

**1995 INTERNAL MEDICINE
Evaluation & Management Audit Form**

PATIENT AND VISIT

Patient Name: _____ MRN # _____ New Est.
 Admit/Disc Date: _____ Level Billed: _____
 Svc Date: _____ Physician: _____ Outpt. Inpt. Observ. Short Stay
 Chief Complaint: _____
 Final Diagnosis _____

HISTORY

History of Present Illness (HPI) Symptom (What)
 Location (Where) Severity (Mild, Mod) Timing (Time of day) Mod. Factors (Relieved by rest)
 Quality (Sharp, dull) Duration Context (W/meals, exercise) Assoc. Signs/Symptoms
 # Elements _____ Brief (1-3) Brief (1-3) Extended (4-8) Extended (4-8)

Past, Family, Social History (PFSH)
 Past History (Illness, operations, injuries, treatments, Rx, allergies, drug reactions)
 Family History (Heritable diseases, associated risk)
 Social History (Job, habits, marital status, sexual preference, etc.)
 # Elements _____ None None Pertinent (1) Comprehensive (2 or 3 areas)

Review of Systems (ROS)
 Constitutional Eyes Ears, Nose, Mouth, Throat Card/Vasc. Respiratory
 Gastrointestinal Genitourinary Musculoskeletal Skin/Breast Neurological
 Psychiatric Endo Hemo/Lymph Allergic/Immun. All Others Negative
 # Elements _____ None Pertinent (1 Syst.) Extended (2-9) Comprehensive (10 ≥ Syst)

HISTORY SUMMARY

HPI Brief (1-3) Brief (1-3) Extended (4 ≥) Extended (4 ≥)
PFSH None None Pertinent (1) Complete (2 or 3)
ROS None Pertinent (1) Extended (2-9) Comprehensive (10 ≥ w/All other Neg)
 If column has the same 3 elements checked, choose that column and mark below.
 If no column has 3 elements checked, the column reflecting boxes checked furthest to the left will identify history.
 Problem Focused Expanded Problem Focused Detailed Comprehensive

EXAM

Exam (Note: If normal or negative, so record. Explain w/narrative all positive or pertinent negative findings)
Body Area:
 Head, including face Chest (Breast & Axillae) Abdomen Back, including spine
 Neck Genitalia, groin, buttocks Each Extremity
Organ System:
 Constitutional Eyes Ears, Nose, Mouth, Throat Card/Vasc. Respiratory
 Gastrointestinal Genitourinary Musculoskeletal Skin/Breast Neurological
 Psychiatric Hemo/Lymph /Immun.
 # Elements _____
 Problem Focused (1 body area or system) Expanded Problem Focused (2-4 systems) Detailed (5-7 Systems) Comprehensive (8 or more systems)

EXAM SUMMARY

Problem Focused Expanded Problem Focused Detailed Comprehensive

DECISION MAKING

Table 1: Amount and Complexity of Data Obtained/Analyzed/Reviewed Work-Up Planned No Work-up Planned
 Order and/or review of the report of 1 ≥ tests or pathology and lab services (80002-89399)—(1 pt)
 Order and/or review of the report of 1 ≥ tests or services in radiology (70010-79999)—(1 pt)
 Order and/or review report of 1 ≥ diagnostic studies or services in Medicine (90701-99199)—(1 pt)
 Discuss results of labs, radiology or diagnostic test with performing or interpreting physician—(1 pt)
 Evaluating the appropriateness of and deciding to obtain old records and/or history—(1 pt)
 Review & summarize old records and/or obtain additional hx from family, caretaker, or other source to supplement that obtained from patient—(2 pt)
 Direct visualization & independent interpretation of a specimen, image, or tracing previously interpreted by another physician—(2 pt)
Total # Points _____ Minimal/Low (0-1) Limited (2) Moderate (3) Extensive (4 ≥)

Table 2: Number of DX or Management Options **Number (B) X Points (C) = Results (D)** (Formula B X C =D)

<input type="checkbox"/> Self-Limited or Minor (stable, improved or worsening)	(Max 2)	1
<input type="checkbox"/> Established problem to examiner; stable, improved		1
<input type="checkbox"/> Established problem to examiner; worsening		2
<input type="checkbox"/> New problem to examiner; no additional workup	(Max 1)	3
<input type="checkbox"/> New problem to examiner; additional workup planned		4
	Total	

