

PATHOLOGY PROFESSIONAL COMPONENT SERVICES AUDIT FACE SHEET

Provider:

Audit No.:

Resident Involved?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<p>A. CPT Coding Errors</p> <p><input type="checkbox"/> A-1: Wrong CPT/HCPCS Code (<i>Downcoded</i>)</p> <p><input type="checkbox"/> A-2: Wrong CPT/HCPCS Code (Upcoded)=4 pts</p> <p><input type="checkbox"/> A-3: Improper Use of Modifier (<i>inappropriate, not needed; resulting in upcoding</i>) = 2 pts</p> <p><input type="checkbox"/> A-5: Service performed but not billed or a zero charge</p> <p><input type="checkbox"/> A-6: Service billed but not provided = 6 pts</p>	<p>COMMENTS: (Identify attribute, e.g. A-1)</p> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/>	
<p>B. CPT Coding Error - Documentation</p> <p><input type="checkbox"/> B-1: Insufficient Teaching Physician Documentation to support any code = 6 pts</p> <p><input type="checkbox"/> B-4: Lack of Documentation to support code (<i>documentation does not exist</i>)= 6 pts</p> <p><input type="checkbox"/> B-5: Needs additional documentation to support the code = 4 pts</p>	<p>COMMENTS: (Identify attribute, e.g. B-1)</p> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/>	
<p>C. ICD-9 Errors</p> <p><input type="checkbox"/> C-1: Diagnosis reported does not fully describe the condition; additional/underlying diagnosis required; incorrect diagnosis code</p> <p><input type="checkbox"/> C-2: Lacks medical necessity = 6 pts</p>	<p>COMMENTS: (Identify attribute, e.g. C-1)</p> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/>	
<p>D. Other Record Keeping Errors</p> <p><input type="checkbox"/> D-3: Incorrect Place or missing Place of Service = 2 pt</p> <p><input type="checkbox"/> D-4: Service billed under one pathologist but provided by a different pathologist = 2 pts</p> <p><input type="checkbox"/> D-4: Advance Beneficiary Notice not obtained (and service billed) = 3 pts</p>	<p>COMMENTS: (Identify attribute, e.g. D-1)</p> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/>	

**AUDITOR'S WORKSHEET - PATHOLOGY
REFERENCE LABORATORY**

Date of Audit: _____

Date of service selected for Audit: _____

Audit Quarter, CY: _____ 1st 2nd 3rd 4th

A. Requisition Audit

1. Total Number of requisition selected: _____

2. Identify the number of requisitions in each category below:

Client Billing _____	Private Payer _____	Medicare _____	Medicaid _____
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3. Identify how many requisitions in each category were clean (i.e., complete documentation of patient billing and diagnostic information)

Client Billing _____	Private Payer _____	Medicare _____	Medicaid _____
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4. Complete the table below, identifying how many requisitions in each category required additional information.

Categories	Client Billing	Private Payer	Medicare	Medicaid
a. Incomplete billing/diagnostic information requiring client call				
b. Collection of additional information not adequately documented.				
c. Miss-filed				
d. Narrative diagnosis to ICD-9				
e. Other:				
f. Other:				

5. Note any trend or repetitive occurrence (example: lack of ordering physician, patient face sheets printed prior to DOS, etc.)

B. Coding Audit

1. Narrative Diagnosis Translated to ICD-9 Code

- a. Number of Requisitions Selected: _____
- b. Number identified as incorrectly translated to ICD-9: _____
(attach copies)
 - 1) Number where ICD-9 does not fully describe condition or more specific diagnosis is available: _____
- c. Percentage: _____
- d. Identify where problems are occurring for this issue:

2. ABN Review

- a. Number of Medicare requisitions selected: _____
- b. Number that failed to have a required ABN: _____ (list findings on separate sheet)
- c. Percentage: _____
- d. How many failed Compliance Checker: _____
- e. Of those identified in 2.b above, where any billed to Medicare? Yes No
- f. If 2.e. is yes, how many: _____

3. Medical Necessity Review

- a. Number of requisitions selected: _____
- b. Number of CPT-4 codes reviewed for all requisitions: _____
- c. Number of CPT-4 codes that lacked medical necessity based on diagnosis provided: _____ (list findings on separate sheet)
- d. Percentage (c ÷ b): _____

4. Correct Test(s)/CPT-4 Selected (i.e., panels instead of separate tests, etc.)

- a. Number of requisitions selected: _____
- b. Number of CPT-4 codes for all requisitions: _____
- c. Number of incorrectly ordered tests: _____ (list findings on separate sheet).

5. Charge Audit

- a. Number of requisitions selected: _____
- b. List each pricing/CPT-4 code in GE that DID NOT match Cerner system:

Auditor: _____

Provider Audit Report Sheet

Department:

Provider:

Replace the bracketed information with the encounter audit #, patient name and date of service	Provider/Coder Response	Action
<p>[Audit#] [Pt. Name] [Date of Service]</p> <p>Findings & Comments from App A/A-2/A-3:</p> <p>CPT Audited:</p> <p>ICD-9(Optional):</p>		
<p>[Audit#] [Pt. Name] [Date of Service]</p> <p>Findings & Comments from App A/A-2/A-3:</p> <p>CPT Audited:</p> <p>ICD-9(Optional):</p>		
<p>[Audit#] [Pt. Name] [Date of Service]</p> <p>Findings & Comments from App A/A-2/A-3:</p> <p>CPT Audited:</p> <p>ICD-9(Optional):</p>		
<p>[Audit#] [Pt. Name] [Date of Service]</p> <p>Findings & Comments from App A/A-2/A-3:</p> <p>CPT Audited:</p> <p>ICD-9(Optional):</p>		
<p>[Audit#] [Pt. Name] [Date of Service]</p> <p>Findings & Comments from App A/A-2/A-3:</p> <p>CPT Audited:</p> <p>ICD-9(Optional):</p>		

Provider Signature: _____

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E/M, In-Office Procedures and Diagnostic Services

1. Provider's Initials: _____ Audit #: _____ DOS: _____
2. Patient's Name and Acct #: _____
3. Payer: Medicare Medicaid Other Fed. Private/Other
4. CPT/HCPCS Code(s): _____
5. If time based, answer the following:
 - a. Is time properly documented? Yes No
 - b. If more than 50% of time is counseling or coordination, are total time and counseling time documented? N/A Yes No
6. Are all CPT/HCPCS Code(s) correct? Yes No
7. If # 6 is No, what code(s) are incorrect and why? _____

8. ICD-9 Code(s): _____
9. Are the ICD-9 codes supported by the documentation? Yes No
10. If #9 is No, explain and provide proper ICD-9: _____

11. Is a Medicare ABN required? Yes No
12. If #11 is Yes, was one obtained? Yes No
13. Were modifiers appropriately used? N/A Yes No
14. If #13 is No, explain: _____
15. Were services provided "Incident To" (Medicare only)? Yes No
16. If #15 is Yes, were Medicare's "Incident To" requirements met? Yes No
17. Location where services provided: _____
18. Was Place of Service Code correct? Yes No
19. Patient Type: New Estab Consult Hospital
20. Was a Resident involved? Yes No
 If #20 is No, go to either Section A now. If #20 is yes, continue to #21.
21. If #20 is Yes, and this was a minor procedure, was Teaching Physician presence documented for the entire procedure? Yes No
22. If #20 is Yes, and this involved E/M services, did the Teaching Physician personally document his/her presence and/or participation during the key or critical portions? Yes No
23. Were services provided by a resident in a qualified Primary Care Exception Clinic? Yes No
 If Yes, answer the following:
 - a. Number of Residents supervised by the Teaching Physician at any one time? _____
 - b. Was the Teaching Physician involved in other billable activity? _____ If no, how was this verified? _____
 - c. Did the Teaching Physician personally document the extent of his/her participation in the review and direction of the services furnished by the resident? _____

GO TO SECTIONS A-C, Appendix D to Audit E/M SERVICE

NOTES:

Auditor's Name: _____

Date: _____

E/M DOCUMENTATION GUIDELINES

A. History (CC, HPI, ROS and PFSH): Note the Chief Complaint. Circle one item from the four columns to the RIGHT, which best describes the HPI, ROS and PFSH. If one column contains three circles, draw a line down that column to the bottom row for level of history. If no column contains three circles, the column containing a circle farthest to the LEFT, identifies the level of history.

