

DOCTOR'S NAME _____ PATIENT'S NAME _____
 REVIEW BY _____ DATE OF SERVICE _____
 DATE OF REVIEW _____ PATIENT ACCOUNT # _____

AUDIT FORM # _____

Faculty Practice Management Plan

HISTORY: Refer to the training manual for scoring "X" below

HPI: Brief includes 1-3 elements: Extended includes 4 or more:
 location quality severity duration timing context modifying factors

ASSOCIATED SIGNS AND SYMPTOMS

ROS: Constitutional Respiratory Musculoskeletal Allergic, Immunologic Endocrine
 Neurological Eyes Gastrointestinal Ears, Nose, Mouth Throat Psychiatric
 Cardiovascular Genitourinary All other systems neg. Integumentary Hematologic/Lymphatic

No system addressed, circle none.
 Only the system related to the problem, circle problem pertinent.
 2-9 systems addressed, circle extended.
 10 or more systems addressed, circle complete.
 Notation all others neg. circle complete.

PFSH: Past, family, and/or social history in the HPI or in the PFSH section of the record:
 No PFSH, circle none.
 Specific information for one of the hx. Areas of PFSH, circle pertinent.
 Specific info for 2-3 hx. Areas of PFSH, circle complete.

TABLE #1

HPI	Brief	Brief	Extended	Extended
ROS	None	Problem Pertinent	Extended	Complete
PFSH	None	None	Pertinent	Complete
History	Problem Focused History	Expanded Problem Focused History	Detailed History	Comprehensive History

EXAMINATION:

Refer to the training manual for scoring

Body System: Constitutional Respiratory Musculoskeletal Allergic, Immunologic Psychiatric
 Neurological Eyes Gastrointestinal Ears, Nose, Mouth, Throat Endocrine
 Genitourinary Cardiovascular Body Area Hematologic/Lymphatic Skin

Only body area or system related to the problem examined: problem focused exam.

TABLE #2

One to five elements	Problem Focused exam
At least six elements	Expanded Problem Focused Exam
See specific guidelines of system or multi-system involved	Detailed Exam
	Comprehensive Exam

DECISION MAKING:

TABLE #3

Multiply the number in "B" & "C" and put the produce in column "D"	A	B	C	D
PROBLEM CATEGORIES	NUMBER	POINTS	SCORE	
Self-limited or minor (stable, improved or worsening)	MAX = 2	1		
Established problem; stable improved		1		
Established problem, worsening		2		
New problem, no additional work up planned	MAX = 1	3		
New problem additional work up planned		4		
		TOTAL		

TABLE #4 – DIAGNOSTIC PROCEDURES

Points	Type of data (Amount and complexity)
1	Review and/or order of clinical lab tests
1	Review and/or order of tests in the radiology section of CPT (nuclear medicine and all imaging except echocardiography and cardiac cath)
1	Review and/or order of tests in the medicine section of CPT (EEG, EKG, echocardiography, cardiac cath., non-invasive vascular studies, pulmonary function studies)
1	Discussion of tests results with the performing physician
2 – 4	Independent review of images, tracings or specimens
1	Decision to obtain old records and/or obtain history from someone other than the patient
2	Review and summarization of old records and/or obtaining history from someone other than the patient
TOTAL	

In the table below, find the circle(s) farthest to the right. Draw a line down that column to the bottom row and circle the overall risk.

Table #5 – OVERALL RISKS

Presenting Problem(s)	Minimal	Low	Moderate	High
Diagnostic Procedure(s)	Minimal	Low	Moderate	High
Management Options	Minimal	Low	Moderate	High
Overall Risk	1 Minimal	2 Low	3 Moderate	4 High

Circle the final scores from Table 3, 4, and 5 onto Table #6 below.

Circle all the scores to the table below. Draw a line down any column with 2 or 3 circles and circle the level of decision making in that column. Otherwise, draw a line down the column with the 2nd circle from the left.

TABLE #6 – DECISION MAKING

Number of Diagnoses or Management Options	<1 Minimal	2 Limited	3 Multiple	>4 Extensive
Amount and Complexity of Data	< Minimal or Low	2 Limited	3 Moderate	>4 Extensive
Overall Risk	1 Minimal	2 Low	3 Moderate	4 High
Type of Decision Making	Straight-forward	Low Complexity	Moderate Complexity	High Complexity

COPY AND CIRCLE THE TYPE OF HISTORY, EXAMINATION, AND MEDICAL DECISION MAKING FROM TABLE 1, 2, AND 6 ONTO THE TABLE BELOW.

Circle a code based on these rules:

- If a column has 3 circles, draw a line down that column to the bottom row and circle that code.
- Otherwise, find the column with the circle(s) farthest to the left. Draw a line down that column to the bottom row and circle the code.

History	Problem Focused Hx	Expanded P F Hx.	Detailed History	Comprehensive History	Comprehensive History
Examination	P F Exam	Expanded P F Exam	Detailed History	Comprehensive History	Comprehensive History
Decision Making	Straightforward	Straightforward	Low Complexity	Moderate Complexity	High Complexity
Code	99201	99202	99203	99204	99205

Does documentation support the code selected? YES NO Level Billed Recommendation
 Was a resident involved with the service? YES NO
 Was Medicare billed? YES NO

Comments: _____

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History	N/A	Problem Focus History	Expanded Problem Focused Hx	Detailed History	Comprehensive History
Examination	N/A	PF Exam	EPF Exam	Detailed Exam	Comprehensive Exam
Decision Making	N/A	Straightforward	Low Complexity	Moderate Complexity	High Complexity
Code	99211	99212	99213	99214	99215

Does documentation support the code selected? YES NO Level Billed Recommendation
 Was a resident involved with the service? YES NO
 Was Medicare billed? YES NO

Comments: _____

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History	Detailed or Comprehensive History	Comprehensive History	Comprehensive History
Examination	Detailed or Comprehensive Exam	Comprehensive Exam	Comprehensive Exam
Decision Making	Straightforward or Low Complexity	Moderate Complexity	High Complexity
Code	99221	99222	99223

Does documentation support the code selected?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	Level Billed	Recommendation
Was a resident involved with the service?	<input type="checkbox"/> YES	<input type="checkbox"/> NO		
Was Medicare billed?	<input type="checkbox"/> YES	<input type="checkbox"/> NO		

Comments: _____

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History	Problem Focused History	Expanded Problem Focused History	Detailed History
Examination	Problem Focused Exam	Expanded Problem Focused Exam	Detailed Exam
Decision Making	Straightforward or Low Complexity	Moderate Complexity	High Complexity
Code	99231	99232	99233

Does documentation support the code selected?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	Level Billed	Recommendation
Was a resident involved with the service?	<input type="checkbox"/> YES	<input type="checkbox"/> NO		
Was Medicare billed?	<input type="checkbox"/> YES	<input type="checkbox"/> NO		

Comments: _____
