

**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
		<b>Total</b>

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
<b>Minimal</b>	<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
<b>Low</b>	<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
<b>Moderate</b>	<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
<b>High</b>	<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**

<b>Complexity of Data</b>	? Minimal (≤1)	? Limited (2)	? Moderate (3)	? Extensive (≥4)
<b>Management options</b>	? Minimal (≤1)	? Limited (2)	? Multiple (3)	? Extensive (≥4)
<b>Associated Risks</b>	? Minimal	? Low	? Moderate	? High
(Draw a line down column w/ 2-3 values otherwise drop lowest value then pick lowest remaining value)				
<b>TOTAL</b>	? 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
<b>History (Interval Hx - Sub)</b>	D or C	C	C	PF	EFP	D	PF	EPF	D	C	C		PF	EPF	D	C
<b>Examination</b>	D or C	C	C	PF	EFP	D	PF	EPF	D	C	C		PF	EPF	D	C
<b>Medical Decision</b>	SF/L	M	H	SF/L	M	H	SF	SF	L	M	H		SF	L	M	H
<b>Level</b>	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