CC (Chief Complaint):	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Column 1	Column 2	Column 3	Column 4
1. History of Present Illness (HPI) <input type="checkbox"/> Location <input type="checkbox"/> Severity <input type="checkbox"/> Quality <input type="checkbox"/> Timing <input type="checkbox"/> Duration <input type="checkbox"/> Context <input type="checkbox"/> Modifying Factors <input type="checkbox"/> Associated Signs and Symptoms			BRIEF 1-3 elements		EXTENDED ≥ 4 elements (or 3+ chronic conditions -1997 only)	
2. Review of Systems (ROS) <input type="checkbox"/> Constitutional <input type="checkbox"/> Eyes <input type="checkbox"/> Neurological <input type="checkbox"/> ENT <input type="checkbox"/> Skin <input type="checkbox"/> Cardiovasc. <input type="checkbox"/> GI <input type="checkbox"/> Endocrine <input type="checkbox"/> Respiratory <input type="checkbox"/> Musculoskeletal <input type="checkbox"/> Hem/Lymph <input type="checkbox"/> GU <input type="checkbox"/> Psychiatric <input type="checkbox"/> Allerg/Immu <input type="checkbox"/> All other systems Negative			N/A	PROBLEM PERTINENT 1 system	EXTENDED 2-9 systems	COMPLETE ≥ 10 systems, or some systems with statement "all others negative"
3. Past Medical, Family and Social History (PFSH)* <input type="checkbox"/> Past History <input type="checkbox"/> Family History <input type="checkbox"/> Social History (See Audit Handbook for more details)			N/A	N/A	PERTINENT 1	COMPLETE 2 PFSH: Established Office; ER 3 PFSH: New Office; Consults; Admit; Hospital Observation
4. LEVEL OF HISTORY			PROBLEM FOCUSED	EXPANDED PROBLEM FOCUSED	DETAILED	COMPREHENSIVE

*No PFSH required for: (a) Subsequent hospital care or (b) Subsequent nursing facility care

Other Questions to Address

1. If ROS and/or PFSH relied upon was based upon an earlier encounter, is there evidence the physician reviewed and updated the previous information? Yes No
2. If the ROS and/or PFSH were recorded by ancillary staff and/or by the patient, is there a notation from the physician supplementing or confirming the information? Yes No
3. Does the record reflect any conditions or circumstances, which prevented the physician from obtaining a history from the patient or another source? Yes No

B.1. Examination (1995)

Body Areas:

<input type="checkbox"/> Head, including the face	<input type="checkbox"/> Neck	<input type="checkbox"/> Abdomen
<input type="checkbox"/> Chest, including breasts and axillae	<input type="checkbox"/> Back, including spine	
<input type="checkbox"/> Genitalia, groin, buttocks	<input type="checkbox"/> Each extremity # _____	

Organ Systems:

<input type="checkbox"/> Constitutional	<input type="checkbox"/> Ears, nose, mouth and throat	<input type="checkbox"/> Eyes
<input type="checkbox"/> Cardiovascular	<input type="checkbox"/> Gastrointestinal	<input type="checkbox"/> Respiratory
<input type="checkbox"/> Musculoskeletal	<input type="checkbox"/> Hematologic, lymphatic, immunologic	<input type="checkbox"/> Genitourinary
<input type="checkbox"/> Neurological	<input type="checkbox"/> Psychiatric	<input type="checkbox"/> Skin

Check the appropriate box and circle the level of Examination

<input type="checkbox"/> Exam of one body area or organ system related to the problem	Problem Focused
<input type="checkbox"/> Limited exam of the affected body area or organ system and other symptomatic or related organ system(s)	Expanded Problem Focused
<input type="checkbox"/> Extended exam of the affected body area(s) and other symptomatic or Related organ system(s)	Detailed
<input type="checkbox"/> General multi-system exam (findings in 8 or more of the 12 organ systems) or complete exam of a single organ system	Comprehensive

B.2. Examination (1997)

General Multi-System Exam or A Single Organ Exam (Eyes; Ears, Nose and Throat; Cardiovascular; Respiratory; Genitourinary; Musculoskeletal; Skin; Neurologic; Psychiatric; and Hematologic/Lymphatic/Immunologic) - Use one of the attached checklists for multi-system or a single organ system exam

<input type="checkbox"/> 1-5 bulleted elements in one or more organ systems	Problem Focused
<input type="checkbox"/> 6 or more bulleted elements in one or more organ systems	Expanded Problem Focused
<input type="checkbox"/> 2 bulleted elements in at least 6 organ systems/body areas, OR <input type="checkbox"/> 12 bulleted elements in two or more organ systems/body areas, OR <input type="checkbox"/> 12 bulleted elements (9 for Eye & Psychiatric) (Single Organ)	Detailed
<input type="checkbox"/> At least 2 bulleted elements in nine (9) organ systems/body areas. <input type="checkbox"/> All elements in each bolded box and at least 1 element in each unbolded box (Single Organ)	Comprehensive

Complete either a General Multi-System or Single Organ System "score sheet" (Appendix E)

C. Medical Decision Making

1. **Number of Diagnoses or Treatment Options:** Identify each problem/treatment option mentioned in the record. Enter the number in each of the categories in the second column. Do not categorize the problems if the encounter is dominated by counseling/coordination of care, and duration of time is not specified - then enter 3 in the total box.

Problems to Examining Physician	Number X Points = Results	
Self-limited or minor (stable, improved or worsening)	1	Max = 2
Est. problem (to examining physician); stable; improved	1	
Est. Problem (to examining physician); worsening	2	
New Problem (to examining physician); no additional work-up planned	3	Max = 3
New Problem (to examining physician); additional work-up planned	4	

Multiply number by the points for the TOTAL: _____

Bring total to line 1 in Final Result Table (paragraph 4)

2. **Amount and/or Complexity of Data to be Reviewed:** For each category, circle the number in the points column and total the points.

DATA TO BE REVIEWED	POINTS
Review and/or order of clinical lab tests (one or more)	1
Review and/or order of tests in the radiology section of CPT (i.e. nuclear medicine and all imaging except echocardiography and cardiac cath) (one or more)	1
Review and/or order of tests in the medicine section of CPT (i.e., EEG, echocardiography, cardiac cath, non-invasive vascular studies, pulmonary function studies, psychological testing, endoscopy) (one or more)	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) – only if not separately billed by this provider.	2

TOTAL: _____

Bring result to line 2 in Final Result Table (paragraph 4)

3. Risk of Complications and/or Morbidity or Mortality: Circle the appropriate entries in this table. The highest level of risk in any one category (Presenting problem, Diagnostic Procedure(s) ordered or Management Options) determines the overall risk

Risk	Presenting Problem	Diagnostic Procedures(s) Ordered	Management Options Selected
M I N I M A L	<ul style="list-style-type: none"> One self-limited or minor problem, e.g. cold, insect bite, tinea corporis 	<ul style="list-style-type: none"> Laboratory tests requiring venipuncture Chest X-rays EKG/EEG Urinalysis Ultrasound, e.g. echo KOH prep 	<ul style="list-style-type: none"> Rest Gargles Elastic bandages Superficial dressings
L O W	<ul style="list-style-type: none"> 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) 	<ul style="list-style-type: none"> 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 	<ul style="list-style-type: none"> Over-the-counter drugs Minor surgery with no identified risk factors Physical therapy Occupational therapy IV fluids without additives
M O D E R A T E	<ul style="list-style-type: none"> One or more chronic illnesses with mild exacerbation, progression, or side effects of tx. 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) 	<ul style="list-style-type: none"> 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) 	<ul style="list-style-type: none"> 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 with manipulation
H I G H	<ul style="list-style-type: none"> One or more chronic illnesses with severe exacerbation, progression, or side effects of tx 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) An abrupt change in neurologic status (e.g., seizure, TIA, weakness, or sensory loss) 	<ul style="list-style-type: none"> Cardiovascular imaging studies with contrast with identified risk factors Cardiac electrophysiological tests Diagnostic endoscopies with identified risk factors Discography 	<ul style="list-style-type: none"> 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

Other: _____
 Bring result to line 3 in Final Result Table (paragraph 4)

4. Final Results for Medical Decision Making: Note results from 1-3 above on this table. If one column contains three circles, draw a line down that column to the bottom row for level of medical decision making. If no column contains three circles, the column with the second circle from the LEFT, identifies the level of medical decision making.