Total # Points _____ Minimal (≤1) Limited (2) Multiple (3) Extensive (≥4)

Table 3: Associated Risks: Overall measure of risk is highest level circled

Level	Presenting Problem	Diagnostic Procedure	Medical Management
Minimal	<input type="checkbox"/> One self-limited or minor problem e.g. cold, insect bite, tinea corporis	<input type="checkbox"/> Lab Tests requiring venipuncture Chest X-ray, EKG/EEG, Urinalysis Ultrasound, eg., echocardiography KOH prep	<input type="checkbox"/> Rest, Gargles, Elastic Bandage Superficial dressings
Low	<input type="checkbox"/> 2 ≥self-limited or minor problems 1 stable chronic illness Acute uncomplicated illness or injury	<input type="checkbox"/> Physiologic tests not under stress Non-cardiovascular imaging study w/contrast Superficial needle biopsies, clinical lab tests - Requiring arterial puncture, skin biopsies	<input type="checkbox"/> Over-the-counter drugs Minor surgery w/no identified risks Physical or Occupational Therapy IV fluids w/o additives
Moderate	<input type="checkbox"/> 1 ≥ more chronic illness w/mild Exacerbation, progression, or side effects 2 ≥ more stable chronic illnesses Undiagnosed new problem w/uncertain Prognosis, acute illness w/systemic Symptoms, Acute complicated injury	<input type="checkbox"/> Physiologic test under stress Dx endoscopies w/no identified risks Deep needle or incisional biopsy Cardiovascular imaging studies w/contrast and no identified risk factors, obtain fluid from body cavity	<input type="checkbox"/> Minor surgery w/ identified risks Elective major surgery w/no identified risks, prescription drug management, therapeutic nuclear medicine, IV fluids w/additives Closed Tx fracture/dislocation W/o manipulation
High	<input type="checkbox"/> 1 ≥ more chronic illnesses with severe Exacerbation, progression, or side effects Of treatment, acute or chronic illnesses or Injuries that pose a threat to life or bodily Function, an abrupt change neurologic Status.	<input type="checkbox"/> Cardiovascular imaging studies w/contrast w/identified risk factors, Cardiac electro- physiological tests, diagnostic endoscopies w/identified risk factors discography	<input type="checkbox"/> Elective major surgery w/ident factor, emergency major surgery parenteral controlled substances drug tx requiring intensive monitor for toxicity, decision not to res- uscitate or de-escalate care due to Poor prognosis

Summary Minimal Low Moderate High

SUMMARY OF MEDICAL DECISION MAKING TABLES

Complexity of Data	? Minimal (≤1)	? Limited (2)	? Moderate (3)	? Extensive (≥4)
Management options	? Minimal (≤1)	? Limited (2)	? Multiple (3)	? Extensive (≥4)
Associated Risks	? Minimal	? Low	? Moderate	? High
(Draw a line down column w/ 2-3 values otherwise drop lowest value then pick lowest remaining value)				
TOTAL	? Straight Forward	? Low	? Moderate	? High

E&M DOCUMENTATION SUMMARY

History	? Problem Focused	? Expanded Problem Focused	? Detailed	? Comprehensive	? Comprehensive
Exam	? Problem Focused	? Expanded Problem Focused	? Detailed	? Comprehensive	? Comprehensive
Decision Making	? Straight Forward	? Straight Forward	? Low Complex	? Moderate	? High Complexity

	Initial Inpt./Observ			IP Sub Care FU Consults			New Outpatient and IP/OP Consults					Outpatient Established				
	D	C	C	PF	EFP	D	PF	EPF	D	C	C		PF	EPF	D	C
History (Interval Hx - Sub)	D or C	C	C	PF	EFP	D	PF	EPF	D	C	C		PF	EPF	D	C
Examination	D or C	C	C	PF	EFP	D	PF	EPF	D	C	C		PF	EPF	D	C
Medical Decision	SF/L	M	H	SF/L	M	H	SF	SF	L	M	H		SF	L	M	H
Level	1	2	3	1	2	3	1	2	3	4	5	1	2	3	4	5

Comments: Level Billed _____ Level Documented _____

DECISION MAKING

AUDIT SUMMARY