

USC Chart Review Worksheet Sample

Claim Adjustment? Yes No (Circle One)

Auditor:	Date:	Physician:	Specialty:
Pt. Name:	MR#:	Billed DOS:	Documented DOS:

Billed Dx Codes:	Dx 1:	Dx 2:	Dx 3:	Dx 4:
Rec Dx Codes:	Dx 1:	Dx 2:	Dx 3:	Dx 4:
<i>E/M Service:</i>	<i>Billed</i>	- (modifier)	<i>Recommended:</i>	- (modifier)

History			Physical Examination				Medical Decision Making							
HPI: Location Duration Timing Severity Quality Mod Factors Signs/Sympt. Context			Constitutional: *3 of :sit/stand BP, sup BP, temp, pulse rate, resp, ht, wt *general appearance Eyes: *conjunctivae/lids *pupils/lens *optic discs ENMT: *ext exam ears/nose *ext aud canal/tymp membrane *hearing assessment *nasal mucosa/septum/ turbinates *lips/teeth/gums *oropharynx Neck: *neck (masses, symmetry, etc.) *thyroid Respiratory: *resp effort *chest percussion *chest palpation *auscultation lungs Cardiovascular: *palpation heart *auscultation exam of * carotid arteries * femoral arteries * abdominal aorta * pedal pulses * extremities Chest: *inspection breast * palpation breast/axillae				GI: *Abdominal *Liver/spleen *Hernia *Stool Sample taken *Anus/Perineum/Rectum GU: Male Female *scrotom *ext genitalia *penis *urethra *DRE/ *bladder prostate *cervix *uterus *adnexa/ parametria Lymphatic: *2 of neck,axilla,groin,other Musculoskeletal: *gait/station *digits/nails *exam of jt, bone,musc (1+) 1)head/neck 2)spine/rib/pelvis 3-4)rt/lt upper ext 5-6)rt/lt low ext Skin: *inspect skin/subc tissue *palpation skin/subc tissue Neurologic: *cranial nerves *sensation *deep tendon reflexes Psychiatric: *judgment/insight MSE: *orientation *remote &recent memory *mood & affect				Dx/Mgt: Self Lim/Minor ___x1=___(Max 2) Est Prob Stable ___x1=___ Est Prob Worsening ___x2=___ New Prob No W/U ___x3=___(Max 1) New Prob Add W/U ___x4=___ TOTAL: _____ Data: Lab Tests 1 X-ray 1 Med 1 Discuss test results 1 Obtain old MR 1 Case Hx-other source 2 Drs. Visual test/study 2 TOTAL: _____ Physical Presence: <input type="checkbox"/> Clearly Documented <input type="checkbox"/> Not Documented <input type="checkbox"/> Co-signature <input type="checkbox"/> Electronic Signature <input type="checkbox"/> Unclear <input type="checkbox"/> Other: Documented by: <input type="checkbox"/> Attending Only <input type="checkbox"/> Attending with Resident <input type="checkbox"/> Medical Student <input type="checkbox"/> Other: _____ <input type="checkbox"/> Documented - not signed by Attending E/M Criteria: <input type="checkbox"/> General Multi-specialty <input type="checkbox"/> Specialty exam: (see attached) _____ Time as E/M factor: <input type="checkbox"/> If Yes, explain: _____			
Consults: Request in record? <input type="checkbox"/> Yes <input type="checkbox"/> No Report Provided? <input type="checkbox"/> Yes <input type="checkbox"/> No Render Opinion? <input type="checkbox"/> Yes <input type="checkbox"/> No														

HX:	Foc	Exp	Detail	Comp	FOC	EXP	DET	COMP	MDM	Sfwd	Low	Mod	High
HPI	1-3	1-3	>3	>3	1-5 elements	At least 6 elements	12 elements	18 or all shaded	Dx/Mgt	0-1	2	3	>3
ROS	0	1	2-9	10+	1 body/organ	2-7 body/org	2-7 body/org	8+ org system	Data:	0-1	2	3	>3
PFSH	0	0	1	2 or 3					Risk:	Min	Low	Mod	High