1	Number of Diagnoses or Management Options	≤ 1 Minimal	2 Limited	3 Multiple	≥ 4 Extensive
2	Amount and complexity of data	≤ 1 Minimal or Low	2 Limited	3 Moderate	≥ 4 Extensive
3	Highest Risk	Minimal	Low	Moderate	High
Type of Decision Making		STRAIGHT-FORWARD	LOW COMPLEXITY	MODERATE COMPLEXITY	HIGH COMPLEXITY

CODING TABLES

New outpt; Outpt Consult; Inpt Consult						Initial Hospital/Observation (3)			
History	PF	EPF	D	C	C	History	D/C	C	C
Exam	PF	EPF	D	C	C	Exam	D/C	C	C
Dec. Mak'g	SF	SF	L	M	H	Dec. Mak'g	SF/L	M	H
(Time) Outpatient Outpt consult Inpt consult	99201 (10) 99241 (15) 99951 (20)	99202 (20) 99242 (30) 99252 (40)	99203 (30) 99243 (40) 99253 (55)	99204 (45) 99244 (60) 99254 (80)	99205 (60) 99245 (80) 99255 (110)	(Time) Int. Hosp. Int. Observ. Observ - Same Day Discharge	99221 (30) 99218 99234	99222 (50) 99219 99235	99223 (70) 99220 99236

Established Office - 2 of 3						Subseq. Inpt - 2 of 3			
History	Staff	PF	EPF	D	C	History	PF interval	EPF Interval	D interval
Exam		PF	EPF	D	C	Exam	PF	EPF	D
Dec. Mak'g		SF	L	M	H	Dec. Mak'g	SF/L	M	H
(Time)	99211 (5)	99212 (10)	99213 (15)	99214 (25)	99215 (40)	(Time) Subseq. Inpt.	99231 (15)	99232 (25)	99233 (35)

	Initial Nursing Facility Care - 3 of 3			Subsequent Nursing Facility Care - 2 of 3			
History	D or C	C	C	PF interval	EPF interval	D interval	C interval
Exam	D or C	C	C	PF	EPF	D	C
Dec. Mak'g	SF or L	M to H	M to H	SF	L	M	H
	99304	99305	99306	99307	99308	99309	99310

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

General Multi-System Examination - 1997 Guidelines

System/Body Area	Elements (Bullets)
Constitutional	<input type="checkbox"/> Vitals (3 of 7): <input type="checkbox"/> Sitting/Standing BP <input type="checkbox"/> Supine BP <input type="checkbox"/> Respiration <input type="checkbox"/> Weight <input type="checkbox"/> Height <input type="checkbox"/> Temperature <input type="checkbox"/> Pulse rate & regularity <input type="checkbox"/> General appearance of patient (development, nutrition, body habitus, deformities, grooming)
Eyes	<input type="checkbox"/> Inspect conjunctivae and lids <input type="checkbox"/> Exam pupils and irises <input type="checkbox"/> Ophthalmoscopic exam of optic discs and posterior segments
ENT	<input type="checkbox"/> External inspection of ears and nose <input type="checkbox"/> Otoscopic exam (external auditory canals & tympanic membranes) <input type="checkbox"/> Assess Hearing <input type="checkbox"/> Inspect nasal mucosa, septum and turbinates <input type="checkbox"/> Inspect lips, teeth and gums <input type="checkbox"/> Exam oropharynx; oral mucosa, salivary glands, hard/soft palates, tongue, tonsils & posterior pharynx.
Neck	<input type="checkbox"/> Exam neck (masses, overall appearance, symmetry, tracheal position, crepitus) <input type="checkbox"/> Exam thyroid (enlargement, tenderness, mass)
Respiratory	<input type="checkbox"/> Assess respiratory effort (intercostal retractions, use of accessory muscles, etc.) <input type="checkbox"/> Percussion of chest (dullness, flatness, hyperresonance) <input type="checkbox"/> Palpate chest (tactile fremitus) <input type="checkbox"/> Auscultation of lungs (breath sounds, adventitious sounds, rubs)
Cardiovascular	<input type="checkbox"/> Palpate heart (location, size, thrills) <input type="checkbox"/> Auscultation of heart, noting abnormal sounds & murmurs <input type="checkbox"/> Carotid arteries (pulse amplitude, bruits) <input type="checkbox"/> Femoral arteries (pulse amplitude, bruits) <input type="checkbox"/> Abdominal aorta (size, bruits) <input type="checkbox"/> Extremities for edema and/or varicosities <input type="checkbox"/> Pedal pulses (pulse amplitude)
Chest (Breasts)	<input type="checkbox"/> Inspect breasts (symmetry/nipple discharge) <input type="checkbox"/> Palpate breasts & axillae (masses/lumps, tenderness)
GI (Abdomen)	<input type="checkbox"/> Examine abdomen with notation of presence of masses or tenderness <input type="checkbox"/> Examine liver and spleen <input type="checkbox"/> Examine for presence or absence of hernia <input type="checkbox"/> Examine (when indicated) anus, perineum and rectum, including sphincter tone, presence of hemorrhoids, rectal masses <input type="checkbox"/> Obtain stool sample for occult blood test when indicated
GU- Male	<input type="checkbox"/> Examine scrotal contents (hydrocele, spermatocele, tenderness of cord, testicular mass) <input type="checkbox"/> Examine penis <input type="checkbox"/> Digital rectal exam of prostate gland (size, symmetry, nodularity, tenderness)
GU-Female	Pelvic exam (with or without specimen collection for smears and cultures), including <input type="checkbox"/> Examine external genitalia and vagina <input type="checkbox"/> Examine urethra (masses, tenderness, scarring) <input type="checkbox"/> Examine bladder (fullness, masses, tenderness) <input type="checkbox"/> Cervix (general appearance, lesions, discharge) <input type="checkbox"/> Uterus (size, contour, position, mobility, tenderness, consistency, descent or support) <input type="checkbox"/> Adnexa/parametria (masses, tenderness, organomegaly, nodularity)
Lymphatic	Palpate lymph nodes in two or more areas: <input type="checkbox"/> Neck <input type="checkbox"/> Axillae <input type="checkbox"/> Groin <input type="checkbox"/> Other:
Musculoskeletal	<input type="checkbox"/> Examine gait and station <input type="checkbox"/> Inspect/palpate digits and nails Examine joints, bones and muscles of one or more of the following six areas: 1) head and neck; 2) spine, ribs and pelvis; 3) right upper extremity; 4) left upper extremity; 5) right lower extremity; and 6) left lower extremity. Such exam of any area includes: <input type="checkbox"/> Inspect/palpate, with notation of presence of any misalignment, asymmetry, crepitation, defects, tenderness, masses, effusions <input type="checkbox"/> Assess range of motion with notation of pain, crepitation or contracture <input type="checkbox"/> Assess stability with notation of any dislocation (luxation), subluxation or laxity <input type="checkbox"/> Assess muscle strength and tone with notation of any atrophy or abnormal movements
Skin	<input type="checkbox"/> Inspect skin and subcutaneous tissue (rashes, lesions, ulcers) <input type="checkbox"/> Palpate skin and subcutaneous tissue (induration, subcutaneous nodules, tightening)
Neurologic	<input type="checkbox"/> Test cranial nerves, noting any deficits <input type="checkbox"/> Examine sensation (touch/pin/vibration/proprioception) <input type="checkbox"/> Examine deep tendon reflexes, noting pathological reflexes (Babinski)
Psychiatric	<input type="checkbox"/> Description of patient's judgment and insight Brief assessment of mental status, including <input type="checkbox"/> Orientation to time, place and person <input type="checkbox"/> Recent and remote memory <input type="checkbox"/> Mood and affect (depression, anxiety, agitation)

Problem Focused:

One to Five bullets

Expanded Problem Focused:

At least six bullets

Detailed:

At least twelve bullets in **two or more** body areas/organ systems

Comprehensive

Perform all bullets in at least nine organ systems or body areas and **document at least two bullets** from **each of nine** areas or organ systems.

Cardiovascular - Single Organ Exam: 1997 Guidelines

System/Body Area	Elements (Bullets)
Constitutional	<input type="checkbox"/> Vitals (3 of 7): <input type="checkbox"/> Sitting/Standing BP <input type="checkbox"/> Supine BP <input type="checkbox"/> Respiration <input type="checkbox"/> Weight <input type="checkbox"/> Height <input type="checkbox"/> Temperature <input type="checkbox"/> Pulse rate & regularity <input type="checkbox"/> General appearance of patient (development, nutrition, body habitus, deformities, grooming)
Eyes	<input type="checkbox"/> Inspect conjunctivae and lids
ENT	<input type="checkbox"/> Inspect teeth, gums & palate <input type="checkbox"/> Exam oral mucosa, noting presence of pallor or cyanosis
Neck	<input type="checkbox"/> Exam jugular veins (distension; a, v or cannon a waves) <input type="checkbox"/> Exam thyroid (enlargement, tenderness, mass)
Respiratory	<input type="checkbox"/> Assess respiratory effort (intercostal retractions, use of accessory muscles, etc.) <input type="checkbox"/> Auscultation of lungs (breath sounds, adventitious sounds, rubs)
Cardiovascular	<input type="checkbox"/> Palpate heart (location, size and forcefulness of the point of maximal impact; thrills; lifts; palpable S3 or S4) <input type="checkbox"/> Auscultation of heart, noting abnormal sounds & murmurs <input type="checkbox"/> Carotid arteries (pulse amplitude, bruits) <input type="checkbox"/> Femoral arteries (pulse amplitude, bruits) <input type="checkbox"/> Abdominal aorta (size, bruits) <input type="checkbox"/> Extremities for edema and/or varicosities <input type="checkbox"/> Pedal pulses (pulse amplitude)
Chest (Breasts)	
GI (Abdomen)	<input type="checkbox"/> Examine abdomen with notation of presence of masses or tenderness <input type="checkbox"/> Examine liver and spleen <input type="checkbox"/> Obtain stool sample for occult blood test when indicated
GU	
Lymphatic	
Musculoskeletal	<input type="checkbox"/> Examine back with notation of kyphosis or scoliosis <input type="checkbox"/> Examine gait with notation of ability to undergo exercise testing and /or participation in exercise programs <input type="checkbox"/> Assess muscle strength and tone (flaccid, cog wheel, spastic) with notation of any atrophy and abnormal movements.
Skin	<input type="checkbox"/> Inspect and/or palpate skin and subcutaneous tissue (stasis dermatitis, ulcers, scars, xanthomas)
Neurological/ Psychiatric	Brief assessment of mental status, including <input type="checkbox"/> Orientation to time, place and person <input type="checkbox"/> Mood and affect (depression, anxiety, agitation)

Problem Focused:

One to Five bullets

Expanded Problem Focused:

At least six bullets

Detailed:

At least twelve bullets in **two or more** body areas/organ systems

Comprehensive:

Perform all bullets; document **every bullet** in **each box with a bolded border** and at least **one element** in **each box with an unbolded border**.

Eye - Single Organ: 1997 Guidelines

System/Body Area	Elements (Bullets)
Constitutional	
Head and Face	
Eyes	<input type="checkbox"/> Test visual acuity (excluding determining refractive error) <input type="checkbox"/> Gross visual field testing by confrontation <input type="checkbox"/> Test ocular motility including primary gaze alignment <input type="checkbox"/> Inspect bulbar and palpebral conjunctivae <input type="checkbox"/> Exam ocular adnexae including lids (eg, ptosis or lagophthalmos), lacrimal glands, lacrimal drainage, orbits and preauricular lymph nodes <input type="checkbox"/> Exam pupils and irises, including shape, direct and consensual reaction (afferent pupil), size (eg, anisocoria) and morphology <input type="checkbox"/> Slit lamp exam of the corneas including epithelium, stroma, endothelium, and tear film <input type="checkbox"/> Slit lamp exam of the anterior chambers including depth, cells, and flare <input type="checkbox"/> Slit lamp exam of the lenses including clarity, anterior and posterior capsule, cortex, and nucleus <input type="checkbox"/> Measurement of intraocular pressures (except in children and patients with trauma or infectious disease) Ophthalmoscopic exam through dilated pupils (unless contraindicated) of: <input type="checkbox"/> Optic discs including size, C/D ratio, appearance (eg, atrophy, cupping, tumor elevation) and nerve fiber layer <input type="checkbox"/> Posterior segments including retina and vessels (eg, exudates and hemorrhages)
ENT	
Neck	
Respiratory	
Cardiovascular	
Chest (Breasts)	
GI (Abdomen)	
GU	
Lymphatic	
Musculoskeletal	
Skin	
Neurological/ Psychiatric	Brief assessment of mental status, including <input type="checkbox"/> Orientation to time, place and person <input type="checkbox"/> Mood and affect (depression, anxiety, agitation)

Problem Focused:

One to Five bullets

Expanded Problem Focused:

At least six bullets

Detailed:

At least nine bullets

Comprehensive:

Perform all bullets; document **every bullet in each box with a bolded border** and at least **one element in each box with an unbolded border**.

Genitourinary - Single Organ: 1997 Guidelines

System/Body Area	Elements (Bullets)
Constitutional	<input type="checkbox"/> Vitals (3 of 7): <input type="checkbox"/> Sitting/Standing BP <input type="checkbox"/> Supine BP <input type="checkbox"/> Respiration <input type="checkbox"/> Weight <input type="checkbox"/> Height <input type="checkbox"/> Temperature <input type="checkbox"/> Pulse rate & regularity <input type="checkbox"/> General appearance of patient (development, nutrition, body habitus, deformities, grooming)
Eyes	
ENT	
Neck	<input type="checkbox"/> Exam neck (masses, overall appearance, symmetry, tracheal position, crepitus) <input type="checkbox"/> Exam thyroid (enlargement, tenderness, mass)
Respiratory	<input type="checkbox"/> Assess respiratory effort (intercostal retractions, use of accessory muscles, etc.) <input type="checkbox"/> Auscultation of lungs (breath sounds, adventitious sounds, rubs)
Cardiovascular	<input type="checkbox"/> Auscultation of heart, noting abnormal sounds & murmurs <input type="checkbox"/> Exam peripheral vascular system by observation (swelling, varicosities) and palpation (pulses, temperature, edema, tenderness)
GI (Abdomen)	<input type="checkbox"/> Examine abdomen with notation of presence of masses or tenderness <input type="checkbox"/> Examine liver and spleen <input type="checkbox"/> Examine for presence or absence of hernia <input type="checkbox"/> Obtain stool sample for occult blood test when indicated
GU- Male	<input type="checkbox"/> Inspect anus and perineum Exam (with or without specimen collection for smears and cultures) of genitalia including: <input type="checkbox"/> Scrotum (lesions, cysts, rashes) <input type="checkbox"/> Epididymides (size, symmetry, masses) <input type="checkbox"/> Testes (size, symmetry, masses) <input type="checkbox"/> Urethral meatus (size, location, lesions, discharge) <input type="checkbox"/> Penis (lesions, presence or absence of foreskin, foreskin retractability, plaque, masses, scarring, deformities) Digital rectal exam, including: <input type="checkbox"/> Prostate gland (size, symmetry, nodularity, tenderness) <input type="checkbox"/> Seminal vesicles (symmetry, tenderness, masses, enlargement) <input type="checkbox"/> Sphincter tone, presence of hemorrhoids, rectal masses
GU-Female	Includes at least seven of the following eleven elements identified by bullets: <input type="checkbox"/> Inspect and palpate breasts (masses, lumps, tenderness, symmetry, nipple discharge) <input type="checkbox"/> Digital rectal exam including sphincter tone, presence of hemorrhoids, rectal masses Pelvic exam (with or without specimen collection for smears and cultures), including <input type="checkbox"/> External genitalia (appear., hair distrib., lesions) <input type="checkbox"/> Urethra (masses, tenderness, scarring) <input type="checkbox"/> Urethral meatus (size, location, lesions, prolapse) <input type="checkbox"/> Anus and Perineum <input type="checkbox"/> Bladder (fullness, masses, tenderness) <input type="checkbox"/> Cervix (general appearance, lesions, discharge) <input type="checkbox"/> Uterus (size, contour, position, mobility, tenderness, consistency, descent or support) <input type="checkbox"/> Adnexa/parametria (masses, tenderness, organomegaly, nodularity) <input type="checkbox"/> Vagina (appearance, estrogen effect, discharge, lesions, pelvic support, cystocele, rectocele)
Lymphatic	<input type="checkbox"/> Palpate lymph nodes in neck, axillae, groin and /or other location
Musculoskeletal	
Skin	<input type="checkbox"/> Inspect and/or palpate skin and subcutaneous tissue (rashes, lesions, ulcers)
Neurological/ Psychiatric	Brief assessment of mental status, including <input type="checkbox"/> Orientation to time, place and person <input type="checkbox"/> Mood and affect (depression, anxiety, agitation)

Problem Focused:

One to Five bullets

Expanded Problem Focused:

At least six bullets

Detailed:

At least twelve bullets in **two or more** body areas/organ systems

Comprehensive:

Perform all bullets; document **every bullet** in **each box with a bolded border** and at least **one element** in **each box with an unbolded border**.

Hematologic/Lymphatic/Immunologic - Single Organ: 1997 Guidelines

System/Body Area	Elements (Bullets)
Constitutional	<input type="checkbox"/> Vitals (3 of 7): <input type="checkbox"/> Sitting/Standing BP <input type="checkbox"/> Supine BP <input type="checkbox"/> Respiration <input type="checkbox"/> Weight <input type="checkbox"/> Height <input type="checkbox"/> Temperature <input type="checkbox"/> Pulse rate & regularity <input type="checkbox"/> General appearance of patient (development, nutrition, body habitus, deformities, grooming)
Head and Face	<input type="checkbox"/> Palpate and/or percuss face with notation of presence or absence of sinus tenderness
Eyes	<input type="checkbox"/> Inspect conjunctivae and lids
ENT	<input type="checkbox"/> Otoscope exam of external auditory canals and tympanic membranes <input type="checkbox"/> Inspect nasal mucosa, septum and turbinates <input type="checkbox"/> Inspect teeth and gums <input type="checkbox"/> Exam of oropharynx (oral mucosa, hard/soft palates, tongue, tonsils, posterior pharynx)
Neck	<input type="checkbox"/> Exam neck (masses, overall appearance, symmetry, tracheal position, crepitus) <input type="checkbox"/> Exam thyroid (enlargement, tenderness, mass)
Respiratory	<input type="checkbox"/> Assess respiratory effort (intercostal retractions, use of accessory muscles, etc.) <input type="checkbox"/> Auscultation of lungs (breath sounds, adventitious sounds, rubs)
Cardiovascular	<input type="checkbox"/> Auscultation of heart, noting abnormal sounds & murmurs <input type="checkbox"/> Exam peripheral vascular system by observation (swelling, varicosities) and palpation (pulses, temperature, edema, tenderness)
Chest (Breasts)	
GI (Abdomen)	<input type="checkbox"/> Examine abdomen with notation of presence of masses or tenderness <input type="checkbox"/> Examine liver and spleen
Genitourinary	
Lymphatic	<input type="checkbox"/> Palpate lymph nodes in neck, axillae, groin and /or other location
Musculoskeletal	
Skin	<input type="checkbox"/> Inspect and/or palpate skin and subcutaneous tissue (rashes, lesions, ulcers)
Neurological/ Psychiatric	Brief assessment of mental status, including <input type="checkbox"/> Orientation to time, place and person <input type="checkbox"/> Mood and affect (depression, anxiety, agitation)

Problem Focused:

One to Five bullets

Expanded Problem Focused:

At least six bullets

Detailed:

At least twelve bullets in **two or more** body areas/organ systems

Comprehensive:

Perform all bullets; document **every bullet** in **each box with a bolded border** and at least **one element** in **each box with an unbolded border**.

Musculoskeletal - Single Organ: 1997 Guidelines

System/Body Area	Elements (Bullets)
Constitutional	<input type="checkbox"/> Vitals (3 of 7): <input type="checkbox"/> Sitting/Standing BP <input type="checkbox"/> Supine BP <input type="checkbox"/> Respiration <input type="checkbox"/> Weight <input type="checkbox"/> Height <input type="checkbox"/> Temperature <input type="checkbox"/> Pulse rate & regularity <input type="checkbox"/> General appearance of patient (development, nutrition, body habitus, deformities, grooming)
Eyes	
ENT	
Neck	
Respiratory	
Cardiovascular	<input type="checkbox"/> Exam peripheral vascular system by observation (swelling, varicosities) and palpation (pulses, temperature, edema, tenderness)
Chest (Breasts)	
GI (Abdomen)	
GU	
Lymphatic	<input type="checkbox"/> Palpate lymph nodes in neck, axillae, groin and/or other location.
Musculoskeletal	<input type="checkbox"/> Examine gait and station Examine joints, bones and muscles/tendons of four of the following six areas: 1) head and neck; 2) spine, ribs and pelvis; 3) right upper extremity; 4) left upper extremity; 5) right lower extremity; and 6) left lower extremity. Such exam of any area includes: <ul style="list-style-type: none"> <input type="checkbox"/> Inspect, percuss, and/or palpate, with notation of presence of any misalignment, asymmetry, crepitation, defects, tenderness, masses, effusions <input type="checkbox"/> Assess range of motion with notation of any pain (straight leg raising), crepitation or contracture <input type="checkbox"/> Assess stability with notation of any dislocation (luxation), subluxation or laxity <input type="checkbox"/> Assess muscle strength and tone (flaccid, cog wheel, spastic) with notation of any atrophy or abnormal movements NOTE: For the comprehensive level of exam, all four of the elements identified by a bullet must be performed and documented for each of four anatomic areas. For the three lower levels of exam, each element is counted separately for each body area. For example, assessing range of motion in two extremities = two bullets.
Skin	<input type="checkbox"/> Inspect and /or palpate skin and subcutaneous tissue (scars, rashes, lesions, café-au-lait spots, ulcers) in four of the following six areas: 1) head and neck; 2) trunk; 3) right upper extremity; 4) left upper extremity; 5) right lower extremity; and 6) left lower extremity. NOTE: For the comprehensive level, the exam of all four anatomic areas must be performed and documented. For the three lower levels of exam, each body area is counted separately. For example, inspection and/or palpation of the skin and subcutaneous tissue of two extremities = two bullets.
Neurologic/ Psychiatric	<input type="checkbox"/> Test coordination (finger/nose, heel/knee/shin, rapid alternating movements in the upper and lower extremities, evaluation of fine motor coordination in young children) <input type="checkbox"/> Examine deep tendon reflexes, noting pathological reflexes (Babinski) <input type="checkbox"/> Examine sensation (by touch, pin, vibration, proprioception) Brief assessment of mental status, including <ul style="list-style-type: none"> <input type="checkbox"/> Orientation to time, place and person <input type="checkbox"/> Mood and affect (depression, anxiety, agitation)

Problem Focused:

One to Five bullets

Expanded Problem Focused:

At least six bullets

Detailed:

At least twelve bullets in **two or more** body areas/organ systems

Comprehensive:

Perform all bullets; document **every bullet** in **each box with a bolded border** and at least **one element** in **each box with an unbolded border**.

Neurological - Single Organ: 1997 Guidelines

System/Body Area	Elements (Bullets)
Constitutional	<input type="checkbox"/> Vitals (3 of 7): <input type="checkbox"/> Sitting/Standing BP <input type="checkbox"/> Supine BP <input type="checkbox"/> Respiration <input type="checkbox"/> Weight <input type="checkbox"/> Height <input type="checkbox"/> Temperature <input type="checkbox"/> Pulse rate & regularity <input type="checkbox"/> General appearance of patient (development, nutrition, body habitus, deformities, grooming)
Eyes	<input type="checkbox"/> Ophthalmoscopic exam of optic discs (size, C/D ratio, appearance) and posterior segments (vessel changes, exudates, hemorrhages)
ENT	
Neck	
Respiratory	
Cardiovascular	<input type="checkbox"/> Carotid arteries (pulse amplitude, bruits) <input type="checkbox"/> Auscultation of heart, noting abnormal sounds & murmurs <input type="checkbox"/> Exam of peripheral vascular system by observation (swelling, varicosities) and palpation (pulses, temperature, edema, tenderness)
Chest (Breasts)	
GI (Abdomen)	
GU	
Lymphatic	
Musculoskeletal	<input type="checkbox"/> Examine gait and station Assessment of motor function including: <input type="checkbox"/> Muscle strength in upper and lower extremities <input type="checkbox"/> Muscle tone in upper and lower extremities (flaccid, cog wheel, spastic) with notation of any atrophy or abnormal movements (fasciculation, tardive dyskinesia)
Skin	
Neurological	Evaluation of higher integrative functions including <input type="checkbox"/> Orientation to time, place and person <input type="checkbox"/> Recent and remote memory <input type="checkbox"/> Attention span and concentration <input type="checkbox"/> Language (naming objects, repeating phrases, etc) <input type="checkbox"/> Fund of knowledge (awareness of current events, past history, vocabulary) Test the following cranial nerves <input type="checkbox"/> 2 nd nerve (visual acuity, visual fields, fundi) <input type="checkbox"/> 3 rd , 4 th , & 6 th nerves (pupils, eye movement) <input type="checkbox"/> 5 th nerve (facial sensation, corneal reflexes) <input type="checkbox"/> 7 th nerve (facial symmetry, strength) <input type="checkbox"/> 8 th nerve (hearing with tuning fork, whispered voice and/or finger rub) <input type="checkbox"/> 9 th nerve (spontaneous or reflex palate movement) <input type="checkbox"/> 11 th nerve (shoulder shrug strength) <input type="checkbox"/> 12 th nerve (tongue protrusion) <input type="checkbox"/> Examine sensation (by touch, pin, vibration, proprioception) <input type="checkbox"/> Examine deep tendon reflexes in upper and lower extremities, noting pathological reflexes (Babinski) <input type="checkbox"/> Test coordination (finger/nose, heel/knee/shin, rapid alternating movements in the upper and lower extremities, evaluation of fine motor coordination in young children).
Psychiatric	

Problem Focused:

One to Five bullets

Expanded Problem Focused:

At least six bullets

Detailed:

At least twelve bullets in **two or more** body areas/organ systems

Comprehensive:

Perform all bullets; document **every bullet** in **each box with a bolded border** and at least **one element** in **each box with an unbolded border**.

