

PT: \_\_\_\_\_

Provider: \_\_\_\_\_

DOS: \_\_\_\_\_

Billed: \_\_\_\_\_

Supported: \_\_\_\_\_

**History**

**Audit of Evaluation and Management Service**

Chief Complaint/Reason for Encounter: \_\_\_\_\_

- Brief HPI 1 to 3 Elements
- Extended HPI 4+ Elements or 3 Chronic Illnesses
- Pertinent ROS (One System)
- Extended ROS (2 to 9 Systems)
- Complete ROS 10+ Systems

History of Present Illness			Review of Systems		
Location	✓	Documentation	Systems	✓	Documentation
Location			Constitut.(fever, wt.loss)		
Quality			Eyes		
Severity			Ears/Nose/Mouth/Throat		
Timing			Cardiovascular		
Assoc.Signs/Symptoms			Respiratory		
Duration			Gastrointest.(abdominal)		
Modifying Factors			Geniourinary		
Context			Musculoskeletal		
			Integumentary		
			Neurological		
			Psychiatric		
<b>OR</b>					
Status of 3 Chronic Illnesses or Inactive Problems=extended					
1.			Endocrine		
2.			Hematologic/Lymphatic		
3.			Allergic/Immunologic		

Documented, "Remainder of Systems Negative"

- One Element From any Area
- One Element From 2 of the Areas For Established Patients, E.R.
- One Element From Each (3) of the Areas for New Patients, Consultations, Preventive, Observation, Initial Hospital

Past Medical History		Family History		Social History	
Past Illness		Family Illness		Smoking	
Past Surgeries		Hereditary Diseases		Drug Use	
Allergies				Living Arrangements	
Current Medications				Employment	
Past Hospitalizations				Other _____	

**HISTORY TOTAL:**

<input type="checkbox"/> Problem Focused	<input type="checkbox"/> Expanded Problem Focused	<input type="checkbox"/> Detailed	<input type="checkbox"/> Complete
CC, Brief HPI, No ROS No PFSH	CC, Brief HPI, 1 ROS. No PFSH	CC, Extended HPI, 2-9 ROS Pertinent PFSH	CC, Extended HPI, 10+ ROS Complete PFSH

\* Preventive Medicine requires no CC or HPI, but does require a Complete ROS and PFSH.

**EXAM TOTAL:**

<input type="checkbox"/> Problem Focused	<input type="checkbox"/> Expanded Problem Focused	<input type="checkbox"/> Detailed	<input type="checkbox"/> Complete
1 - 5 _____ Elements	6 - 11 _____ Elements	12 (9) _____ Elements	_____ Elements

**Medical Decision Making**

**Audit of Evaluation and Management Service**

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

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
Minimal →	<input type="checkbox"/> One self-limited or minor problem, ie: cold, insect bite, tinea coporis	<input type="checkbox"/> Laboratory tests requiring venipuncture <input type="checkbox"/> Chest X-Ray <input type="checkbox"/> EKG/Eeg <input type="checkbox"/> Urinalysis <input type="checkbox"/> Ultrasound, eg, echocardiography <input type="checkbox"/> KOH prep	<input type="checkbox"/> Rest <input type="checkbox"/> Gargles <input type="checkbox"/> Elastic Bandages <input type="checkbox"/> Superficial Dressing
Low →	<input type="checkbox"/> Two or more self-limited or minor Problems <input type="checkbox"/> One stable chronic illness, eg, well controlled hypertension, non-insulin dependent diabetes, cataract, BPH <input type="checkbox"/> Acute uncomplicated illness or injury, eg cystitis, allergic rhinitis, simple sprain.	<input type="checkbox"/> Physiological tests not under stress, eg, pulmonary, function test <input type="checkbox"/> Non-cardiovascular imaging studies with contrast, eg, barium enema <input type="checkbox"/> Superficial needle biopsies <input type="checkbox"/> Clinical laboratory tests requiring arterial puncture <input type="checkbox"/> Skin biopsies	<input type="checkbox"/> Over-the-counter drugs <input type="checkbox"/> Minor surgery with no identified risk factors <input type="checkbox"/> Physical therapy <input type="checkbox"/> Occupational therapy <input type="checkbox"/> IV Fluids without additives
Moderate →	<input type="checkbox"/> One or more chronic illnesses with mild exacerbation, progression, or side effects of treatment. <input type="checkbox"/> Two or more stable chronic illnesses <input type="checkbox"/> Undiagnosed new problem with uncertain prognosis, eg lump in breast. <input type="checkbox"/> Acute illness with systemic symptoms, eg, pyelonephritis, pneumonitis, colitis.	<input type="checkbox"/> Physiological tests under stress, eg, cardiac stress test, fetal contraction stress test. <input type="checkbox"/> Diagnostic endoscopies with no identified risk factors. <input type="checkbox"/> Deep needle or incisional biopsy <input type="checkbox"/> Cardiovascular imaging studies with contrast and no identified risk factors eg, arteriogram, cardiac catheterization <input type="checkbox"/> Obtain fluid from body cavity eg, lumbar puncture, thoracentesis, culdocentesis.	<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"/> Prescription drug managemt. <input type="checkbox"/> Therapeutic nuclear medicine <input type="checkbox"/> IV fluids with additives <input type="checkbox"/> Closed treatment of fracture or dislocation w/o manipulation.
High →	<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 eg, multiple trauma, acute ML pulmonary embolus, severe respiratory distress, progressive severe rheumatoid arthritis, psychiatric illness w/potential threat to self or others, peritonitis, acute renal failure. <input type="checkbox"/> An abrupt change in neurologic status, eg, 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 percutaneous or endoscopic) <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: ----2 of 3 Must Meet

Points Assigned	1	2	3	4
<b>Number of DX</b>	<input type="checkbox"/> Minimal	<input type="checkbox"/> Limited	<input type="checkbox"/> Multiple	<input type="checkbox"/> Extensive
<b>Amount of Data</b>	<input type="checkbox"/> Minimal	<input type="checkbox"/> Limited	<input type="checkbox"/> Moderate	<input type="checkbox"/> Extensive
<b>Risk of Complications</b>	<input type="checkbox"/> Minimal	<input type="checkbox"/> Low	<input type="checkbox"/> Moderate	<input type="checkbox"/> High
<b>Levels</b>	<input type="checkbox"/> Straight Forward	<input type="checkbox"/> Low Complexity	<input type="checkbox"/> Moderate Complexity	<input type="checkbox"/> High Complexity