Chart #:	E/M Audit Form								
Patient Name:	_ Date of service: / / Provider:	MR #:							
Place of Service:	Service Type:	Insurance Carrier:							
Code (s) selected:	Code(s) audited:	Over Under Correct Miscoded							
	History								
History of Present Illness	Review of Systems	Past, Family & Social History							
 □ Location □ Quality □ Severity □ Duration □ Timing □ Context □ Modifying factors □ Associated signs and sy □ No. of chronic diseases 	 Constitutional symptoms Eyes Ears, nose, mouth, throat Cardiovascular Respiratory Gastrointestinal Genitourinary Integumentary Musculoskeletal Neurological Psychiatric Endocrine Hematologic/lymphatic Allergic/immunologic All others reviewed and ar negative 								
		 □ Living arrangements □ Marital status □Sexual history □ Occupational history □ Use of drugs, alcohol, or tobacco □ Extent of education □ Current employment □Other History 							

General Multi-System Examination

Constitutional □ 3 of 7 (BP,pulse,respir,tmp,hgt,wgt) □ General Appearance Eyes Conjunctivae, Lids □ Eyes: Pupils, Irises Ophthal exam -Optic discs, Pos Seg ENT □ Ears, Nose □ Oto exam -Aud canals,Tymp membr □ Hearing □ Nasal mucosa, Septum, Turbinates □ ENTM: Lips, Teeth, Gums □ Oropharynx -oral mucosa,palates Neck □ Neck □ Thyroid Respiratory □ Respiratory effort □ Percussion of chest □ Palpation of chest □ Auscultation of lungs Cardiovascular □ Palpation of heart \Box Auscultation of heart (& sounds) □ Carotid arteries □ Abdominal aorta □ Femoral arteries □ Pedal pulses □ Extrem for periphedema/varicoscities Chest □ Inspect Breasts □ Palpation of Breasts & Axillae

Gastrointestinal □ Abd (+/- masses or tenderness) □ Liver, Spleen □ Hernia (+/-) □ Anus, Perineum, Rectum \Box Stool for occult blood **GU/Female** □ Female: Genitalia, Vagina □ Female Urethra □ Bladder □ Cervix □ Uterus □ Adnexa/parametria GU/Male □ Scrotal Contents □ Penis □ Digital rectal of Prostate Lymphatic Lymph: Neck Lymph: Axillae Lymph: Groin □ Lymph: Other Musculoskeletal □ Gait (...ability to exercise) □ Palpation Digits, Nails □ Head/Neck: Inspect, Palp □ Head/Neck: Motion (+/-pain,crepit) □ Head/Neck: Stability (+/-lux,sublux) □ Head/Neck: Muscle strength & tone □ Spine/Rib/Pelv: Inspect, Palp □ Spine/Rib/Pelv: Motion □ Spine/Rib/Pelv: Stability □ Spine/Rib/Pelv: Strength and tone □ R.Up Extrem: Inspect, Palp

□ R.Up Extrem: Motion (+/- pain, crepit) \Box R.Up Extrem: Stability (+/- lux, sublux) \Box R.Up Extrem: Muscle strength & tone L.Up Extrem: Inspect, Palp □ L.Up Extrem: Motion (+/- pain, crepit) □ L.Up Extrem: Muscle strength & tone □ R.Low Extrem: Inspect, Palp □ R.Low Extrem: Motion (+/-pain, crepit) □ R.Low Extrem: Stability (+/- lux, laxity) □ R.Low Extrem: Muscle strength & tone □ L.Low Extrem: Inspect, Palp □ L.Low Extrem: Motion (+/-pain, crepit) □ L.Low Extrem: Stability (+/- lux, sublux) □ L.Low Extrem: Muscle strength & tone Skin \Box Skin: Inspect Skin & Subcut tissues □ Skin: Palpation Skin & Subcut tissues Neuro □ Neuro: Cranial nerves (+/- deficits) □ Neuro: DTRs (+/- pathological reflexes) □ Neuro: Sensations Psychiatry □ Psych: Judgement, Insight Description Psych: Orientation time, place, person □ Psych: Recent, Remote memory □ Psych: Mood, Affect (depression, anxiety) Exam:

1995-1=PF, limited 2-7=EPF, extended 2-7=Detailed, 8+ organ systems=Comprehensive **1997**-1-5=PF, 6-11=EPF, 2x6 systems=D 2 from 9 systems=Comp.

TABLE OF RIS

Number of Diagnoses/Management Options	Points
Self-limited or minor (Stable, improved or worsening) → Maximum 2 points in this category.	1
Established problem (to examining MD); stable or improved	1
Established problem (to examining MD); worsening	2
New problem (to examining MD); no additional work-up planned →	3
New problem (to examining MD); additional work-up (e.g. admit/transfer)	4
Total	

Amount and/or Complexity of Data Reviewed	Points
Lab ordered and/or reviewed (regardless of # ordered)	1
X-ray ordered and/or reviewed (regardless of # ordered)	1
Medicine section (90701-99199) ordered and/or reviewed	1
Discussion of test results with performing physician	1
Decision to obtain old record and/or obtain hx from someone other than patient	1
Review and summary of old records and/or obtaining hx from someone other than patient and/or discussion with other health provider	2
Independent visualization of image, tracing, or specimen (not simply review of report)	2
Total	

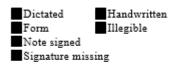
Level of Risk	Presenting Problem(s)	Diagnostic Procedure(s) Ordered	Management Options Selected
Minimal	•One self-limited or minor problem, eg, cold, insect bite, tinea corporis	Laboratory tests requiring venipuncture Chest x-rays EKG/EEG Urinalysis Ultrasound, eg., echocardiography KOH prep	Rest Gargles Elastic bandages Superficial dressings
Low	 Two or more self-limited or minor problems One stable chronic illness, eg. well controlled hypertension, non-insulin dependent diabetes, cataract, BPH Acute uncomplicated illness or injury, eg. cystitis, allergic rhinitis, simple sprain 	 Physiologic tests not under stress, eg, pulmonary function tests Non-cardiovascular imaging studies with contrast, eg, 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, eg, lump in breast Acute illness with systemic symptoms, eg, pyelonephritis, pneuronitis, colitis Acute complicated injury, eg, 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 catheterization Obtain fluid from body cavity, e.g lumbar puncture, thoracemtesis, 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 pose a threat to life or bodily function, eg, 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, eg, seizure, TIA, weakness, sensory loss 	 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

Medical Decision Making	SF	LOW	MOD	HIGH
Number of Diagnoses or Treatment Options	1	2	3	4
Amount and/or Complexity of Data to be Reviewed	1	2	3	4
Risk of Complications, Morbidity, Mortality	Minimal	Low	Moderate	High
MDM Level=2 out of 3				

MDM _____

Chart Note

Comments



Other Services or Modalities: