

Documentation to Validate E/M Code-Definitions Tool

<b>Consumer Name:</b> _____
<b>Date of Service:</b> _____
<b>Medicaid Number:</b> _____
<b>D.O.B.:</b> _____
<b>Provider:</b> _____
<b>Auditor:</b> _____

<b>3 of 3 key components must meet or exceed the stated requirements to qualify for a particular level of New Patient E/M services</b>						
<b>E/M Code Billed:</b>	<input type="checkbox"/> 99201	<input type="checkbox"/> 99202	<input type="checkbox"/> 99203	<input type="checkbox"/> 99204	<input type="checkbox"/> 99205	<b>Service Time Duration:</b>
<b>2 of 3 key components must meet or exceed the stated requirements to qualify for a particular level of Established E/M services</b>						
<b>E/M Code Billed:</b>	<input type="checkbox"/> 99211	<input type="checkbox"/> 99212	<input type="checkbox"/> 99213	<input type="checkbox"/> 99214	<input type="checkbox"/> 99215	<b>Service Time Duration:</b>

<input type="checkbox"/> Yes <input type="checkbox"/> No <b>1. HISTORY</b>				
<p>Complete the following chart by marking the entry in the farthest right column which best describes the History of Present Illness (HPI), Review of Systems (ROS), and the Past Family and Social History (PFSH). If one column contains three marks, the type of history is indicated at the bottom of the column. If no column contains three marks, the column containing the mark farthest to the left identifies the type of history.</p>				
<b>HPI (history of present illness) elements</b> <ul style="list-style-type: none"> <li>▪ Location: _____</li> <li>▪ Quality: _____</li> <li>▪ Severity: _____</li> <li>▪ Duration: _____</li> <li>▪ Timing: _____</li> <li>▪ Context: _____</li> <li>▪ Modifying Factors: _____</li> <li>▪ Associated Signs/Symptoms: _____</li> </ul>	<input type="checkbox"/> Brief (1-3)	<input type="checkbox"/> Brief (1-3)	<input type="checkbox"/> Extended (4 or more)	<input type="checkbox"/> Extended (4 or more)
<b>ROS (review of systems):</b> <ul style="list-style-type: none"> <li>▪ Constitutional (wt. loss, etc.)</li> <li>▪ Eyes</li> <li>▪ Ears, nose, mouth, throat</li> <li>▪ Cardiovascular</li> <li>▪ Respiratory</li> <li>▪ GI</li> <li>▪ GU</li> <li>▪ Musculoskeletal</li> <li>▪ Integumentary</li> <li>▪ Neurological</li> <li>▪ Psychiatric</li> <li>▪ Endocrine</li> <li>▪ Hem/Lymph</li> <li>▪ Allergic/Immunologic</li> <li>▪ All others negative</li> </ul> <p>***All other systems reviewed and are negative" is permissible. In the absence of such a notation, at least 10 systems must be individually documented to be a Complete Review of Systems</p>	<input type="checkbox"/> None	<input type="checkbox"/> Pertinent to problem- 1system	<input type="checkbox"/> Extended (2-8 systems)	<input type="checkbox"/> Comple te**
<b>PFSH (past medical, family, social history) areas:</b> <ul style="list-style-type: none"> <li>▪ <b>Past history</b> (the patient's past experience with illnesses, operations, injuries, and treatments) _____</li> <li>▪ <b>Family history</b> (a review of medical events in the patient's family, including diseases which may be hereditary or place the patient at risk) _____</li> <li>▪ <b>Social history</b> (an age appropriate review of past and current activities) _____</li> </ul> <p>*2 history areas required for established patients and 3 history areas required for new patients</p>	<input type="checkbox"/> None	<input type="checkbox"/> None	<input type="checkbox"/> Pertinent (1 history area)	<input type="checkbox"/> *Comple te (2 or 3 history areas)
	<b>Problem Focused</b>	<b>Expand. Problem Focused</b>	<b>Detailed</b>	<b>Compre -hensive</b>