Psychiatric - Single Organ: 1997 Guidelines

System/Body Area	Elements (Bullets)
Constitutional	<input type="checkbox"/> Vitals (3 of 7): <input type="checkbox"/> Sitting/Standing BP <input type="checkbox"/> Supine BP <input type="checkbox"/> Respiration <input type="checkbox"/> Weight <input type="checkbox"/> Height <input type="checkbox"/> Temperature <input type="checkbox"/> Pulse rate & regularity <input type="checkbox"/> General appearance of patient (development, nutrition, body habitus, deformities, grooming)
Head and Face	
Eyes	
ENT	
Neck	
Respiratory	
Cardiovascular	
Chest (Breasts)	
GI (Abdomen)	
GU	
Lymphatic	
Musculoskeletal	<input type="checkbox"/> Examine gait and station <input type="checkbox"/> Assessment of muscle strength and tone (flaccid, cog wheel, spastic) with notation of any atrophy and abnormal movements
Extremities	
Skin	
Neurological	
Psychiatric	<input type="checkbox"/> Description of speech including: rate; volume; articulation; coherence; and spontaneity with notation of abnormalities (eg, perseveration, paucity of language) <input type="checkbox"/> Description of thought processes including: rate of thoughts; content of thoughts (eg, logical vs. illogical, tangential); abstract reasoning; and computation. <input type="checkbox"/> Description of associations (eg, loose, tangential, circumstantial, intact) <input type="checkbox"/> Description of abnormal or psychotic thoughts including: hallucinations; delusions; preoccupation with violence; homicidal or suicidal ideation; and obsessions. <input type="checkbox"/> Description of the patient's judgment (eg, concerning everyday activities and social situations) and insight (eg, concerning psychiatric condition) Complete mental status exam, including: <input type="checkbox"/> Orientation to time, place and person. <input type="checkbox"/> Recent and remote memory <input type="checkbox"/> Attention span and concentration <input type="checkbox"/> Language (eg, naming objects, repeating phrases) <input type="checkbox"/> Fund of knowledge (eg, awareness of current events, past history, vocabulary) <input type="checkbox"/> Mood and affect (eg, depression, anxiety, agitation, hypomania, lability)

Problem Focused:

One to Five bullets

Expanded Problem Focused:

At least six bullets

Detailed:

At least nine bullets

Comprehensive:

Perform all bullets; document **every bullet** in each box with a **bolded border** and at least **one element** in each box with an **unbolded border**.

Respiratory - Single Organ: 1997 Guidelines

System/Body Area	Elements (Bullets)
Constitutional	<input type="checkbox"/> Vitals (3 of 7): <input type="checkbox"/> Sitting/Standing BP <input type="checkbox"/> Supine BP <input type="checkbox"/> Respiration <input type="checkbox"/> Weight <input type="checkbox"/> Height <input type="checkbox"/> Temperature <input type="checkbox"/> Pulse rate & regularity <input type="checkbox"/> General appearance of patient (development, nutrition, body habitus, deformities, grooming)
Eyes	
ENT	<input type="checkbox"/> Inspect nasal mucosa, septum and turbinates <input type="checkbox"/> Inspect teeth and gums <input type="checkbox"/> Examine oropharynx (oral mucosa, hard/soft palates, tongue, tonsils & posterior pharynx).
Neck	<input type="checkbox"/> Examine neck (masses, overall appearance, symmetry, tracheal position, crepitus) <input type="checkbox"/> Examine thyroid (enlargement, tenderness, mass) <input type="checkbox"/> Examine jugular veins (distension; a, v or cannon a waves)
Respiratory	<input type="checkbox"/> Inspect chest, noting symmetry and expansion <input type="checkbox"/> Assess respiratory effort (intercostal retractions, use of accessory muscles, diaphragmatic movement) <input type="checkbox"/> Percussion of chest (dullness, flatness, hyperresonance) <input type="checkbox"/> Palpate chest (tactile fremitus) <input type="checkbox"/> Auscultation of lungs (breath sounds, adventitious sounds, rubs)
Cardiovascular	<input type="checkbox"/> Auscultation of heart, noting abnormal sounds & murmurs <input type="checkbox"/> Examine peripheral vascular system by observation (swelling, varicosities) and palpation (pulses, temperature, edema, tenderness)
Chest (Breasts)	
GI (Abdomen)	<input type="checkbox"/> Examine abdomen with notation of presence of masses or tenderness <input type="checkbox"/> Examine liver and spleen
GU	
Lymphatic	<input type="checkbox"/> Palpate lymph nodes in neck, axillae, groin and/or other location
Musculoskeletal	<input type="checkbox"/> Examine gait and station <input type="checkbox"/> Assess muscle strength and tone (flaccid, cog wheel, spastic), noting any atrophy and abnormal movements
Extremities	<input type="checkbox"/> Inspect and palpate digits and nails (clubbing, cyanosis, inflammation, petechiae, ischemia, infections, nodes)
Skin	<input type="checkbox"/> Inspect and/or palpate skin and subcutaneous tissue (eg, rashes, lesions, ulcers)
Neurological/ Psychiatric	Brief assessment of mental status, including <input type="checkbox"/> Orientation to time, place and person <input type="checkbox"/> Mood and affect (depression, anxiety, agitation)

Problem Focused:

One to Five bullets

Expanded Problem Focused:

At least six bullets

Detailed:

At least twelve bullets in **two or more** body areas/organ systems

Comprehensive:

Perform all bullets; document **every bullet** in **each box with a bolded border** and at least **one element** in **each box with an unbolded border**.

Skin - Single Organ: 1997 Guidelines

System/Body Area	Elements (Bullets)
Constitutional	<input type="checkbox"/> Vitals (3 of 7): <input type="checkbox"/> Sitting/Standing BP <input type="checkbox"/> Supine BP <input type="checkbox"/> Respiration <input type="checkbox"/> Weight <input type="checkbox"/> Height <input type="checkbox"/> Temperature <input type="checkbox"/> Pulse rate & regularity <input type="checkbox"/> General appearance of patient (development, nutrition, body habitus, deformities, grooming)
Head and Face	
Eyes	<input type="checkbox"/> Inspect conjunctivae and lids
ENT	<input type="checkbox"/> Inspect lips, teeth and gums <input type="checkbox"/> Exam of oropharynx (oral mucosa, hard/soft palates, tongue, tonsils, posterior pharynx)
Neck	<input type="checkbox"/> Exam thyroid (enlargement, tenderness, mass)
Respiratory	
Cardiovascular	<input type="checkbox"/> Exam peripheral vascular system by observation (swelling, varicosities) and palpation (pulses, temperature, edema, tenderness)
Chest (Breasts)	
GI (Abdomen)	<input type="checkbox"/> Examine liver and spleen <input type="checkbox"/> Exam of anus for condyloma and other lesions
GU	
Lymphatic	<input type="checkbox"/> Palpate lymph nodes in neck, axillae, groin and /or other location
Extremities	<input type="checkbox"/> Inspect and palpate digits and nails (clubbing, cyanosis, inflammation, petechiae, ischemia, infections, nodes)
Skin	<input type="checkbox"/> Palpate scalp and inspect hair of scalp, eyebrows, face, chest, pubic area (when indicated) & extremities Inspect and/or palpate skin and subcutaneous tissue (rashes, lesions, ulcers, susceptibility to and presence of photo damage) in eight of the following 10* areas : <input type="checkbox"/> Head, including face <input type="checkbox"/> Neck <input type="checkbox"/> Chest, including breasts and axillae <input type="checkbox"/> Genitalia, groin, buttocks <input type="checkbox"/> Abdomen <input type="checkbox"/> Back <input type="checkbox"/> Right Upper Extremity <input type="checkbox"/> Left Upper Extremity <input type="checkbox"/> Right Lower Extremity <input type="checkbox"/> Left Lower Extremity *NOTE: For the comprehensive level, the exam of at least eight anatomic areas must be performed and documented. For the three lower levels of exam, each body area is counted separately. For example, inspection and/or palpation of the skin and subcutaneous tissue of the right upper extremity and the left upper extremity constitutes two elements. <input type="checkbox"/> Inspection of eccrine and apocrine glands of skin and subcutaneous tissue with identification and location of any hyperhidrosis, chromhidroses or bromhidrosis.
Neurological/ Psychiatric	Brief assessment of mental status, including <input type="checkbox"/> Orientation to time, place and person <input type="checkbox"/> Mood and affect (depression, anxiety, agitation)

Problem Focused:

One to Five bullets

Expanded Problem Focused:

At least six bullets

Detailed:

At least twelve bullets in **two or more** body areas/organ systems

Comprehensive:

Perform all bullets; document **every bullet** in **each box with a bolded border** and at least **one element** in **each box with an unbolded border**.

