



NATIONAL ALLIANCE OF Medical Auditing Specialists

A Division of DoctorsManagement, LLC

PT ID: _____ DOS: _____ PROVIDER: _____

EXAM HISTORY	HPI (HISTORY OF PRESENT ILLNESS) <input type="checkbox"/> Location <input type="checkbox"/> Severity <input type="checkbox"/> Timing <input type="checkbox"/> Modifying factors <input type="checkbox"/> Quality <input type="checkbox"/> Duration <input type="checkbox"/> Context <input type="checkbox"/> Associated signs and symptoms	1	1	1	4+	4+
	ROS (REVIEW OF SYSTEMS) <input type="checkbox"/> Constitutional <input type="checkbox"/> Musculo <input type="checkbox"/> GI <input type="checkbox"/> Resp <input type="checkbox"/> Psych <input type="checkbox"/> Integumentary <input type="checkbox"/> Hem/Lymph <input type="checkbox"/> GU <input type="checkbox"/> Neuro <input type="checkbox"/> ENMT <input type="checkbox"/> Allergy/ Immuno <input type="checkbox"/> Eyes <input type="checkbox"/> Cardio <input type="checkbox"/> Endo	None	1	1	2	10+
	PFSH (PAST FAMILY AND SOCIAL HISTORY) <input type="checkbox"/> Past History: medications, past illness, surgeries, allergies to meds <input type="checkbox"/> Family History: medical events/disease in family <input type="checkbox"/> Social History: marital status, education, use of drugs, tobacco, etc.	None	None	None	1	2
	EXAM Body Areas <input type="checkbox"/> Head/Face <input type="checkbox"/> Back/Spine <input type="checkbox"/> Genitalia/groin/ <input type="checkbox"/> Neck <input type="checkbox"/> Chest/Breast <input type="checkbox"/> Extremities buttocks <input type="checkbox"/> Abdomen Organ Systems <input type="checkbox"/> Eyes <input type="checkbox"/> CV <input type="checkbox"/> GI <input type="checkbox"/> Neuro <input type="checkbox"/> Skin <input type="checkbox"/> Hem/Lymph/Immuno <input type="checkbox"/> ENMT <input type="checkbox"/> Resp <input type="checkbox"/> GU <input type="checkbox"/> Psych <input type="checkbox"/> Constitutional <input type="checkbox"/> Musculoskeletal	1 Area or Organ system	2-7 Areas &/or Organ systems	2-7 Areas &/or Organ systems	2-7 Areas &/or Organ Systems: 1 in detail	8+ Organ Systems Only
	Medical Decision Making	Straight Forward	Low	Moderate	Moderate	High
EMERGENCY DEPARTMENT	99281	99282	99283	99284	99285	

MEDICAL DECISION MAKING	A. Number Of Diagnosis or Management Options (N x P = R)					
	Problems to Exam Physician		Number X Points = Result			
	New Problem; no additional workup planned		Max = 1	3		
	New problem; additional workup planned			4		
	Bring total to the line A in Final Result for MDM → TOTAL <input type="text"/>					
	B. Amount and/or Complexity of Data to be Reviewed					
	Data to be Reviewed					Points
	Review and/or order clinical lab tests					1
	Review and/or order of tests in the radiology section of CPT					1
	Review and/or order of tests in the medicine section of CPT					1
Discussion of test results with performing physician					1	
Decision to obtain old records and/or obtain history from someone other than patient					1	
Review and summarization of old records and/or obtaining history from someone other than patient and/or discussion of case with another health care provider					2	
Independent visualization of image, tracing or specimen itself (not simply review of report)					2	
Bring total to the line B in Final Result for MDM → TOTAL <input type="text"/>						
D. Final Result for Complexity of MDM: 2 of 3 required						
Draw a line down the column with 2 or 3 circles and circle decision making level OR draw a line down the column with the center circle and circle the decision making level						
A.	Number diagnoses or treatment options	N/A	N/A	3 Multiple	≥ 4 Extensive	
B.	Amount and/or complexity of data	≤ 1 Minimal	2 Limited	3 Moderate	≥ 4 Extensive	
C.	Highest risk	Minimal	Low	Moderate	High	
	Type of Decision Making	Straight-forward	Low	Moderate	High	

