Neltner Billing Services

Patient Name: _____ DOS: _____ Dr: _____

Table DD – Audit Sheet (Consultations)

Consult Visits and New Patient OP/Office	**99241/251 99201**	**99242/252 99202**	**99243/253 99203**	**99244/254 99204**	**99245/255 99205**
DOCUMENTATION CRITERIA (NEED 3 OF 3)	**Problem Focused**	**Expanded**	**Detailed**	**Comprehensive Moderate**	**Comprehensive High**
I. HISTORY (To qualify for a given level of history – all components must be met)					
CHIEF COMPLAINT	□	□	□	□	□
HX OF PRESENT ILLNESS	1-3 Elements	1-3 Elements	4 or more Elements	4 or more Elements	4 or more Elements
Location □					
Quality □	□	□	□	□	□
Severity □					
Duration □					
Timing □					
Context □					
Modifying factors □					
Associated s/s □					
REVIEW OF SYSTEMS	N/A	Patients +/- responses to a problem pertinent ROS of system related to problem (CC)	Patient's +/- responses to extended ROS of systems directly related to problem (CC) and a limited number of additional systems	Patient's +/- responses to complete ROS of systems directly related to problem (CC) and all additional systems	Patient's +/- responses to complete ROS of systems directly related to problem (CC) and all additional systems
Constitutional □					
Eyes □					
Ears, Nose, Throat, Mouth □					
Cardiovascular □					
Respiratory □					
Gastrointestinal □					
Genito-urinary □					
Musculoskeletal □		**1 system**	**2-9 systems**	**At least 10 systems**	**At least 10 systems**
Skin and/or breast □					
Neurological □		□	□	□	□
Psychiatric □					
Endocrine □					
Hematologic/Lymphatic □					
Allergic/Immunologic □					
PAST/FAMILY/SOCIAL HX	N/A	N/A	A pertinent PFSH of at least 1 item from any of the three areas	A complete PFSH with at least 1 item for each area	A complete PFSH with at least 1 item for each area
Past □					
Family □					
Social □			□	□	□
II. PHYSICAL EXAM					
Constitutional □	Affected Body area or organ system	Affected Body area or organ systems and related systems	Affected body areas or organ systems and related organ systems	General multi-system or complete exam of 1 system	General multi-system or complete exam of 1 system
Eyes □					
Ears, Nose, Throat, Mouth □					
Cardiovascular □					
Respiratory □	**1 system**	**2-4 systems**	**5-7 systems**	**At least 8 systems**	**At least 8 systems**
Gastrointestinal □					
Genito-urinary □	□	□	□	□	□
Musculoskeletal □					
Skin □					
Neurological □					
Psychiatric □					
__ Hematologic/Lymphatic					
Immunologic □					
III. MEDICAL DECISION (To qualify for a given level of MDM – 2 of 3- must be met)					
DIAGNOSIS & TREATMENT OPTIONS	Minimal – 1 diagnosis and simple treatment	Minimal-1 diagnosis and simple treatment	Limited diagnosis and/or treatment options	Multiple diagnosis and/or treatment options	Extensive diagnosis and/or treatment options
Assessment/impression/dx □					
Status of presenting problem □	□	□	□	□	□
Treatment initiation/changes □					
Referral – who/where □					
DATA TO BE REVIEWED	Minimal or none	Minimal or none	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 DD – (Cont'd)

Consult Visits and New Patient OP/Office	**99241/251 99201**	**99242/252 99202**	**99243/253 99203**	**99244/254 99204**	**99245/255 99205**
DOCUMENTATION CRITERIA (NEED 3 OF 3)	**Problem Focused**	**Expanded**	**Detailed**	**Comprehensive Moderate**	**Comprehensive High**
III. MEDICAL DECISION MAKING – Continued					
RISK FOR COMPLICATIONS, MORBIDITY, MORTALITY Co-morbidities/other factors □ Invasive diagnostic procedure □	Minimal	Minimal	Low	Moderate	High
DETERMINING LEVEL OF RISK – highest level in any one category determines risk level					
1. PRESENTING PROBLEM:	Any One Element	Any One Element	Any One Element	Any One Element	Any One Element
One self limited	---------□--------	----------□			
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	---------□--------	----------□			
Superficial needle biopsy	----------	----------	----------□		
Deep needle biopsy	----------	----------	----------	----------□	
Collect fluid from body cavity LP, Thoracentesis, etc.	----------	----------	----------	----------	----------□
3. SELECTED MANAGEMENT					
Rest	---------□--------	----------□			
IV fluids without additives	----------	----------	----------□		
IV fluids with additives	----------	----------	----------	----------□	
Prescription drugs	----------	----------	----------	----------□	
Parenteral controlled substances	----------	----------	----------	----------	----------□
Drugs causing extensive toxicity	----------	----------	----------	----------	----------□
DNR decision	----------	----------	----------	----------	----------□
De-escalation of therapy	----------	----------	----------	----------	----------□
Blood transfusions					

This is a level _____

Name of scorer _____