C ER: C	PF ER: PF	EPF ER: EPF	D ER: EPF	C ER: C	C ER: C
Complexity of medical decision	SF ER: SF	SF ER: L	L ER: M	M ER: M	H ER: H	SF ER: SF	L ER: L	M ER: M	H ER: H	H ER: H
Average Time (minutes)	10 New (99201) 15 Outpat cons (99241) 20 Inpat cons (99251) Conf cons (99271) ER (99281)	20 New (99202) 30 Outpat cons (99242) 40 Inpat cons (99252) Conf cons (99272) ER (99282)	30 New (99203) 40 Outpat cons (99243) 55 Inpat cons (99253) Conf cons (99273) ER (99283)	45 New (99204) 60 Outpat cons (99244) 80 Inpat cons (99254) Conf cons (99274) ER (99284)	60 New (99205) 80 Outpat cons (99245) 110 Inpat cons (99255) Conf cons (99275) ER (99285)	5 (99211)	10 (99212)	15 (99213)	25 (99214)	40 (99215)
Level	I	II	III	IV	V	I	II	III	IV	V

**INPATIENT**

	Initial Hospital/Observation			Subsequent Inpatient/Follow-up		
	Requires 3 components within shaded area			Requires 2 components within shaded area		
History	D or C	C	C	PF interval	EPF interval	D interval
Examination	D or C	C	C	PF	EPF	D
Complexity of medical decision	SF/L	M	H	SF/L	M	H
Average time (minutes)	30 Init hosp (99221) Observ care (99219)	60 Init hosp (99222) Observ care (99219)	70 Init hosp (99223) Observ care (99220)	15 Subsequent (99231) FU cons (99261)	25 Subsequent (99232) FU cons (99262)	35 Subsequent (99233) FU cons (99263)
Level	I	II	III	I	II	III

**NURSING FACILITY**

	Annual Assessment/Admission			Subsequent Nursing Facility		
	Old Plan Review	New Plan	Admission	Requires 2 components within shaded area		
History	D interval	D interval	C	PF interval	EPF interval	D interval
Examination	C	C	C	PF	EPF	D
Complexity of medical decision	SF/L	M to H	M to H	SF/L	M	M to H
Average time (minutes)	30 (99301)	40 (99302)	50 (99303)	15 (99311)	25 (99312)	35 (99313)
Level	I	II	III	I	II	III

**DOMICILIARY (Rest Home, Custodial Care) and Home Care**

	New					Established				
	Requires 3 components within shaded area					Requires 2 components within shaded area				
History	PF	EPF	D	C	C	PF interval	EPF interval	D interval	C	C
Examination	PF	EPF	D	C	C	PF	EPF	D	C	C
Complexity of medical decision	SF/L	M	H	M	H	SF/L	M	H	M	H
No average time established	Domiciliary (99321) Home care (99341)	Domiciliary (99322) Home care (99342)	Domiciliary (99323) Home care (99343)	Home care (99344)	Home care (99345)	Domiciliary (99331) Home care (99347)	Domiciliary (99332) Home care (99348)	Domiciliary (99333) Home care (99349)	Home care (99350)	Home care (99350)
Level	I	II	III	IV	V	I	II	III	IV	IV

PF = Problem focused EPF = Expanded problem focused D = Detailed C = Comprehensive SF = Straightforward L = Low M = Moderate H = High

CONFIDENTIAL

PROCEDURE CODE BILLED ALLOWED BILLED PAID REVISED ALLOWED REVISED PAID REFUND DUE