

# Evaluation & Management Audit Tool

## (Based on the 1997 Documentation Guidelines)

| HISTORY COMPONENT:  | Problem Focused                            | Expanded Problem Focused                   | Detailed  | Comprehensive  |
|---|--|--|---|--|
| Chief Complaint _____<br>HPI – History of Present Illness:<br><input type="checkbox"/> Location <input type="checkbox"/> Context<br><input type="checkbox"/> Quality (0-10) <input type="checkbox"/> Modifying factors<br><input type="checkbox"/> Severity <input type="checkbox"/> Timing<br><input type="checkbox"/> Duration <input type="checkbox"/> Associated S/S  | Brief<br>1-3 HPI<br>elements<br>documented | Brief<br>1-3 HPI<br>elements<br>documented | Extended<br>> 4 HPI or status<br>of > 3 chronic<br>conditions<br>documented | Extended<br>> 4 HPI or status<br>of > 3 chronic<br>conditions<br>documented                |
| ROS – Review of Sypmtom(s):<br><input type="checkbox"/> Constitutional (Weight Loss, etc.)<br><input type="checkbox"/> Eyes <input type="checkbox"/> GI <input type="checkbox"/> ENT<br><input type="checkbox"/> Resp. <input type="checkbox"/> Cardio <input type="checkbox"/> GU<br><input type="checkbox"/> MS <input type="checkbox"/> Neuro <input type="checkbox"/> Endo<br><input type="checkbox"/> Psychiatric <input type="checkbox"/> Blood/lymph | None                                       | Problem<br>Specific<br>(1 system)          | Extensive<br>(2-9 systems)  | Complete<br>(Greater than 10<br>systems or some<br>with all others<br>negative)            |
| Past medical/family/social history:<br><input type="checkbox"/> Previous Medical History<br><input type="checkbox"/> Family Medical History (Hereditary Disease)<br><input type="checkbox"/> Social (Exercise, diet, relationships, work)   | None                                       | None                                       | Pertinent:<br>At least 1 item<br>from at least 1<br>history area            | Complete (New):<br>Must review all 3 items<br><br>Complete (Est):<br>Must review 2/3 items |

### Examination

|                          | General Multisystem Exam   | Single Organ System Exam   |
|--------------------------|--|--|
| Problem Focused          | 1-5 Elements ID by a •   | 1-5 Elements ID by a •   |
| Expanded Problem Focused | 6-12 Elements ID by a •  | 6-12 Elements ID by a •  |
| Detailed                 | > 2 elements ID by a • from 6 areas OR<br>> 12 elements ID by a • from at least 2<br>areas/systems | > 12 elements ID by a •  |
| Comprehensive            | > 2 elements identified by a • from 9<br>areas/systems   | Perform all elements ID by a (•) ;<br>document all elements in shaded boxes;<br>document > 1 element in unshaded boxes |

**New Patients: Must have all 3 essential components (History, Exam, MDM) to qualify for reimbursement.**

| CODE  | PRESENTING PROBLEM  | HISTORY            | EXAM               | MEDICAL DEC. MAKING | TIME  |
|-------|---------------------|--------------------|--------------------|---------------------|-------|
| 99201 | SELF LIMITED/ MINOR | PROBLEM FOCUSED    | PROBLEM FOCUSED    | STRAIGHTFORWARD     | 10MIN |
| 99202 | LOW TO MODERATE     | EXP. PROB. FOCUSED | EXP. PROB. FOCUSED | STRAIGHTFORWARD     | 20MIN |
| 99203 | MODERATE SEVERITY   | DETAILED           | DETAILED           | LOW COMPLEXITY      | 30MIN |
| 99204 | MOD-HIGH SEVERITY   | COMPREHENSIVE      | COMPREHENSIVE      | MODERATE COMPLEXITY | 45MIN |
| 99205 | MOD-HIGH SEVERITY   | COMPREHENSIVE      | COMPREHENSIVE      | HIGH COMPLEXITY     | 60MIN |

**Established Patients: Must have 2/3 essential components to qualify for reimbursement.**

| CODE  | PRESENTING PROBLEM    | HISTORY            | EXAM               | MEDICAL DEC. MAKING | TIME  |
|-------|-----------------------|--------------------|--------------------|---------------------|-------|
| 99211 | MINIMAL               | PROBLEM FOCUSED    | NONE-MINIMAL       | STRAIGHTFORWARD     | 5MIN  |
| 99212 | SELF LIMITED TO MINOR | PROBLEM FOCUSED    | PROBLEM FOCUSED    | STRAIGHTFORWARD     | 10MIN |
| 99213 | LOW TO MODERATE       | EXP. PROB. FOCUSED | EXP. PROB. FOCUSED | LOW COMPLEXITY      | 15MIN |
| 99214 | MOD-HIGH SEVERITY     | DETAILED           | DETAILED           | MODERATE COMPLEXITY | 25MIN |
| 99215 | MOD-HIGH SEVERITY     | COMPREHENSIVE      | COMPREHENSIVE      | HIGH COMPLEXITY     | 40MIN |

**Total time of visit:** \_\_\_\_\_ **Counseling/Coordination > 50% of Total Time:**  Yes  No

**E/M code charged:** 99204 **E/M code documented:** 99203

**Name of person performing audit:** \_\_\_\_\_ **Date:** \_\_\_\_\_