

## AUDITING & COMPLIANCE TIP

### Auditing Tip Series #2 of 5

During the next few weeks we will be breaking down an ER record through the audit process. Our series will include a breakdown of the History, Exam, MDM, and Medical Necessity of the encounter. This week we will begin with the History.

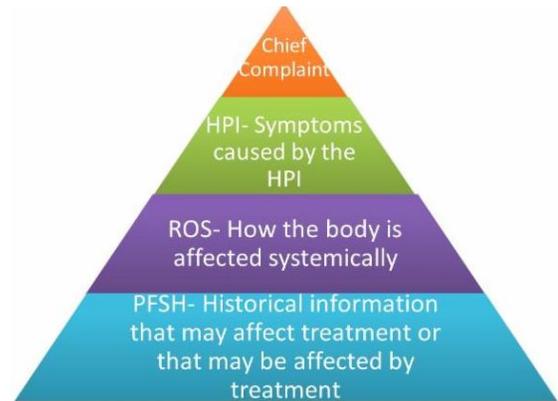
### ER Encounter-The History

As we have instructed many times before, the history portion of the note should provide information regarding the severity of the patient's problem according to the patient. This is why documentation guidelines state that the chief complaint should be *in the patient's own words*.

History includes the chief complaint, the history of present illness, the review of systems, and the PFSH.

Remember this: As you work through the history, try and connect how the different portions of the documentation elements should work together to express the patient's severity, demonstrating the complete medical complexity of the encounter. This helps to best understand and analyze the medical necessity of the encounter.

Last, before getting to the reported history for audit purposes, remember the "scoring" criterion for the history portion of the documentation in the ER. This was provided for you in last week's audit tip that compared the new patient encounter requirements to the ER component requirements. Here is that chart for review as you work through this week's portion of the ER note.



HISTORY COMPARISON		
99201	PF	99281
99202	EPF	99282, 99283
99203	D	99284
99204, 99205	COMP	99285

St. NAMAS Medical Center  
Emergency Department Services  
Christopher Michael, M.D.

Date of Service: January 1, 2015  
Patient: Jeff Ball  
DOB: 7-31-1968

Chief Complaint: Vomiting and Chest Pain

Patient presented to the ER via car at 7:35 a.m. on his own power with minimal assistance. He complains of severe stomach pains with vomiting and no associated diarrhea. He states that his head is throbbing to the point that he is having some visual disturbances. These problems have been going on for two hours, but he indicates that he has been having chest pain for the past hour, which is why he decided to come into the ER.

Review of Systems:

*Constitutional: No weight loss*  
*GI: Heartburn yesterday and indigestion*  
*Neuro: Other than headache, system is negative*

*PFSH:*

*Past: GERD treated with Prilosec, no prior cardiac issues*

*Family: HTN maternal*

*Social: Not a smoker but does drink and notes heavy drinking at times*

Click the **ER Icon** for the PDF breakdown, but FIRST, audit the history yourself!



Post your comments about the breakdown and medical necessity of this encounter to the new thread on the forum.