

An Independent Licensee of the Blue Cross and Blue Shield Association

E/M DOCUMENTATION AUDITORS' WORKSHEET 1997 Guidelines

	Provider Name
	Date of Service
Pı	rocedure Code(s) Repo
	992
	Auditor Agrees Auditor Disagrees
(Code Assigned by Audi

Date

E/M Documentation Auditors' Instructions

1. History

Refer to data section (table below) in order to quantify. After referring to data, circle the entry 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.

				contains three circles, draw a line do the column containing a circle farthe				
	_							
After	completing	this table which class	sifies the histor	ry, circle the type of history within the	e appropriat	e grid in Sect	ion 5	
	HPI: Status ☐ 1 condition	of chronic conditions on □ 2 conditions OR		s (less than 3 conditions /not counted)	Status of 3 chronic conditions	Status of 3 chronic conditions	Status of 3 chronic conditions	Status of 3 chronic conditions
	HPI (history	of present illness) el	ements:					
	☐ Location☐ Quality	☐ Severity ☐ Duration	☐ Timing ☐ Context	☐ Modifying factors☐ Associated signs and symptoms	Brief (1-3)	Brief (1-3)	Extended (4 or more)	Extended (4 or more)
R		v of systems):						
ніѕто	☐ Ears, nos	onal (wt loss, etc) e, mouth, throat est □ Eyes ntary □ Cardio/Vasc		 ☐ Musculoskeletal ☐ Neurological ☐ Psychological ☐ All others negative ☐ Allergy/Immuno 	None	Pertinent to Problem (1 system)	Extended (2-9 Systems)	**Complete
	PFSH (past	medical, family, socia	al history) areas	:				
	☐ Family hist hereditary		vents in the patient'	es, operation, injuries and treatments) s family, including diseases which may be rrent activities)	None	None	Pertinent (1 history area)	Complete* (2 or 3 history areas)
	HISTORY	SCORE			PROBLEM FOCUSED	EXP.PROB. FOCUSED	DETAILED	COMPRE- HENSIVE
*Com		Subsequent nursing faci 3 history areas: a) New	ility care; d) Subs	 office (outpatient) care, domiciliary care sequent hospital care e (outpatient) care, domiciliary care, hom hensive nursing facility assessments. 		, -		•
** 10	or more syste	ems, or some systems v	with statement "a	III others negative"				
2.	Examina	ation						
Chec	k the appro	priate specialty exam	nination form u	sed for the provider's specialty. Atta	ich the com	pleted form to	this audit to	ool.
		General Multi-Syste Cardiovascular Dermatology Ears, Nose and Thi Eyes Genitourinary (Fem Genitourinary (Male Hematologic/Lymph Musculoskeletal Neurology Psychiatry Respiratory	roat nale) e)					

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/coordinating of care, and duration of time is not specified. In that case, enter 3 in the total box.

Number of Diagnoses or Treatment Options							
Α	В	хс	= 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	Max=1	3					
New prob (to examiner); add workup planned		4					
		TOTAL					

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 point's column. Total the points.

Amount and/or Complexity of Data Reviewed	
Reviewed Data	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 patient	1
Review and summarization of old records and/or obtaining history form 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 (table below)

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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

		Circle the most appropriate factor(s) in each categor	y. The overall measure of risk is the highest	
Risk of Cor	nplications and/or Morbidity or Mortality	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	
Minimal	One self-limited or minor problem e.g. cold, insect bite, tinea corporis	Laboratory tests requiring venipuncture Chest x-rays EKG/EEG Urinalysis Ultrasound, e.g., echo KOH prep	Rest Gargles Elastic bandages Superficial dressings	
Low	Two or more self-limited or minor problems One stable chronic illness, e.g. well controlled hypertension or non-insulin dependent diabetes, cataract, BPH Acute uncomplicated illness or injury, e.g., cystitis, allergic rhinitis, simple sprain	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	Over the counter drugs Minor surgery with no identified risk factors Physical therapy Occupational therapy IV fluids without additives	
Moderate	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	Physiologic tests under stress, e.g., cardiac stress test, fetal contraction stress 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	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	
High	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 rheumatioi 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	Cardiovascular imaging studies with contrast with identified risk factors Cardiac electrophysiological tests Diagnostic endoscopies with identified risk factors Discography	Elective major surgery (open, percutaneous or endoscopic with identified risk factors) Emergency major surgery (open, percutaneous or endoscopic) 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 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.

Fin	Final Result for Complexity										
Α	Number diagnoses or treatment options			3 Multiple	≥ 4 Extensive						
В	Highest Risk	Minimal	Low Moderate		High						
С	Amount and complexity of data	≤ 1 Minimal or Low			≥ 4 Extensive						
Type of decision making		STRAIGHT- FORWARD	LOW COMPLEX	MODERATE COMPLEX	HIGH COMPLEX						

1	m	
	m	

discussion with another health care provider.

Does documentation reveal	Time - Face-to-face in outpatient]	Yes	□ No
total time?	setting Unit/floor in inpatient setting		162	
Does documentation describe the content of counseling or			Yes	□ No
coordinating care?			res	□ NO
Does documentation reveal that more than half of the			V	_ N.
time was counseling or coo	rdinating care?		Yes	□ No

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

Outpatient, Consults (OUTPATIENT & INPATIENT) and ER

		New Of		Established Office						
		Requires 3 components within shaded area						ponents with	nin shaded ar	ea
History	PF	EPF	D	С	С	Minimal	PF	EPF	D	С
Thotory	ER:PF	ER :EPF	ER:EPF	ER: D	ER: C	problem that may	•			J
	PF	EPF	D	С	С	not require				
Examination	ER :PF	ER :EPF	ER :EPF	ER : D	ER: C	presence of	PF	EPF	D	С
Complexity	SF	SF	L	M	Н	physician				
of medical decision	ER:SF	ER:L	ER:M	ER: M	ER: H		SF	L	М	Н
Average Time (minutes) (ER has no average time)		20 New (99202) 30 Outpt cons (99242) 40 Inpat cons (99252) ER (99282)	30 New (99203) 40 Outpt cons (99243) 55 Inpat cons (99253) ER (99283)	45 New (99204) 60 Outpt cons (99244) 80 Inpat cons (99254) ER (99285)	60 New (99205) 80 Outpt cons (99245) 110 Inpat cons (99255) ER (99285)	5 (99211)	10 (99212)	15 (99213)	25 (99214)	40 (99215)
Level	Ì	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	С	С	PF interval	EPF interval	D interval	
Examination	D or C	С	С	PF	EPF	D	
Complexity of medical decision	SF/L	M	Н	SF/L	М	Н	
Average time (minutes) (Observation care has no average time)	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 Subsequent (99233)	
Level	I	II	III	I	II	III	

NURSING FACILITY	Annual Assessment/Admission Old Plan Review New Plan Admission			Subsequent Nursing Facility		
	Requires 3 components within shaded area			Requires 2 components within shaded area		
History	D or C	С	С	PF interval	EPF interval	D interval
Examination	D or C	С	С	PF	EPF	D
Complexity of medical decision	SF/L	M	Н	SF/L	М	Н
Average time (minutes) (Observation care has no average time)	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 Subsequent (99233)
Level	1	II	III	I	II	III