Neltner Billing Services

Patient Name: _____ DOS: _____ Dr: _____

Table FF – Audit Sheet (Subsequent Hospital Visit)

Subsequent Hospital Visit	**99231**	**99232**	**99233**
DOCUMENTATION CRITERIA (NEED 2 OF 3)	**Problem Focused Straight Forward**	**Expanded Prob. Focused Moderate**	**Detailed High**
I. HISTORY (To qualify for a given level of history – all components must be met)			
CHIEF COMPLAINT	□	□	□
HX OF PRESENT ILLNESS			
Location □	1 to 3 Elements	1 to 3 Elements	4 or more Elements
Quality □	□	□	□
Severity □			
Duration □			
Timing □			
Context □			
Modifying factors □			
Associated s/s □			
REVIEW OF SYSTEMS			
Constitutional □	N/A	Problem pertinent ROS of system related to problem in HPI – since last visit	Extended ROS of system(s) related to problem in HPI and a limited number of additional systems since last visit **2-9 systems**
Eyes □			
Ears, Nose, Throat, Mouth □			
Cardiovascular □			
Respiratory □			
Gastrointestinal □			
Genito-urinary □		□	□
Musculoskeletal □			
Skin and/or breast □			
Neurological □			
Psychiatric □			
Endocrine □			
Hematologic/Lymphatic □			
Allergic/Immunologic □			
PAST/FAMILY/SOCIAL HX			
Past □	N/A	N/A	Specific item from 1 of the 3 areas since last visit
Family □			
Social □			□
II. PHYSICAL EXAM			
Constitutional □			
Eyes □	Limited exam of affected body area or system	Limited exam of affected body area or system and other symptomatic systems	Extended exam of affected body areas or systems and other related systems
Ears, Nose, Throat, Mouth □			
Cardiovascular □			
Respiratory □	**1 system**	**2-4 systems**	**5-7 systems**
Gastrointestinal □			
Genito-urinary □			
Musculoskeletal □	□	□	□
Skin □			
Neurological □			
Psychiatric □			
Hematologic/Lymphatic/ Immunologic □			
III. MEDICAL DECISION MAKING (To qualify for a given level of MDM – 2 of 3- must be met)			
DIAGNOSIS & TREATMENT OPTIONS	Minimal to limited diagnoses and/or treatment options	Multiple diagnoses and/or treatment options	Extensive diagnoses and/or treatment options
Assessment/impression/dx □	□	□	□
Status of presenting problem □			
Treatment initiation/changes □			
Referral – who/where □			
DATA TO BE REVIEWED	Limited	Moderate	Extensive
Type of ordered studies □	□	□	□
Interpretation of studies □			
Old records/add. history □			
Discussion with other MD's □			

See reverse side for remainder of MDM determination

Neltner Billing Services

Patient Name: _____ DOS: _____ Dr: _____

Table FF – (Cont'd)

Subsequent Hospital Visit	99231	99232	99233
DOCUMENTATION CRITERIA (NEED 2 OF 3)	**Problem Focused Straight Forward**	**Expanded Prob. Focused Moderate**	**Detailed High**
III. MEDICAL DECISION MAKING - Continued			
RISK FOR COMPLICATIONS, MORBIDITY, MORTALITY Co-morbidities/other factors □ Invasive diagnostic procedure □	Straight Forward to Low	Moderate	High
DETERMINING LEVEL OF RISK – highest level in any one category determines risk level			
1. PRESENTING PROBLEM:			
One self limited	----------□ or		
Two or more self-limited	----------□		
Stable chronic illness	----------□		
1 or more chronic illness with mild exacerbation, progression, or treatment side effects	----------	----------□	
Newly, undiagnosed with unknown prognosis	----------	----------□	
1 or more chronic illness with severe exacerbation, progression, or treatment side effects	----------	----------	----------□
Abrupt change in neuro status	----------	----------	----------□
2. PROCEDURES ORDERED:			
Labs needing venipuncture	----------□ or		
Superficial needle biopsy	----------□		
Deep needle biopsy	----------	----------□	
Collect fluid from body cavity LP, Thoracentesis, etc.	----------	----------	----------□
3. SELECTED MANAGEMENT			
Rest	----------□ or		
IV fluids without additives	----------□		
IV fluids with additives	----------	----------□	
Prescription drugs	----------	----------□	
Parenteral controlled substances	----------	----------	----------□
Drugs causing extensive toxicity	----------	----------	----------□
DNR decision	----------	----------	----------□
De-escalation of therapy	----------	----------	----------□

This is a level _____

Name of scorer _____