

**YOUR PRACTICE NAME HERE**

**Patient Full Chart Review**

Number of **HX** elements documented  
Number of **EXAM** elements documented  
Number of **MDM** elements documented

Level **met** according to documentation  
Level **billed** by practice  
Level **met** based on **MDM**

**Patient Information**

**Patient:** EM# 8 - New Patient  
**DOB:** 1976/06/21  
**Gender:** Female  
**Patient Status:** New Patient

**Visit Date:** Friday, April 01, 2011  
**Examined By:** Kathy Family

**Consult / Time:** 0 / 0 min.

**Service:** Office Visit - Evaluation of Presenting Problem [Fresh workup]

**E/M Levels and Codes**

**DOCUMENTED**

99202

**PRACTICE**

99203

**OPTIMAL**

99204

**HX** Detailed History Level

**EX** Expanded Exam Level

General Multi-System Exam (Nov97)

**MDM** Moderate Complexity Decision

**Nbr HPI** 5

**Nbr ROS** 5

**Nbr PFSH** 4

**Nbr Exam** 7

**Dx/Mgmt** Multiple

**Data** Minimal

**Risk** Moderate

**OVERALL levels met** for 3 KEY components HX, EXAM, MDM

**Notes:**

**History**

**History of Present Illness**

Extended

Location

Quality

Severity

Duration

Timing

Context

Modifying Factors

Associated signs and symptoms

No. of chronic diseases reviewed

**Review of Systems**

Extended

Constitutional symptoms

Eyes

Ears, nose, mouth, throat

Cardiovascular

Respiratory

Gastrointestinal

Genitourinary

Musculoskeletal

Integumentary

Neurologic

Psychiatric

Endocrine

Hematologic/Lymphatic

Allergic/immunologic

Pertinent Pos/Neg docum'd

All Other Systems Negative

**Past, Family & Social History**

Complete

**PAST**

Pertinent Past Hx documented

Current medications

Prior illnesses and injuries

Operations and hospitalizations

Allergies

Age-appropriate immunizations

Dietary status

**FAMILY**

Pertinent Family Hx documented

Health status or cause of death of parents, siblings, and children

Diseases related of CC, HPI, ROS

Hereditary or high risk diseases

**SOCIAL**

Pertinent Social Hx documented

Marital status

Living arrangements

Occupational history

Use of drugs, alcohol, tobacco

Extent of education

Sexual history

Current employment

Other

**General Multi-System Exam (Nov97) (7 Elements)**

gMS.L.Up Extrem: Motion (+/- pain, crepit)

gMS.R.Low Extrem: Motion (+/-pain, crepit)

Skin: Inspect Skin & Subcut tissues

gMS.L.Up Extrem: Muscle strength & tone

gMS.L.Low Extrem: Inspect, Percuss, Palp

gMS.R.Low Extrem: Inspect, Percu

gMS.L.Low Extrem: Motion (+/-pa

Individual **HPI, ROS, PFSH** elements documented are color coded in this report as well as on the DOS being audited so the provider can ascertain as to where credit was given for their history documentation.

Individual **EXAM** elements documented are color coded in this report as well as on the DOS being audited so the provider can ascertain as to where credit was given for their exam documentation.

Auditor **NOTES** for DOS being audited will be documented in this section in detail.

**The Integrated Group  
Patient Full Chart Review**

MDM elements documented in this section...

