

E/M Documentation Auditors' Instructions

HIC: \_\_\_\_\_ Date of Review: \_\_\_/\_\_\_/\_\_\_ Date of Service \_\_\_/\_\_\_/\_\_\_

DCN/ICN#: \_\_\_\_\_ Provider #: \_\_\_\_\_ Patient Status (New or Established: \_\_\_\_\_)

Billed E & M Code: \_\_\_\_\_ Modifiers: \_\_\_\_\_ POS: \_\_\_\_\_ Diagnosis: \_\_\_\_\_

Chief Complaints: \_\_\_\_\_

**1. History**

After completing this table which classifies the history, circle the type of history within the appropriate grid in Section 5. Minimum requirements for each level of history are listed directly above each level.

|   |   |                                      |  |   |   |
|---|---|--------------------------------------|--|---|---|
| <b>HISTORY</b>  | <b>HPI elements:</b><br><input type="checkbox"/> Location <input type="checkbox"/> Severity <input type="checkbox"/> Timing <input type="checkbox"/> Modifying factors<br><input type="checkbox"/> Quality <input type="checkbox"/> Duration <input type="checkbox"/> Context <input type="checkbox"/> Associated signs and symptoms<br><p style="text-align: center;"><b>OR</b></p>  | <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>HPI (history of present illness): Status of chronic conditions:</b><br><input type="checkbox"/> 3 conditions   | <input type="checkbox"/> N/A         | <input type="checkbox"/> N/A                             | <input type="checkbox"/> Status of 3 chronic conditions | <input type="checkbox"/> Status of 3 chronic conditions   |
|   | <b>ROS (review of systems):</b><br><input type="checkbox"/> Constitutional (wt loss, etc.) <input type="checkbox"/> Eyes<br><input type="checkbox"/> Ears, nose, mouth, throat <input type="checkbox"/> Card/Vasc <input type="checkbox"/> Resp<br><input type="checkbox"/> GI <input type="checkbox"/> GU <input type="checkbox"/> Musculo<br><input type="checkbox"/> Integumentary (Skin, breast) <input type="checkbox"/> Neuro <input type="checkbox"/> Psych<br><input type="checkbox"/> Endo <input type="checkbox"/> Hem/lymph <input type="checkbox"/> All/immuno <input type="checkbox"/> All others negative | <input type="checkbox"/> None        | <input type="checkbox"/> Pertinent to problem (1 system) | <input type="checkbox"/> Extended (2-9 systems)         | <input type="checkbox"/> *Complete                        |
|   | <b>PFSH (past medical, family, social history) areas:</b><br><input type="checkbox"/> Past history (the patient's past experiences with illnesses, operation, injuries and treatments)<br><input type="checkbox"/> Family history (a review of medical events in the patient's family, including diseases which may be hereditary or place the patient is at risk)<br><input type="checkbox"/> Social history (an age appropriate review of past and current activities)  | <input type="checkbox"/> None        | <input type="checkbox"/> None                            | <input type="checkbox"/> Pertinent (1 history area)     | <input type="checkbox"/> **Complete (2 or 3 history area) |
| * Complete ROS: 10 or more systems, or some systems with statement "all others negative." |   | Problem Focused                      | Exp. Prob. Focused                                       | Detailed  | Comprehensive   |

\*\* Complete PFSH: 2 history areas: a) Established patients – office (outpatient) care; b) Emergency department.  
 3 history areas: a) New patients – office (outpatient) care, domiciliary care, home care; b) Initial hospital care; c) Hospital observation; d) Initial Nursing Facility Care.

Note: For subsequent hospital and nursing facility E/M services, only an interval history is necessary. It is not necessary to record information about the PFSH.

**2. Examination**

Refer to data section (table below) in order to quantify. After referring to data, identify the type of examination. Circle the type of examination within the appropriate grid in Section 5.