Audit Worksheet - Operations/Procedures/OB Deliveries

1. Provider's Initials: _____ Audit #: _____ DOS: _____
2. Patient's Name & Acct. #: _____
3. Payer: Medicare Medicaid Other Fed. Private/Other
4. CPT/HCPCS Code(s) Billed: _____
5. Are all CPT/HCPCS codes correct? Yes No
6. If #5 is No, what code(s) are incorrect and why? _____
-
7. ICD-9/Diagnoses Listed: _____
8. Are the ICD-9 codes supported by the documentation? Yes No
9. If #8 is No, explain and provide proper ICD-9: _____
-
10. Is a Medicare ABN required? Yes No
11. If #10 is Yes, was one obtained? Yes No
12. Were modifiers appropriately used? N/A Yes No
13. If #12 is No, explain: _____
14. Type of Service Provided:
 Surgery/Endoscopic Operation Diagnostic Endoscopy OB Delivery
15. Was a Resident involved in the procedure? Yes No
16. If #15 is No, STOP. If yes, continue to #17.
17. Was Teaching Physician (TP) presence documented? Yes No
18. If OB delivery and global delivery code was billed, is there documentation that the TP was present during the pre and post partum for the minimum number of visits? Yes No
19. TP was present during the: Entire Procedure – Go to #22
 Key portions of 1 or 2 overlapping procedures – Go to #20
20. If TP was present during the key portions of one or two overlapping procedures, were the key portions documented by the TP? Yes No
21. Was another physician identified as immediately available during the key portions¹? Yes No
22. Did TP document presence during one or more post-operative visits? Yes No
-
23. For diagnostic scope procedures, does the documentation reflect that the TP was present during insertion, viewing and removal of the scope? N/A Yes No

Auditor's Name: _____ Date: _____

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NOTES

¹ For a single procedure, the TP present for the key portions can be immediately available during the rest of the procedure.

Auditors' Worksheet - Psychiatry (Not E/M)

1. Provider's Initials: _____ Audit # _____ DOS: _____
2. Patient's Name & Acct.#: _____
3. Payer: Medicare Medicaid Other Fed. Private/Other
4. CPT/HCPSC Code(s) Billed on DOS: _____
5. Are all CPT/HCPSC Code billed correct, including time? Yes No
Time In: _____ Time Out: _____ Total Time: _____
6. For non time based psychiatry services, is there sufficient documentation to support the code, according to payer/CPT standards? Yes No
7. If #'s 5 or 6 are No, what codes(s) should or should not have been billed and why?

8. ICD-9 Listed: _____
9. Are the ICD-9 codes supported by the documentation? Yes No
10. If #9 is No, explain and provide proper ICD-9:

11. Were modifiers appropriately used? N/A Yes No
12. If #11 is "No", explain? _____
13. Was a Resident involved? Yes No
14. If #13 is yes, for Medicare and non-waived payers did the Teaching Physician personally document his/her presence and/or participation during the key portions? Yes No
15. If group psychotherapy, is medical necessity documented? Yes No
16. If teaching physician is supervising a resident under University waiver (i.e. Medicaid, etc.) has teaching physician reviewed the patient encounters within the time period(s) required by the payer? What is the time period? _____ Yes No

IF THE PROVIDER IS A CLINICAL PSYCHOLOGIST AND THE PAYER IS MEDICARE, ANSWER THE FOLLOWING QUESTIONS.

17. Did the Provider document that he/she informed the patient of the desirability of conferring with the patient's attending or PCP to consider potential medical conditions contributing to the patient's condition? Yes No
18. If the patient consented, did the provider consult the patient's attending or PCP? Yes No
19. If #18 is yes, did the provider consult with the patient's physician within a reasonable time after receiving consent? Yes No

Auditor's Name: _____

Date: _____

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NOTES

AUDITOR'S WORKSHEET - RADIOLOGY

1. Physician's Initials: _____ Audit # _____ DOS: _____
2. Patient Name & Acct. No.: _____
3. Payor: Medicare Medicaid Other Fed. Private
4. CPT/HCPCS Code(s) Billed: _____
5. Are all CPT/HCPCS Code correct? Yes No
6. If #5 is No, what code(s) are incorrect and why? _____
-
7. Diagnosis/ICD-9 codes listed: _____
8. Are the ICD-9 codes supported by the documentation? Yes No
9. If #8 is No, explain and provide proper ICD9: _____
-
10. If the procedure required the service of a surgeon in addition to the radiologist, was either modifier "-66" or "-62" used? Yes No
11. Were modifiers appropriately used? Yes No
12. If #11 is No, explain: _____
13. Is a Medicare ABN required? Yes No
14. If #13 is yes, was one obtained? Yes No
15. Is there a written report of the interpretation? Yes No
16. Is the teaching physician's signature the only one on the interpretation? If yes, stop here. Yes No
17. Did a resident dictate the report? Yes No
18. If #17 is yes, does the documentation indicate that the teaching physician personally reviewed the image and the resident's interpretation and either agrees with or edits the findings? Yes No

Auditor's Name: _____

Date: _____

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NOTES

AUDITOR'S WORKSHEET - ANESTHESIOLOGY

A. General Information

1. Physician's Initials: _____ Audit #: _____ DOS: _____
2. Patient's Name & Acct # _____
3. Payer: _____
4. CPT code(s) billed: _____
5. Are all CPT/HCPCS codes correct? Yes No
6. If #5 is No, what code(s) are incorrect and why? _____

7. ICD-9/Diagnoses Listed: _____
8. Are the ICD-9 codes supported by the documentation? Yes No
9. If #8 is No, explain and provide proper ICD-9: _____

10. As applicable for this service, please identify the following:
 a. Start: _____ Stop: _____ Total time: _____
11. Were services: Personally Provided Medically Directed
 Non-medically Directed CRNA
12. Physical status modifier used _____
13. If P-3 or higher, is supporting diagnosis/condition listed in documentation?
 Yes No If No, mark C-2.
14. Other Modifier(s). What modifier(s), if any, were used? _____
 Were they appropriate? Yes No
 If No, mark A-3 and provide modifier(s) that should have been used? _____ Why? _____
15. Did the anesthesiologist perform the entire, single anesthesia service alone? If yes, proceed to Section B Yes No
16. If #15 is No, was the Anesthesiologist involved in one case (1/1) with H.O.? Yes No
 If #16 is No, proceed to question #18 to address medical direction issues.
17. If #16 is Yes, and a H, O. is involved, is there sufficient documentation that the Anesthesiologist was physically present during, or participated in, all critical (or key) portions of the procedure including induction and emergence? Yes No
 If #17 is No, stop here and mark B-1. If #17 is Yes, proceed to Part B.

MEDICAL DIRECTION (Do not answer if #16 is Yes.)

18. Did the Anesthesiologist medically direct qualified individuals (CRNA's or residents) involved in concurrent cases? Yes No
19. If #18 is yes, did the Anesthesiologist medically direct >4 cases? If Yes, mark A-4 if billed. Yes No
20. If #18 is Yes, please identify how many? _____. List the times of all concurrent procedures below and then proceed to Part B.

	M. R. #	Start Time	End Time	H.O./CRNA
Procedure Under Audit				
2 nd Procedure				
3 rd Procedure				
4 th Procedure				

B. Documentation

Were the services: Personally performed? Medically Directed?