C. Risk of Complications and/or Morbidity or Mortality			
LEVEL OF RISK	Presenting Problem(s)	Diagnostic Procedures Ordered	Management Options Selected
Minimal	• One self-limited problem (<i>cold, insect bite, tinea corporis</i>)	• Lab tests requiring venipuncture • Chest x-rays • Urinalysis • EKG/EEG • KOH Prep	• Rest • Gargles • Elastic bandages • Superficial dressings
Low	• Two or more self-limited or minor problems • One stable chronic illness (<i>well controlled diabetes, cataract</i>) • Acute uncomplicated illness or injury (<i>cystitis, simple sprain</i>)	• Physiologic test not under stress (<i>pulm. function test</i>) • Non-cardiovascular imaging studies • Superficial needle biopsies • Clinical laboratory tests requiring arterial puncture • Skin biopsies	• Over-the-counter drugs • Minor surgery with no identified risk factors • Physical therapy • Occupational therapy • IV fluids without additives
Moderate	• One or more chronic illnesses with mild exacerbation, progression, or side affects • Two or more stable chronic illnesses • Undiagnosed new problem with uncertain prognosis • Acute illness with systemic symptoms • Acute complicated injury	• Physiologic tests under stress • Diagnostic endoscopies with no identified risk factors • Deep needle or incisional biopsy • Cardiovascular imaging studies (<i>no identified risk factors</i>) • Obtain fluid from body cavity (<i>lumbar puncture, thoracentesis</i>)	• Minor surgery with identified risk factors • Elective major surgery with no identified risk factors • Prescription drug management • Therapeutic nuclear medicine • IV fluids with additives • Closed treatment of fracture or dislocation without manipulation
High	• One or more chronic illnesses with severe exacerbation, progression, or side effects or treatment • Acute or chronic illnesses or injuries that may pose a threat to life or bodily function • An abrupt change in neurological status (<i>seizure, TIA, weakness, sensory loss</i>)	• Cardiovascular imaging studies with identified risk factors • Cardiac electrophysiological tests • Diagnostic endoscopies with identified risk factors • Discography	• Elective major surgery with identified risk factors • Emergency major surgery • Parenteral controlled substances tests • Drug therapy requiring intensive monitoring for toxicity • Decision to DNR or to de-escalate care due to poor prognosis

MEDICAL NECESSITY					
<input type="checkbox"/> 99281 Minor problem <input type="checkbox"/> 99282 Low severity problem <input type="checkbox"/> 99283 Moderately severe problem <input type="checkbox"/> 99284 High severity- not fatal to life/body <input type="checkbox"/> 99285 High severity - imminent threat					

OVERALL LEVEL OF SERVICE					
Choose the level farthest to the left as the LOS:					
Documentation	<input type="checkbox"/> 99281	<input type="checkbox"/> 99282	<input type="checkbox"/> 99283	<input type="checkbox"/> 99284	<input type="checkbox"/> 99285
Medical Necessity	<input type="checkbox"/> 99281	<input type="checkbox"/> 99282	<input type="checkbox"/> 99283	<input type="checkbox"/> 99284	<input type="checkbox"/> 99285