|             |  |   |   |  |               |
|-------------|--|---|---|--|---------------|
| <b>EXAM</b> | <b>Body areas:</b><br><input type="checkbox"/> Head, including face <input type="checkbox"/> Chest, including breast and axillae<br><input type="checkbox"/> Abdomen <input type="checkbox"/> Neck<br><input type="checkbox"/> Back, including spine <input type="checkbox"/> Genitalia, groin, buttocks<br><input type="checkbox"/> Each extremity  | <b>1995</b><br><input type="checkbox"/> 1 body area or system<br><input type="checkbox"/> 2-5 areas or systems  | <input type="checkbox"/> 6-7 areas or systems   | <input type="checkbox"/> 8 or more <b>SYSTEMS ONLY</b>   |               |
|             | <b>Organ systems:</b><br><input type="checkbox"/> Constitutional (e.g., vitals, gen app) <input type="checkbox"/> Ears, nose, mouth, throat<br><input type="checkbox"/> Resp <input type="checkbox"/> GI <input type="checkbox"/> GU<br><input type="checkbox"/> Cardiovascular <input type="checkbox"/> Musculoskeletal<br><input type="checkbox"/> Skin <input type="checkbox"/> Neuro <input type="checkbox"/> Psych<br><input type="checkbox"/> Hem/lymph/imm<br><input type="checkbox"/> Eyes | <b>1997</b><br><input type="checkbox"/> 1-5 bullets (1 or more Body areas or system)<br><input type="checkbox"/> 6 bullets (1 or more Body Areas or System) | <input type="checkbox"/> 12 bullets in 2 or more Body Areas/Systems or 2 Bullets in 6 or more Body Areas/ Systems (Except Eye and Psych exams, which are 9 bullets) | <input type="checkbox"/> 2 bullets in 9 or more Body Areas or Systems; or Complete Single Organ System |               |
|             |  | Problem Focused   | Exp. Prob. Focused  | Detailed   | Comprehensive |

**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 is a maximum number in two categories.) Do not categorize the problem(s) if the encounter is dominated by counseling/coordinates of care, and duration of time is not specified. In that case, enter 3 in the total box.

| <b>MEDICAL DECISION MAKING</b> | Number of Diagnoses or Treatment Options                |         |        |         |
|--------------------------------|---|---------|--------|---------|
|                                | A   | B       | X      | C = D   |
|                                | Problem(s) Status                                       | Number  | Points | Results |
|                                | 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)

**Risk of Complications and/or Morbidity or Mortality**

| Level of Risk | Presenting Problem(s)   | Diagnostic Procedure(s) Ordered   | Management Options Selected   |
|---------------|---|---|---|
| Minimal       | <ul style="list-style-type: none"> <li>One self-limited or minor problem, e.g., cold insect bite, tinea corporis</li> </ul>   | <ul style="list-style-type: none"> <li>Laboratory tests requiring venipuncture</li> <li>Chest X-rays</li> <li>EKG/ EEG</li> <li>Urinalysis</li> <li>Ultrasound, e.g., echo</li> <li>KOH prep</li> </ul>   | <ul style="list-style-type: none"> <li>Rest</li> <li>Gargles</li> <li>Elastic bandages</li> <li>Superficial dressings</li> </ul>  |
| Low           | <ul style="list-style-type: none"> <li>Two or more self-limited or minor problems</li> <li>One stable chronic illness, e.g., well controlled hypertension or noninsulin dependent diabetes, cataract, BPH</li> <li>Acute uncomplicated illness or injury, e.g., cystitis, allergic rhinitis, simple sprain</li> </ul>   | <ul style="list-style-type: none"> <li>Physiologic tests not under stress, e.g., pulmonary function tests</li> <li>Noncardiovascular imaging studies with contrast, e.g., barium enema</li> <li>Superficial needle biopsies</li> <li>Clinical laboratory tests requiring arterial puncture</li> <li>Skin biopsies</li> </ul>  | <ul style="list-style-type: none"> <li>Over-the-Counter drugs</li> <li>Minor surgery with no identified risk factors</li> <li>Physical therapy</li> <li>Occupational therapy</li> <li>IV fluids without additives</li> </ul>  |
| Moderate      | <ul style="list-style-type: none"> <li>One or more chronic illness with mild exacerbation, progression, or side effects of treatment</li> <li>Two or more stable chronic illnesses</li> <li>Undiagnosed new problem with uncertain prognosis, e.g., lump in breast</li> <li>Acute illness with systemic symptoms, e.g., pyelonephritis, pneumonitis, colitis</li> <li>Acute complicated injury, e.g., head injury with brief loss of consciousness</li> </ul>   | <ul style="list-style-type: none"> <li>Physiologic tests not under stress, e.g., cardiac stress test, fetal contraction stress test</li> <li>Diagnostic endoscopies with no identified risk factors</li> <li>Deep needle or incisional biopsy</li> <li>Cardiovascular imaging studies with contrast and no identified risk factors, e.g., arteriogram cardiac cath</li> <li>Obtain fluid from body cavity, e.g., lumbar puncture, thoracentesis, culdocentesis</li> </ul> | <ul style="list-style-type: none"> <li>Minor surgery with identified risk factors</li> <li>Elective major surgery (open, percutaneous or endoscopic with no identified risk factors)</li> <li>Prescription drug management (continuation &amp; new prescription)</li> <li>Therapeutic nuclear medicine</li> <li>IV fluids with additives</li> <li>Closed treatment of fracture or dislocation without manipulation</li> </ul> |
| High          | <ul style="list-style-type: none"> <li>One or more chronic illnesses with severe exacerbation, progression, or side effects of treatment</li> <li>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 rheumatoid arthritis, psychiatric illness with potential threat to self or others, peritonitis, acute renal failure</li> <li>An abrupt change in neurologic status, e.g., seizure, TIA, weakness or sensory loss</li> </ul> | <ul style="list-style-type: none"> <li>Cardiovascular imaging studies with contrast with identified risk factors</li> <li>Cardiac electrophysiological tests</li> <li>Diagnostic endoscopies with identified risk factors</li> <li>Discography</li> </ul>   | <ul style="list-style-type: none"> <li>Elective major surgery (open, percutaneous or endoscopic with identified risk factors)</li> <li>Emergency major surgery (open, percutaneous or endoscopic)</li> <li>Parental controlled substances</li> <li>Drug therapy requiring intensive monitoring for toxicity</li> <li>Decision not to resuscitate or to de-escalate care because of poor prognosis</li> </ul>                  |