Does the Documentation reflect (as applicable) that the Anesthesiologist:

1. Performed the pre-anesthetic exam and evaluation? Yes No
2. Prescribed the anesthesia plan? Yes No
3. Personally participated in the most demanding procedure in the anesthesia plan, including induction and emergence, if applicable? Yes No
4. Ensured that any procedures in the anesthesia plan that the Anesthesiologist did not perform were performed by a qualified individual? (*Medical Direction Only*) Yes No
5. Monitored the course of anesthesia administration at frequent intervals? (*Medical Direction Only*) Yes No
6. Remained physically present and available for immediate diagnosis and treatment of emergencies? (*Medical Direction Only*) Yes No
7. Provided indicated post-anesthesia care? Yes No

Answer only if the services were provided by a non-medically directed CRNA.

Does the documentation reflect that the CRNA:

8. Performed the pre-anesthetic exam and evaluation? Yes No
9. Prescribed the anesthesia plan? Yes No
10. Personally participated in the most demanding procedure in the anesthesia plan, including induction and emergence, if applicable? Yes No
11. Provided indicated post-anesthesia care? Yes No

If any answer in this section B is No, mark B-5.

C. Other Items

1. Did another Anesthesiologist/Non-medically directed CRNA take over during the procedure(s)? Yes No
2. If #C.1 is Yes, was this documented with a stop time for the replaced Anesthesiologist/CRNA and start time for the new Anesthesiologist/CRNA? If No, mark B-5. Yes No
3. If #C.1 is Yes, were the services reported for the Anesthesiologist/CRNA who was involved in more than 50% of the case/medical direction period? If No, mark D-5. Yes No
4. Did the Anesthesiologist perform any other services while providing medically directed services? Yes No
5. If #C.4 is Yes, and these services were billed, were they an emergency of short duration or labor epidural/caudal? If no, mark A-4. Yes No
6. Were any billable services provided that were not billed? If Yes, mark A-5. Yes No
7. Were any services billed, but not documented as being provided? If Yes, mark A-6. Yes No

Auditor's Name _____ Date _____

CMS SCENARIO #1 - E/M Services

The Teaching Physician personally performs all the required elements of an E/M service without a resident. In this scenario the resident may or may not have performed the E/M service independently.

- **No Resident Note.** In the absence of a note by a resident, the Teaching Physician must document as he/she would document an E/M service in a non-teaching setting.
- **Resident Note.** Where a resident has written notes, the Teaching Physician's note may reference the resident's note. The Teaching Physician must document that he/she performed the critical or key portion(s) of the service and that he/she was directly involved in the management of the patient.

Examples of Minimally Acceptable Documentation

- **Admitting Note:** "I performed a history and physical examination of the patient and discussed his management with the resident. I reviewed the resident's note and agree with the documented findings and plan of care."
- **Follow-up Visit:** "Hospital Day #3. I saw and evaluated the patient. I agree with the findings and the plan of care as documented in the resident's note."
- **Follow-up Visit:** "Hospital Day #5. I saw and examined the patient. I agree with the resident's note, except the heart murmur is louder, so I will obtain an echo to evaluate."

NOTE: In any of these situations, if there are no resident's notes, the Teaching Physician must document as he/she would document an E/M service in a non-teaching setting.

CMS SCENARIO #2 - E/M Services

The resident performs the elements required for an E/M service in the presence of, or jointly with, the teaching physician and the resident documents the service. In this case, the Teaching Physician must document that he/she was present during the performance of the critical or key portion(s) of the service and that he/she was directly involved in the management of the patient. The Teaching Physician's note should reference the resident's note. For payment, the composite of the Teaching Physician's entry and the resident's entry together must support the medical necessity and the level of the service billed by the Teaching Physician.

Examples of Minimally Acceptable Documentation:

- **Initial or Follow-up Visit:** "I was present with resident during the history and exam. I discussed the case with the resident and agree with the findings and plan as documented in the resident's note."
- **Follow-up Visit:** "I saw the patient with the resident and agree with the resident's findings and plan."

CMS SCENARIO #3 - E/M Services

The resident performs some or all of the required elements of the service in the absence of the Teaching Physician and documents his/her service. The Teaching Physician independently performs the critical or key portion(s) of the service with or without the resident present and, as appropriate, discusses the case with the resident. In this instance, the Teaching Physician must document that he/she personally saw the patient, personally performed critical or key portions of the service, and participated in the management of the patient. The Teaching Physician's note should reference the resident's note. For payment, the composite of the Teaching Physician's entry and the resident's entry together must support the medical necessity of the billed service and the level of the service billed by the Teaching Physician.

Examples of Minimally Acceptable Documentation:

- **Initial Visit:** "I saw and evaluated the patient. I reviewed the resident's note and agree, except that picture is more consistent with pericarditis than myocardial ischemia. Will begin NSAIDs."
- **Initial or Follow-up Visit:** "I saw and evaluated the patient. Discussed with resident and agree with resident's findings and plan as documented in the resident's note."
- **Follow-up Visit:** "See resident's note for details. I saw and evaluated the patient and agree with the resident's finding and plan as written."
- **Follow-up Visit:** "I saw and evaluated the patient. Agree with resident's note but lower extremities are weaker, now 3/5; MRI of L/S Spin today."

CMS EXAMPLES OF UNACCEPTABLE TEACHING PHYSICIAN DOCUMENTATION

- "Agree with above.", followed by legible countersignature or identity.
- "Rounded, Reviewed, Agree.", followed by legible countersignature or identity.
- "Discussed with resident. Agree.", followed by legible countersignature or identity.
- "Seen and agree", followed by legible countersignature or identity.
- "Patient seen and evaluated", followed by legible countersignature or identity.
- A legible countersignature or identity alone.

This type of documentation is not acceptable, because the documentation does not make it possible to determine whether the teaching physician was present, evaluated the patient, and/or had any involvement in the plan of care.

Departmental Audit Report Summary Sheet

Quarter Audited: First Second Third Fourth

Department: _____

Providers audited: (Last name, First name initial)

Unique/outstanding findings which might indicate a pattern and/or suggest additional review:

Corrective actions necessary due to findings for this quarter:

Corrective actions completed for previous quarter(s):

Provider	<u>Quarter</u>	<u>Type of Action</u>	<u>Date Completed</u>

Charge tickets reviewed/verified for each provider/area audited? Yes No

Pathology only: Was an OIG sanction check completed? Yes No

Other notes:

(Attach additional information as necessary)

Seven Elements of a Medicare IPPE

Element 1: Review the beneficiary's **medical and social history** with attention to modifiable risk factors for disease.

Medical History. At a minimum, this must include:

- a. Past medical and surgical history, including experiences with illnesses, hospital stays, operations, allergies, injuries and treatments.
- b. Current medications and supplements, including calcium and vitamins.
- c. Family history, including a review of medical events in the beneficiary's family, including diseases that may be hereditary or place the individual at risk.

Social History. At a minimum, this must include:

- a. History of alcohol, tobacco, and illicit drug use.
- b. Diet.
- c. Physical Activities.

Element 2. Review the beneficiary's potential (risk factors) for depression, including current or past experiences with depression or other mood disorders, based on the use of an appropriate screening instrument for persons without a current diagnosis of depression, which the provider may select from various available standardized screening tests designed for this purpose and recognized by national professional medical organizations.

Element 3. Review the beneficiary's functional ability and level of safety based on the use of appropriate screening questions or a screening questionnaire, which the provider may select from various available screening questions or standardized questionnaires designed for this purpose and recognized by national professional medical organizations. This review must include, at a minimum, a review of the following areas:

- a. Hearing impairment. (Excludes diagnostic hearing tests, which are separately covered under Medicare).
- b. Activities of daily living.
- c. Falls risk.
- d. Home safety.

Element 4. An exam, to include measurement of the beneficiary's height, weight, blood pressure, a visual acuity screen, and other factors as deemed appropriate, based on the beneficiary's medical and social history, and current clinical standards.

Element 5. Performance and interpretation of an electrocardiogram. This screening electrocardiogram can be referred to another practitioner for performance and/or interpretation. If the provider does not perform or interpret the ECG, then he/she would only bill the G0344 code, but would still need to incorporate the results of the EKG into the beneficiary's medical record to complete the IPPE. The provider of the IPPE related

APPENDIX M

EKG would report one of the following: (i) G0366 (tracing and interpretation), (ii) G0367 (tracing only), or (iii) G0368 (interpretation and report only)

Element 6. Education, counseling, and referral, as deemed appropriate by the provider, based on the results of the review and evaluation services as outlined above.

Element 7. Education, counseling, and referral, including a brief written plan such as a checklist provided to the beneficiary for obtaining the appropriate screening and other preventive services that are separately covered by Medicare.