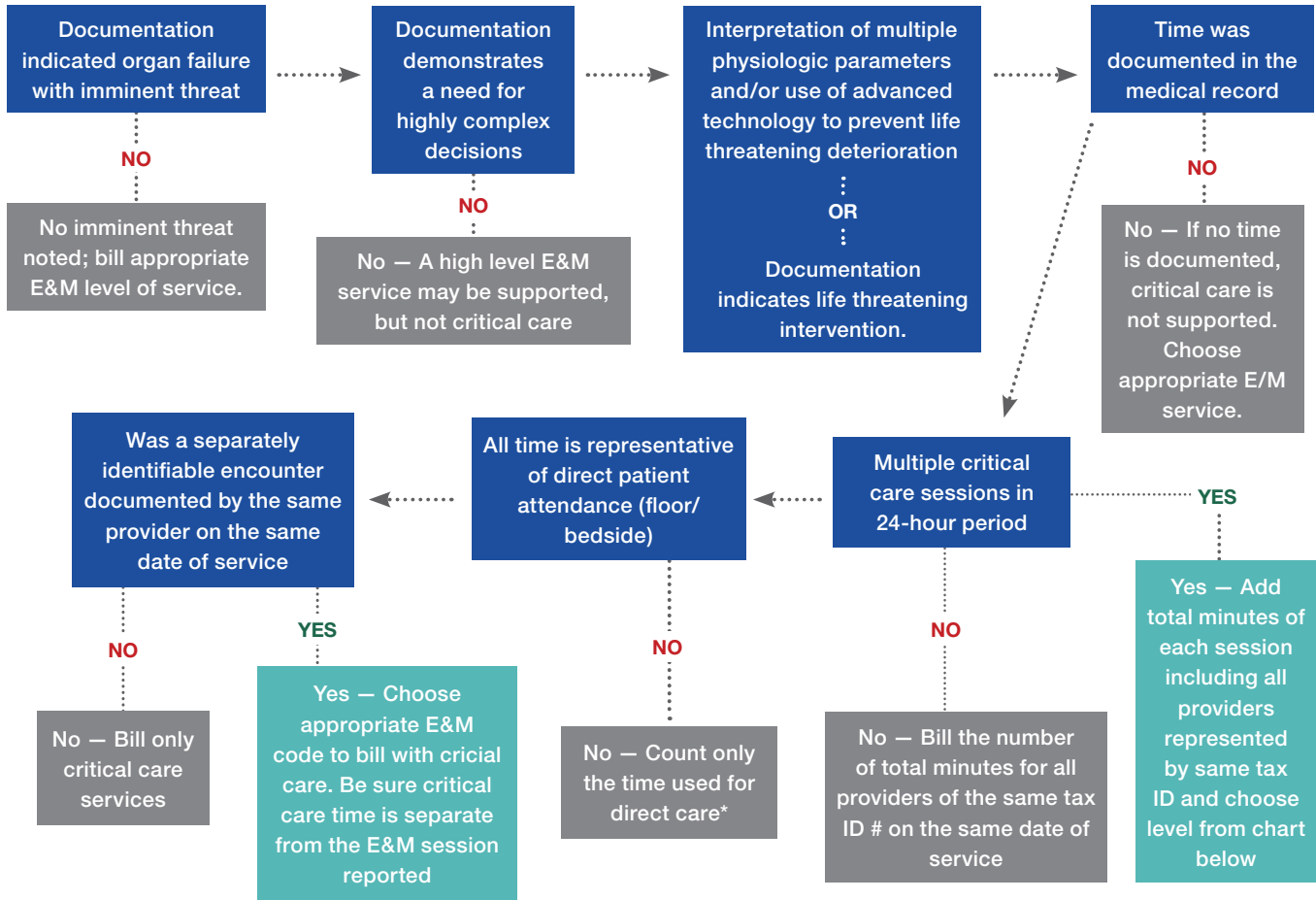
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PT ID: _____ DOS: _____ PROVIDER: _____

ADULT CRITICAL CARE SERVICES:

Problem requiring critical care intervention: _____



* Direct Care: Care of a patient in which the provider's direct attention is required allowing no treatment of other patients.

Circle the appropriate time to find the correct critical care code:

Minutes spent performing critical care	Time spent in hours and minutes	CPT code to bill
Less than 30 minutes	Less than 30 minutes	99232, 99233, or other E/M code based on place of service
30-74 minutes	30 min to 1hr 14 min	99291
75-104 minutes	1hr 15 min to 1hr 44 min	99291 + 99292
105-134 minutes	1hr 45 min to 2 hr 14 min	99291 + 99292 (x2)
135-164 minutes	2 hr 15 min to 2 hr 44 min	99291 + 99292 (x3)
165-194 minutes	2 hr 45 min to 3 hr 14 min	99291 + 99292 (x4)
Longer than 194 minutes	3 hr 15 min and longer	99291 + 99292 (x1 per every additional 30 minutes)

Source: MLN Matters article # MM5993

Physician services bundled into critical care include:

Facilities may repeat all bundled services.

93561, 93562, 71010, 71015, 71020, 94760, 94761, 94762, 99090, 43752, 43753, 92953, 94002-94004, 94660, 94662, 36000, 36410, 36415, 36591, 36600