

## Podiatric E&M Coding Audit Sheet

### History Component

**CC:** \_\_\_\_\_

**HPI:**

Type of HPI: \_\_\_\_\_

Brief = 1-3  
Extended = 4+

- |             |                              |
|-------------|------------------------------|
| 1. Location | 5. Timing                    |
| 2. Quality  | 6. Context                   |
| 3. Severity | 7. Modifying Factors         |
| 4. Duration | 8. Associated Signs/Symptoms |

**ROS:**

Type of ROS: \_\_\_\_\_

Problem Pertinent = 1  
Extended = 2-9  
Complete = 10+

- |                     |                             |
|---------------------|-----------------------------|
| 1. General          | 8. Musculoskeletal          |
| 2. Eyes             | 9. Skin                     |
| 3. ENT              | 10. Neurological            |
| 4. Cardiovascular   | 11. Psychiatric             |
| 5. Respiratory      | 12. Endocrine               |
| 6. Gastrointestinal | 13. Hemotological/Lymphatic |
| 7. Genitourinary    | 14. Allergy/Immunological   |

**PFSH:**

Type of PMSH \_\_\_\_\_

Pertinent = 1  
Complete:  
NP = 3/3  
EST PT = 2/3

1. Patient's Past Medical History
2. Family Past Medical History
3. Patient's Social History

<b>Determining the Type of History Component</b>				
<b>HPI</b>	<input type="checkbox"/> Brief	<input type="checkbox"/> Brief	<input type="checkbox"/> Extended	<input type="checkbox"/> Extended
<b>ROS</b>	<input type="checkbox"/> None	<input type="checkbox"/> Problem Pertinent	<input type="checkbox"/> Extended	<input type="checkbox"/> Complete
<b>PFSH</b>	<input type="checkbox"/> None	<input type="checkbox"/> None	<input type="checkbox"/> Pertinent	<input type="checkbox"/> Complete
<b>Type of History</b>	<input type="checkbox"/> Problem Focused History	<input type="checkbox"/> Expanded Problem Focused History	<input type="checkbox"/> Detailed History	<input type="checkbox"/> Comprehensive History

Type of History \_\_\_\_\_

**Exam Component**

**12 Organ Systems**

Musculoskeletal	Integumentary
Genitourinary	ENT
Neurological	Cardiovascular
Psychiatric	Respiratory
Hematological	Gastrointestinal
Eyes	Genitalia

**6 Body Areas**

Left Extremity  
Right Extremity  
Head/Neck  
Chest  
Abdomen  
Back

**Focused Exam**

1-5 elements in 1 or more systems/areas

**Expanded Exam**

6-11 elements in 1 or more systems/areas

**Detailed Exam**

12 or more elements in 2 or more systems/areas

**Comprehensive Exam**

At least 2 elements in each of at least 9 systems/areas

Type of Exam \_\_\_\_\_

## Medical Decision Making Component

### Number of Diagnoses/Management Options

Type of Diagnosis \_\_\_\_\_

- Self Limited (Minor) = 1 point
- Established Stable/Worsening = 2 points
- New, No Additional Workup Planned = 3 points
- New, Additional Workup Planned = 4 points

- 1 point = Minimal
- 2 points = Limited
- 3 points = Multiple
- 4+ points = Extensive

### Amount/Complexity of Data

Type of Data \_\_\_\_\_

- Number of types of data reviewed or discussed with performing doctor: 1 point each
  
- Number of independent review of imaging, tracing specimens, review summary of old records: 2 points each

- 0-1 point = Minimal
- 2 points = Limited
- 3 points = Moderate
- 4+ points = Extensive

### Risk

Type of Risk \_\_\_\_\_

Check the “Presenting Problem,” “Diagnostic Procedure Ordered,” and “Management Option Selected” in the chart below. The Level of Risk is the *highest level* in any one category.