Critical Care:	Start time:	End time:	Total time:	<input type="checkbox"/> Time not documented	Other procedures:
Documentation of critically ill? Yes No					
Anesthesia	Anes Start time: _____	Proc Start time: _____	Anes Stop time: _____	Proc Stop time: _____	Total Time: _____ Total Units _____
Billed					
Proc 1:	Mod 1:	Proc 1:	Mod 1:	<input type="checkbox"/> Attending only	
Proc 2:	Mod 2:	Proc 2:	Mod 2:	<input type="checkbox"/> Resident involvement	
Proc 3:	Mod 3:	Proc 3:	Mod 3:	<input type="checkbox"/> CRNA involvement	
Proc 4:	Mod 4:	Proc 4:	Mod 4:	<input type="checkbox"/> Medical direction (4 or more patients - not billable)	
Pre-operative visit? <input type="checkbox"/> yes <input type="checkbox"/> no			Post-operative visit? <input type="checkbox"/> yes <input type="checkbox"/> no		
Procedures	Billed:		Recommended:	Comments:	
Proc 1:	Mod 1:		Proc 1:	Mod 1:	
Proc 2:	Mod 2:		Proc 2:	Mod 2:	
Proc 3:	Mod 3:		Proc 3:	Mod 3:	
Proc 4:	Mod 4:		Proc 4:	Mod 4:	
Physical Presence of Procedures	Entire Minor Procedure	Yes	No	Immediately Available	Yes No
	Entire Endoscopy	Yes	No	Attending Asst Surgeon	Yes No
	Key Portions	Yes	No	Documented in record	Yes No
	Pre-Op Visit(s)	Yes	No	Attestation in chart/billing	Yes No
	Post-op Visit(s)	Yes	No	Overlapping case	Yes No
Psychiatry	Inpatient	Outpatient		Testing:	Comments:
	Insight Oriented Y N	Insight Oriented Y N		Interpretation: Y N	
	Med Mgt Y N	Med Mgt Y N		Time: _____	
	Interactive Y N	Interactive Y N			
	Med Mgt Y N	Med Mgt Y N			
Ophthalmology	Intermediate Ophthalmology	Yes	No	Special Procedures	
	Comp. Ophthalmology	Yes	No	Code Billed	Mod Billed
	Slit Lamp Exam	Yes	No	Code Documented	Mod Billed
Billing Issues	<input type="checkbox"/> Incorrect DOS	<input type="checkbox"/> Incorrect Provider Billed	<input type="checkbox"/> Service Provided by NP/PA	<input type="checkbox"/> Other:	
Comments					
QC:	Date:				

SPECIALTY PHYSICAL EXAM CRITERIA (1997 GUIDELINES)