**Amount and/or Complexity of Data Reviewed**

For each category or reviewed data identified, circle the number in the points 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 from 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)

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 level circle. Enter the level of risk identified in Final Result for Complexity (table below).

**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 2<sup>nd</sup> circle from the left. After completing this table, which classifies complexity, circle the type of decision making within the appropriate grid in Section 5.

**Final Result for Complexity – (Medical Decision Making shall be used as a guide for overall level of E&M Service)**

| A | Number diagnoses or treatment options | ≤ 1 Minimal        | 2 Limited    | 3 Multiple        | ≥ 4 Extensive |
|---|---------------------------------------|--------------------|--------------|-------------------|---------------|
| B | Highest Risk                          | Minimal            | Low          | Moderate          | High          |
| C | Amount and Complexity of Data         | ≤ 1 Minimal or Low | 2 Limited    | 3 Multiple        | ≥ 4 Extensive |
|   | Type of decision making               | STRAIGHT FORWARD   | LOW COMPLEX. | MODERATE COMPLEX. | HIGH COMPLEX. |

**4. Time**

If the physician documents total time *and* suggests that counseling or coordinating 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?  | Time: Face-to-Face in outpatient setting<br>Unit/floor in inpatient setting | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Does documentation describe the content of counseling or coordinating care?                    |   | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Does documentation reveal that more than half of the time was counseling or coordinating care? |   | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

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

## 5. Level of Service

### Outpatient and ER

|  | New Office/ER                            |                              |                              |                              |                              | Established Office   |               |               |               |               |
|--|--|------------------------------|------------------------------|------------------------------|------------------------------|--|---------------|---------------|---------------|---------------|
|  | Requires 3 components within shaded area |                              |                              |                              |                              | Requires 2 components within shaded area                   |               |               |               |               |
| History  | PF<br>ER: PF                             | EPF<br>ER: EPF               | D<br>ER: EPF                 | C<br>ER: D                   | C<br>ER: C                   | Minimal problem that may not require presence of physician | PF            | EPF           | D             | C             |
| Examination  | PF<br>ER: PF                             | EPF<br>ER: EPF               | D<br>ER: EPF                 | C<br>ER: D                   | C<br>ER: C                   |  | PF            | EPF           | D             | C             |
| Complexity of medical decision                     | SF<br>ER: SF                             | SF<br>ER: L                  | L<br>ER: M                   | M<br>ER: M                   | H<br>ER: H                   |  | SF            | L             | M             | H             |
| Average time (minutes)<br>(ER has no average time) | 10 New (99201)<br>ER (99281)             | 20 New (99202)<br>ER (99282) | 30 New (99203)<br>ER (99283) | 45 New (99204)<br>ER (99284) | 60 New (99205)<br>ER (99285) | 5<br>(99211)   | 10<br>(99212) | 15<br>(99213) | 25<br>(99214) | 40<br>(99215) |
| <b>Level</b>                                       | <b>I</b>                                 | <b>II</b>                    | <b>III</b>                   | <b>IV</b>                    | <b>V</b>                     | <b>I</b>   | <b>II</b>     | <b>III</b>    | <b>IV</b>     | <b>V</b>      |