<input type="checkbox"/> Yes <input type="checkbox"/> No <b>2. EXAMINATION</b>		
A. <b>Problem Focused:</b> A limited examination of the affected body area or organ system.	<input type="checkbox"/>	1-5 bullets
B. <b>Expanded Problem Focused:</b> A limited examination of the affected body area or organ system and the other symptomatic or related organ system(s).	<input type="checkbox"/>	At least 6 bullets
C. <b>Detailed:</b> An extended examination of the affected body area(s) and other symptomatic or related organ system(s).	<input type="checkbox"/>	At least 9 bullets
D. <b>Comprehensive:</b> A general multisystem examination or a complete examination of a single organ system. <b>Note:</b> The comprehensive examination performed as part of the preventive medicine E/M service is multisystem, but its extent is based on age and risk factors identified.	<input type="checkbox"/>	Exam must include all Constitutional and Psychiatric bullets plus at least one bullet from Musculoskeletal

<p><b>Psychiatric</b></p> <ul style="list-style-type: none"> <li>• Speech (rate; articulation; coherence; and spontaneity with notation of abnormalities (i.e. preservation, paucity of language)) _____</li> <li>• Thought process (rate of thoughts; content of thoughts (i.e. logical vs. illogical, tangential); abstract reasoning; and computation) _____</li> <li>• Associations (loose, tangential, circumstantial, intact) _____</li> <li>• Abnormal/psychotic thoughts (hallucinations; delusions; preoccupation with violence; homicidal or suicidal ideation; and obsessions) _____</li> <li>• Judgment (i.e. concerning everyday activities and social situations) and insight (i.e. concerning psychiatric condition) _____</li> <li>• Orientation to time, place, and person _____</li> <li>• Recent and remote memory _____</li> <li>• Attention span and concentration _____</li> <li>• Language (i.e. naming objects, repeating phrases) _____</li> <li>• Fund of knowledge (i.e. awareness of current events, past history, vocabulary) _____</li> <li>• Mood and affect (i.e. depression, anxiety, agitation, hypomania, lability) _____</li> </ul>	<p><b>Constitutional</b></p> <ul style="list-style-type: none"> <li>• 3/7 vital signs: sitting or standing BP, supine BP, pulse rate and regularity, respiration, temperature, height, weight _____</li> <li>• General appearance (i.e. development, nutrition, body habitus, deformities, attention to grooming) _____</li> </ul> <p><b>Musculoskeletal</b></p> <ul style="list-style-type: none"> <li>• Muscle strength and tone (i.e. flaccid, cog wheel, spastic) with notation of any atrophy and abnormal movements _____</li> <li>• Gait and station _____</li> </ul>
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Yes  No **3. MEDICAL DECISION MAKING**

A. Number of Diagnoses or Treatment Options			
	(Number	X	Points = Result)
Problem (Status)	Number	Points	Result
Self-limited or minor (stable, improved, or worsening) Max=2		1	
Est. problem (to examiner) <i>stable, improved</i>		1	
Est. problem (to examiner) <i>worsening</i>		2	
New Problem (to examiner) <i>no additional workup planned</i> Max=1		3	
New Problem (to examiner) <i>additional workup planned</i>		4	
<b>1=Minimal, 2=Limited, 3=Multiple, 4=Extensive</b> (Check Corresponding box below on Line A Final Result for Complexity of MDM)			<b>TOTAL</b>

<b>B. Amount and/or Complexity of Data</b>	
<b>Reviewed Data</b>	<b>Points</b>
Review and/or Order of 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 the patient	1
Review and summarization of old records and/or obtaining history from someone other than the patient and/or discussion of case with another health care provider	2
Independent visualization of image, specimen or tracing (NOT simply review of report)	2
<b>1=Minimal, 2=Limited, 3=Moderate, 4=Extensive</b> (Check Corresponding box below on Line B Final Result for Complexity of MDM)	<b>TOTAL</b>