CARDIOLOGY	ENMT	EYES	GENITOURINARY	LYMPHATIC
<p>Constitutional: *3 of: sit/std BP, sup BP, pulse rate, respir, temp, height, weight *General appearance</p> <p>Eyes: *conjunctivae/lids</p> <p>ENMT:*teeth, gums, palate *oral mucosa</p> <p>Neck: *jugular veins *thyroid</p> <p>Resp: *effort, *auscultation/lungs</p> <p>Cardio: *palpation *auscult heart *measure BP in 2+ extremity *carotid arteries *abd aorta *femoral arteries *pedal pulses *extremities</p> <p>GI: *abdomen *liver/spleen *stool sample</p> <p>Musc: *back *gait *strength / tone</p> <p>Extrem: *inspect/palp digits & nails</p> <p>Skin: *inspect/palp skin & subcut Tissue</p> <p>Neuro/Psych: MSE: *orientation *mood / affect</p>	<p>Constitutional: *3 of: sit/std BP, sup BP, pulse rate, respir, temp, height, weight *General appearance</p> <p>Eyes: *Ocular motility</p> <p>ENMT: *aud canal/lymph membrane *hearing assess *external ear/ nose *nasal mucosa/septum/turb *lips/teeth/gums *oropharynx *pharynge / pyriform *larynx *nasopharynx</p> <p>Head & Face: *inspect head & face *palpation/percussion *salivary gland *assess facial strength</p> <p>Neck: *neck *thyroid</p> <p>Resp: *inspect chest *auscultation lungs</p> <p>Cardio: *auscult heart *periph vasc syst/palpation</p> <p>Neuro/Psych: MSE: *orientation *mood & affect</p> <p>Lymph: *palpation lymph nodes</p>	<p>Eyes: *visual acuity *visual field *ocular motility *bulbar & conjunctivae *pupils * iris *cornea *anterior chambers *lenses *measure intraocular pressure *optic discs *posterior segments *Ocular Adnexae</p> <p>Neuro/Psych: Mental Status Exam: *orientation *mood & affect</p>	<p>Constitutional: *3 of: sit/std BP, sup BP, pulse rate, respir, temp, height, weight *General appearance</p> <p>Neck: *neck *thyroid</p> <p>Resp: *effort *auscult lungs</p> <p>Cardio: *auscultation heart *periph vascular syst/palpation</p> <p>GI: *abdomen *liver/spleen *stool sample *hernia</p> <p>GU: Male: *anus/perineum *scrotum *epidymides *testes *urethral meatus *penis *DRE: prostate *seminal vesicles *sphincter tone/ hemorrhoid *rectal masses Female: 7 of the following *genitalia *urethral meatus *urethra *bladder *vagina *cervix *uterus *adnexa/parametri *anus/perineum</p> <p>Lymph: *lymph nodes</p> <p>Skin: *inspect/palp skin & subcut</p> <p>Neuro/Psych: MSE: *orientation *mood / affect</p>	<p>Constitutional: *3 of: sit/std BP, sup BP, pulse rate, respir, temp, height, weight *General appearance</p> <p>Head & Face: *palpation face</p> <p>Eyes: *conjunctivae / lids</p> <p>ENMT: *ext aud canal /tympan membrane *nasal mucosa, septum, turb *teeth, gums *oropharynx</p> <p>Neck: *neck *thyroid</p> <p>Resp: *effort *auscult lungs</p> <p>Cardio: *auscult heart *periph vascular sys/palpatate</p> <p>GI: *abdomen *liver/spleen</p> <p>Lymph: *palpation lymph nodes</p> <p>Extremities: *digits & nails</p> <p>Skin: *inspect/palp skin & subcut</p> <p>Neuro/Psych: MSE: *orientation *mood / affect</p>
MUSCULOSKELETAL	NEUROLOGICAL	PSYCHIATRIC	SKIN	RESPIRATORY
<p>Constitutional: *3 of: sit/std BP, sup BP, pulse rate, respir, temp, height, weight *General appearance</p> <p>Cardio: *peripheral vascular system/palpate</p> <p>Lymph: *palpation lymph nodes</p> <p>Musc: *gait/station Exam 4 of 6:jts/b one/musc/tendon 1) head/ neck 2) spine, ribs, pelvis 3)rt upper 4)lt upper 5) rt lower 6) lt lower *percussion/palpation *ROM *stability *muscle strength & tone</p> <p>Skin: *Inspect skin/subc tissue Exam 4 of 6: 1)head & neck 2) trunk 3) rt upper 4) lt upper 5) rt lower 6) lt lower</p> <p>Neuro/Psych: *coordination *deep tendon reflex *sensation MSE: *orientation *mood / affect</p>	<p>Constitutional: *3 of: sit/std BP, sup BP, pulse rate, respir, temp, height, weight *General appearance</p> <p>Eyes: *optic discs</p> <p>Cardio: *carotid arteries *auscultation *periph vasc syst/palpation</p> <p>Musc: *gait / station *muscle strength *muscle tone</p> <p>Neuro:*orientation time/place/person *recent & remote memory *attention span & concentration *language function *fund of knowledge *cranial nerves 2-12 *sensation *deep tendon reflexes * coordination</p>	<p>Constitutional: *3 of: sit/std BP, sup BP, pulse rate, respir, temp, height, weight *General appearance</p> <p>Musc *strength/tone w/ notation of abnormal movements/atrophy * gait / station</p> <p>Psych: *speech *thought process *association *abnormal / psychotic thoughts *judgement / insight</p> <p>COMPLETE MSE: *orientation *recent & remote memory *attention span / concentration *language function *fund of knowledge *mood & affect</p>	<p>Constitutional: *3 of: sit/std BP, sup BP, pulse rate, respir, temp, height, weight *General appearance</p> <p>Eyes: *conjunctivae / lids</p> <p>ENMT: *lips/teeth/gums *oropharynx</p> <p>Neck: *thyroid</p> <p>Cardio:*periph vascular sys/palpate</p> <p>GI: *anus *liver/spleen</p> <p>Lymph: *palpation lymph nodes</p> <p>Skin: *palpation scalp *inspect/palpation 4 of: 1)head 2) neck 3) chest breast 4) abd 5) genitalia 6) back 7) RUE 8)LUE 9) RLE 10) LLE *eccorine/apocrine glands</p> <p>Extremities: *digits & nails</p> <p>Neuro/Psych: MSE: *orientation *mood / affect</p>	<p>Constitutional: *3 of: sit/std BP, sup BP, pulse rate, respir, temp, height, weight *General appearance</p> <p>ENMT: *teeth & gums *oropharynx *nasal mucosa, septum, turb</p> <p>Neck: *neck *thyroid *jugular veins</p> <p>Resp: *chest *effort *percussion *palpation chest *auscult lungs</p> <p>Cardio: *auscult heart *periph vascular sys/palpatate</p> <p>GI: *abdomen *liver/spleen</p> <p>Lymph: *palpation lymph nodes</p> <p>Extremities: *digits & nails</p> <p>Skin: *inspect/palp skin & subcut</p> <p>Neuro/Psych: MSE: *orientation *mood / affect</p>
FOCUSED 1-5 bullets	EXPANDED 6+ bullets	DETAILED: 2 bullets from 6 areas. systems OR 12+ bullets in 2 areas/ systems	COMPREHENSIVE: all bullets in 9+ organ systems/body areas OR 2 bullets from each of 9 body areas/organ systems.	