| Inpatient  | Initial Hospital/ Observation               |   |   | Subsequent Hospital                      |                          |                          |
|--|---|---|---|--|--------------------------|--------------------------|
|  | Requires 3 components within shaded area    |   |   | Requires 2 components within shaded area |                          |                          |
| History  | D/C   | C   | C   | PF interval                              | EPF interval             | D interval               |
| Examination  | D/C   | C   | C   | PF                                       | EPF                      | D                        |
| Complexity of medical decision                                   | SF/L  | M   | H   | SF/L                                     | M                        | H                        |
| Average time (minutes)<br>(Observation care has no average time) | 30 Init hosp (99221)<br>Observ care (99218) | 50 Init hosp (99222)<br>Observ care (99219) | 70 Init hosp (99223)<br>Observ care (99220) | 15<br>Subsequent (99231)                 | 25<br>Subsequent (99232) | 35<br>Subsequent (99233) |
| <b>Level</b>   | <b>I</b>                                    | <b>II</b>                                   | <b>III</b>                                  | <b>I</b>                                 | <b>II</b>                | <b>III</b>               |

| Nursing Facility Care          | Initial Nursing Facility                  |             |             | Subsequent Nursing Facility               |              |             |             | Other Nrsng Facility<br>(Annual Assessment) |
|--------------------------------|---|-------------|-------------|---|--------------|-------------|-------------|---|
|                                | Requires 3 components within shaded areas |             |             | Requires 2 components within shaded areas |              |             |             | Requires 3 components within shaded areas   |
| History                        | D/C                                       | C           | C           | PF interval                               | EPF interval | D interval  | C interval  | D interval                                  |
| Examination                    | D/C                                       | C           | C           | PF  | EPF          | D           | C           | C   |
| Complexity of medical decision | SF/L                                      | M           | H           | SF  | L            | M           | H           | L/M   |
| Average time (minutes)         | 25<br>99304                               | 35<br>99305 | 45<br>99306 | 10<br>99307                               | 15<br>99308  | 25<br>99309 | 35<br>99310 | 30<br>99318                                 |
| <b>Level</b>                   | <b>I</b>                                  | <b>II</b>   | <b>III</b>  | <b>I</b>                                  | <b>II</b>    | <b>III</b>  | <b>IV</b>   |   |

### Domiciliary, Rest Home (eg, Boarding Home), or Custodial Care and Home Care

|                                | New  |  |  |  |  | Established                                |  |  |  |
|--------------------------------|--|--|--|--|--|--|--|--|--|
|                                | Requires 3 components within shaded area   |  |  |  |  | Requires 2 components within shaded area   |  |  |  |
| History                        | PF   | EPF  | D  | C  | C  | PF interval                                | EPF interval                               | D interval                                 | C interval                                 |
| Examination                    | PF   | EPF  | D  | C  | C  | PF   | EPF  | D  | C  |
| Complexity of medical decision | SF   | L  | M  | M  | H  | SF   | L  | M  | M/H  |
| Average time (minutes)         | 20<br>Domiciliary 99324<br>Home Care 99341 | 30<br>Domiciliary 99325<br>Home Care 99342 | 45<br>Domiciliary 99326<br>Home Care 99343 | 60<br>Domiciliary 99327<br>Home Care 99344 | 75<br>Domiciliary 99328<br>Home Care 99345 | 15<br>Domiciliary 99334<br>Home Care 99347 | 25<br>Domiciliary 99335<br>Home Care 99348 | 40<br>Domiciliary 99336<br>Home Care 99349 | 60<br>Domiciliary 99337<br>Home Care 99350 |
| <b>Level</b>                   | <b>I</b>                                   | <b>II</b>                                  | <b>III</b>                                 | <b>IV</b>                                  | <b>V</b>                                   | <b>I</b>                                   | <b>II</b>                                  | <b>III</b>                                 | <b>IV</b>                                  |

PF = Problem Focused    EPF = Expanded Problem Focused    D = Detailed    C = Comprehensive    SF = Straightforward    L = Low    M = Moderate    H = High