Neltner Billing Services

Patient Name: ________________________ DOS: _______________ Dr: ______________________

Table EE – Audit Sheet (Initial & Observation Hospital Visit)

Initial Hospital Visit **Observation Visit**	**99221** **99218**	**99222** **99219**	**99223** **99220**
DOCUMENTATION CRITERIA (NEED 3 OF 3)	**Detailed** **Straight Forward**	**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 Location □ Quality □ Severity □ Duration □ Timing □ Context □ Modifying factors □ Associated s/s □	4 or more Elements □	4 or more Elements □	4 or more Elements □
REVIEW OF SYSTEMS Constitutional □ Eyes □ Ears, Nose, Throat, Mouth □ Cardiovascular □ Respiratory □ Gastrointestinal □ Genito-urinary □ Musculoskeletal □ Skin and/or breast □ Neurological □ Psychiatric □ Endocrine □ Hematologic/Lymphatic □ Allergic/Immunologic □	Extended ROS about system directly related to problem identified in HPI and a limited number of additional systems **2-9 systems** □	Complete ROS about system(s) related to problem in HPI plus all additional body systems **at least 10 systems** □	Complete ROS about system(s) related to problem in HPI plus all additional body systems **at least 10 systems** □
PAST/FAMILY/SOCIAL HX Past □ Family □ Social □	1 item from any area □	Specific item from all 3 areas □	Specific item from all 3 areas □
II. PHYSICAL EXAM Constitutional □ Eyes □ Ears, Nose, Throat, Mouth □ Cardiovascular □ Respiratory □ Gastrointestinal □ Genito-urinary □ Musculoskeletal □ Skin □ Neurological □ Psychiatric □ Hematologic/Lymphatic/ Immunologic □	Affected areas or organ systems and related organ systems **5-7 systems** □	General multi-system or complete exam of 1 system **at least 8 systems** □	General multi-system or complete exam of 1 system **at least 8 systems** □
III. MEDICAL DECISION MAKING **(To qualify for a given level of MDM – 2 of 3- must be met)**			
DIAGNOSIS & TREATMENT OPTIONS Assessment/impression/dx □ Status of presenting problem □ Treatment initiation/changes □ Referral – who/where □	Minimal to limited diagnoses and/or treatment options □	Multiple diagnoses and/or treatment options □	Extensive diagnoses and/or treatment options □
DATA TO BE REVIEWED Type of ordered studies □ Interpretation of studies □ Old records/add. history □ Discussion with other MD's □	Limited □	Moderate □	Extensive □

See reverse side for remainder of MDM determination

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Table EE – (Cont'd)

Initial Hospital Visit **Observation Visit**	**99221** **99218**	**99222** **99219**	**99223** **99220**
DOCUMENTATION CRITERIA (NEED 3 OF 3)	**Detailed** **Straight Forward**	**Comprehensive** **Moderate**	**Comprehensive** **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 ________________________