# of **DX** documented and **Mgmt. Options** credited here.

MDM **RISK** elements documented in this area

**Patient Information**

Patient: EM# 8 - New Patient

**Medical Decision**

<p><b>Multiple</b></p> <p><input type="checkbox"/> 0 Self-limited or minor</p> <p>PREVIOUSLY DIAGNOSED</p> <p><input type="checkbox"/> 0 Controlled or improving</p> <p><input type="checkbox"/> 0 Worsening</p> <p>PREVIOUSLY UNDIAGNOSED</p> <p><input checked="" type="checkbox"/> 2 Need hx &amp; exam only</p> <p><input type="checkbox"/> 0 Need additional assessment</p>	<p><b>Moderate</b></p> <p><input type="checkbox"/> 0 Self-limited or minor</p> <p>CHRONIC ILLNESS</p> <p><input checked="" type="checkbox"/> 2 Stable, controlled</p> <p><input type="checkbox"/> 0 Mild progression</p> <p><input type="checkbox"/> 0 Severe progression</p> <p>ACUTE ONSET ILLNESS/INJURY</p> <p><input type="checkbox"/> 0 Uncomplicated</p> <p><input type="checkbox"/> 0 Systemic symptoms</p> <p><input type="checkbox"/> 0 Complicated</p> <p><input type="checkbox"/> 0 Threaten life/bodily function</p> <p><input type="checkbox"/> 0 UNDIAG. - NO PROGNOSIS</p> <p><input type="checkbox"/> 0 ABRUPT NEURO CHANGE</p>	<p><b>none</b></p> <p><input type="checkbox"/> Lab Tests / Venipuncture</p> <p><input type="checkbox"/> Chest X-rays</p> <p><input type="checkbox"/> EKG / EEG</p> <p><input type="checkbox"/> Urinalysis</p> <p><input type="checkbox"/> Ultrasound</p> <p><input type="checkbox"/> KOH Prep</p> <p><input type="checkbox"/> Physiologic tests/non-stress</p> <p><input type="checkbox"/> Non-cardio imaging/contrast</p> <p><input type="checkbox"/> Superficial needle biopsies</p> <p><input type="checkbox"/> Clinical labs/arterial puncture</p> <p><input type="checkbox"/> Skin biopsies</p> <p><input type="checkbox"/> Physiologic tests/stress</p> <p><input type="checkbox"/> Diagnostic endoscopies-no risk</p> <p><input type="checkbox"/> Deep needle biopsy</p> <p><input type="checkbox"/> Cardio imaging/contrast/no risk</p> <p><input type="checkbox"/> Obtain fluid/body cavity</p> <p><input type="checkbox"/> Cardio imaging/contrast/risk</p> <p><input type="checkbox"/> Cardiac electrophysiological tests</p> <p><input type="checkbox"/> Diagnostic endoscopies/risk</p> <p><input type="checkbox"/> Discography</p>	<p><b>Moderate</b></p> <p><input type="checkbox"/> Rest</p> <p><input type="checkbox"/> Gargles</p> <p><input type="checkbox"/> Elastic bandages</p> <p><input type="checkbox"/> Superficial dressings</p> <p><input type="checkbox"/> Over-the-counter drugs</p> <p><input type="checkbox"/> Minor surgery/no risk</p> <p><input type="checkbox"/> Physical therapy</p> <p><input type="checkbox"/> Occupational therapy</p> <p><input type="checkbox"/> IV fluids/no additives</p> <p><input type="checkbox"/> Minor surgery/risk</p> <p><input checked="" type="checkbox"/> Elective major surgery/no risk</p> <p><input type="checkbox"/> RX drug mgmt</p> <p><input type="checkbox"/> Therapeutic nuclear medicine</p> <p><input type="checkbox"/> IV fluids/additives</p> <p><input type="checkbox"/> Closed treatment/no manipu</p> <p><input type="checkbox"/> Elective major surgery/risk</p> <p><input type="checkbox"/> Emergency major surgery</p> <p><input type="checkbox"/> Parenteral controlled substances</p> <p><input type="checkbox"/> Drug therapy/high monitoring</p> <p><input type="checkbox"/> Decision not to resuscitate</p>
--	--	--	--

**Data to be Reviewed**

**Minimal**

- Lab test(s)
- Radiology test(s)
- Medical diagnostic studies
- Visualization & interpretation
- Discussion of results
- Get old records/additional hx
- Review old records/addt. hx

**QAudit Review**

**Coding Review Summary**

ICD Review	ICD9 Billed 1	716.96
	ICD9 Met 1	715.96
	ICD Billed Correctly	No
	ICD9 Billed 2	726.90
	ICD Billed Correctly	No
	ICD9 Billed 3	780.99
	ICD9 Met 3	780.99
	ICD Billed Correctly	Yes

ICD-9 and CPT® **codes billed** by practice

ICD-9 and CPT® **codes met** by the documentation

Were the codes **billed correctly?**

**Recommendations**

Diagnoses such as “status post”, “possible”, “probable” and “rule out” cannot be coded. See general recommendations for additional information regarding these types of diagnoses.

It is unclear by the documentation if x-ray films or reports were reviewed or if these x-rays were performed in the office. See general recommendations for additional information.

Auditor **recommendations and problems** encountered for DOS being audited will be documented in this section in detail.