**C. Risk of Complications, Morbidity and/or Mortality**

<b>Table of Risk</b>			
<b>Presenting Problems</b>	<b>Diagnostic Procedure(s) Ordered</b>	<b>Management Options Selected</b>	<b>Level of Risk</b>
One self-limited or minor problem	Venipuncture; EKG; urinalysis	Rest	<input type="checkbox"/> Minimal
Two or more self-limited or minor problems; One stable chronic illness; Acute uncomplicated illness	Arterial puncture	OTC drugs	<input type="checkbox"/> Low
One or more chronic illnesses with mild exacerbation, progression, or side effects; Two or more stable chronic illnesses; Undiagnosed new problem with uncertain prognosis; Acute illness with systemic symptoms		Prescription drug management	<input type="checkbox"/> Moderate
One or more chronic illnesses with severe exacerbation, progression, or side effects; Acute or chronic illnesses that pose a threat to life or bodily function		Drug Therapy requiring intensive monitoring for toxicity	<input type="checkbox"/> High

NOTES:  
  
(Check Corresponding box below on Line C Final Result for Complexity of MDM)

**Final Result for Complexity of MDM (Medical Decision Making)**

To qualify for a given type of decision making, 2 of the 3 areas must be met or exceeded. In the event there are not 2 areas met then you would accept the area 2<sup>nd</sup> from the left.

<b>A</b>	<b>Number of diagnoses or treatment options</b>	<b>Minimal</b>	<b>Limited</b>	<b>Multiple</b>	<b>Extensive</b>
<b>B</b>	<b>Amount and complexity of data</b>	<b>Minimal or None</b>	<b>Limited</b>	<b>Moderate</b>	<b>Extensive</b>
<b>C</b>	<b>Highest Risk</b>	<b>Minimal</b>	<b>Low</b>	<b>Moderate</b>	<b>High</b>
<b>Type of Decision Making</b>		<b>Straightforward</b>	<b>Low Complexity</b>	<b>Moderate Complex.</b>	<b>High Complexity</b>

OVERALL OUTPATIENT ENCOUNTER LEVEL- NEW OFFICE/ CONSULTS (Requires 3 components within a column (or chose lowest column))					
History	PF	EPF	D	C	C
Examination	PF	EPF	D	C	C
Complexity of Medical Decision Making	SF	SF	L	M	H
Level	I (99201)	II (99202)	III (99203)	IV (99204)	V (99205)

OVERALL OUTPATIENT ENCOUNTER LEVEL- ESTABLISHED OFFICE (Requires 2 components within a column (or chose lowest column))					
History	Minimal problem that may not	PF	EPF	D	C
Examination	require the presence of physician	PF	EPF	D	C
Complexity of Medical Decision Making		SF	L	M	H
Level	I (99211)	II (99212)	III (99213)	IV (99214)	V (99215)

TIME If ALL responses regarding time are “Yes”, billing may be based on Time	
“If the physician documents total time and suggests that counseling or coordinating of 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? Must be face-to-face (Outpatient or Inpatient)	<input type="checkbox"/> Yes <input type="checkbox"/> No
Does documentation discuss the content of counseling or coordination of care?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Does documentation reveal that more than half the time was spent on counseling or coordination of care?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>If these criteria are met, the following times for the entire visit (not just time spent in counseling or coordination of care) correspond with these code levels:</b>	
NEW PATIENT (9920_)	ESTABLISHED PATIENT (9921_)
Level 1: 10 minutes	Level 1: 5 minutes
Level 2: 20 minutes	Level 2: 10 minutes
Level 3: 30 minutes	Level 3: 15 minutes
Level 4: 45 minutes	Level 4: 25 minutes
Level 5: 60 minutes	Level 5: 40 minutes