Table of Risk Edited for Podiatry			
Risk Level	Presenting Problem	Diagnostic Procedure Ordered	Management Option Selected
<b>Minimal</b>	<input type="checkbox"/> 1 Self limited/minor problem	<input type="checkbox"/> Labs requiring venipuncture <input type="checkbox"/> Routine x-rays <input type="checkbox"/> KOH/culture	<input type="checkbox"/> Rest <input type="checkbox"/> Elastic bandage <input type="checkbox"/> Superficial dressing <input type="checkbox"/> Soaks
<b>Low</b>	<input type="checkbox"/> 2 or more self limiting/minor problems <input type="checkbox"/> 1 stable chronic illness <input type="checkbox"/> Acute, uncomplicated illness, simple sprain	<input type="checkbox"/> Physiological tests <input type="checkbox"/> Skin biopsy <input type="checkbox"/> Nuclear imaging study	<input type="checkbox"/> OTC drugs <input type="checkbox"/> Minor surgery w/no risk factors <input type="checkbox"/> Physical therapy
<b>Moderate</b>	<input type="checkbox"/> 1 or more chronic illnesses w/mild exacerbation <input type="checkbox"/> 2 or more stable chronic illnesses <input type="checkbox"/> Undiagnosed new problem <input type="checkbox"/> Acute illness w/systemic symptoms <input type="checkbox"/> Acute complicated injury	<input type="checkbox"/> Incisional biopsy	<input type="checkbox"/> Minor surgery w/risk factors <input type="checkbox"/> Elective major surgery w/no risk factors <input type="checkbox"/> Prescription drug management <input type="checkbox"/> Closed fracture TX w/o manipulation
<b>High</b>	<input type="checkbox"/> 1 or more chronic illnesses w/severe exacerbation <input type="checkbox"/> Illness/injury poses a threat to life/bodily function		<input type="checkbox"/> Elective major surgery w/risk factors <input type="checkbox"/> Emergency surgery <input type="checkbox"/> High risk meds

Follow the 2 out of 3 Rule

<b>Determining the Level of Decision Making</b>				
<b>Number of DX</b>	<input type="checkbox"/> Minimal	<input type="checkbox"/> Limited	<input type="checkbox"/> Multiple	<input type="checkbox"/> Extensive
<b>Complexity of Data</b>	<input type="checkbox"/> Minimal	<input type="checkbox"/> Limited	<input type="checkbox"/> Moderate	<input type="checkbox"/> Extensive
<b>Overall Risk</b>	<input type="checkbox"/> Minimal	<input type="checkbox"/> Low	<input type="checkbox"/> Moderate	<input type="checkbox"/> High
<b>Type of Decision Making</b>	<input type="checkbox"/> Straight-forward	<input type="checkbox"/> Low Complexity	<input type="checkbox"/> Moderate Complexity	<input type="checkbox"/> High Complexity

Type of Medical Decision Making \_\_\_\_\_

**Code Determination Table**

Code	Components Required	History	Examination	Decision Making	Minutes Face-to-Face
99201	<input type="checkbox"/> 3/3	<input type="checkbox"/> Problem Focused	<input type="checkbox"/> Problem Focused	<input type="checkbox"/> Straight-forward	<input type="checkbox"/> 10
99202	<input type="checkbox"/> 3/3	<input type="checkbox"/> Expanded Problem Focused	<input type="checkbox"/> Expanded Problem Focused	<input type="checkbox"/> Straight-forward	<input type="checkbox"/> 20
99203	<input type="checkbox"/> 3/3	<input type="checkbox"/> Detailed	<input type="checkbox"/> Detailed	<input type="checkbox"/> Low Complexity	<input type="checkbox"/> 30
99204	<input type="checkbox"/> 3/3	<input type="checkbox"/> Comprehensive	<input type="checkbox"/> Comprehensive	<input type="checkbox"/> Moderate Complexity	<input type="checkbox"/> 45
99205	<input type="checkbox"/> 3/3	<input type="checkbox"/> Comprehensive	<input type="checkbox"/> Comprehensive	<input type="checkbox"/> High Complexity	<input type="checkbox"/> 60
99211	<input type="checkbox"/> NA	<input type="checkbox"/> NA	<input type="checkbox"/> NA	<input type="checkbox"/> NA	<input type="checkbox"/> 5
99212	<input type="checkbox"/> 2/3	<input type="checkbox"/> Problem Focused	<input type="checkbox"/> Problem Focused	<input type="checkbox"/> Straight-forward	<input type="checkbox"/> 10
99213	<input type="checkbox"/> 2/3	<input type="checkbox"/> Expanded Problem Focused	<input type="checkbox"/> Expanded Problem Focused	<input type="checkbox"/> Low Complexity	<input type="checkbox"/> 15
99214	<input type="checkbox"/> 2/3	<input type="checkbox"/> Detailed	<input type="checkbox"/> Detailed	<input type="checkbox"/> Moderate Complexity	<input type="checkbox"/> 25
99215	<input type="checkbox"/> 2/3	<input type="checkbox"/> Comprehensive	<input type="checkbox"/> Comprehensive	<input type="checkbox"/> High Complexity	<input type="checkbox"/> 40