E/M Audit Tool
To be used with the AAPC specialty examinations

The AAPC specialty examinations are written from a standpoint of the 1995 and 1997 Centers for Medicare and Medicaid Services (CMS) Evaluation and Management Documentation Guidelines. For purposes of testing, please code all E/M services based solely on the elements of history, exam and medical decision making using the same rules and logics that are defined by the “Marshfield Clinic” audit tool. The AAPC does not ask a coder to make any final determination based on medical necessity. Decisions about what constitutes a medically necessary service should be made only by a practicing physician peer.

For use with exam:
A “Quick-Reference Code Sheet” form, based on the same rules and logics that are defined by the “Marshfield Clinic” audit tool has been included with this practicum for the examinees optional use. Examinees are permitted to take up 50 forms with them into the examination. Additional copies of forms will not be made available to the examinee at the exam site. Forms must be procured by the examinee in advance of the examination.

Remember that specific payers, including Medicare carriers, may use different and sometimes varied audit tool logic to gain objective consistency around the ‘95 and ‘97 Documentation Guidelines. Official provisions are contained in the relevant laws, regulations, rulings and contractual agreements of providers.
## Quick-Reference Code Sheet

### New PT and Consult: Default to the lowest LEVEL identified by the Hx, Ex, & MDM

**Est PT:** Use the LEVEL identified by the best 2 of 3 on the Hx, Ex, & MDM (99211 not a Dr Code)

**Hx History**

<table>
<thead>
<tr>
<th>Type</th>
<th>HPI: location quality severity duration asso. S&amp;S</th>
<th>ROS: constit eyes ENMT ENMT cardio MS respir skin</th>
<th>PFSH: past family social</th>
<th>New Out Pt or Consult Pt LEVEL</th>
<th>Est PT LEVEL</th>
</tr>
</thead>
<tbody>
<tr>
<td>PF</td>
<td>1</td>
<td>0</td>
<td>0</td>
<td>PF</td>
<td>1 2</td>
</tr>
<tr>
<td>EPF</td>
<td>1</td>
<td>1</td>
<td>0</td>
<td>EPF</td>
<td>2 3</td>
</tr>
<tr>
<td>D</td>
<td>2</td>
<td>1</td>
<td>3</td>
<td>D</td>
<td>3 4</td>
</tr>
<tr>
<td>C</td>
<td>4 or 1997:3 chronic</td>
<td>10</td>
<td>3 (2+ Est.)</td>
<td>C</td>
<td>4 &amp; 5 5</td>
</tr>
</tbody>
</table>

**MDM Medical Decision Making**

### Ex 95 DG Exam

#### Body Areas:
- head/face
- neck
- back
- abdomen
- genitalia
- chest/axillae/breast
- each extremity

#### Systems:
- constitutional
- eyes
- ENMT
- cardiovascular
- respiratory
- gastrointestinal
- genitourinary
- musculoskeletal
- skin
- neurologic
- psychiatric
- hematologic, lymphatic, immunologic

<table>
<thead>
<tr>
<th>Number of Body Areas/Systems Examined</th>
<th>Type</th>
<th>New Out Patient LEVEL</th>
<th>Est. Out Patient LEVEL</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>PF</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>2 Limited</td>
<td>EPF</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>2 Extended</td>
<td>D</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>8 (Systems Only)</td>
<td>C</td>
<td>4 &amp; 5</td>
<td>5</td>
</tr>
</tbody>
</table>

### AMOUNT/COMPLEXITY OF DATA:

**One Point Each:**
- Clinical Labs test ordered or reviewed
- CPT® Medicine Section Test- ordered/reviewed
- CPT® Radiology Section Test- ordered/reviewed
- Discuss patient results w performing / consulting Dr
- Decision obtain old records or additional hx other than pt

**Two Points Each:**
- Review/summarize data old records/add hx other than pt
- Independent interpretation of an image, tracing, specimen

**OVERALL RISK:**
The quick reference guide below shows excerpts from the CMS Table of Risk.

*Remember: Risk is based on the disease process anticipated between the present encounter and the next one.

<table>
<thead>
<tr>
<th>Type</th>
<th>New or Est. Out Pt or Consult LEVEL</th>
</tr>
</thead>
<tbody>
<tr>
<td>SF</td>
<td>1 &amp; 2</td>
</tr>
<tr>
<td>L</td>
<td>3</td>
</tr>
<tr>
<td>M</td>
<td>4</td>
</tr>
<tr>
<td>H</td>
<td>5</td>
</tr>
</tbody>
</table>

### Presenting Problem Example:

**Minor = 1 ea. (max 2 points)**
- Venipuncture, X-ray, EKG, U/A, U/S, rest, superficial dressings, elastic bandage, gargles, etc.

**Clinical testing/management examples:**
- Biopsy, pulmonary function, barium enema, minor surgery without risk factors, OTC drugs, PT, OT, IV without additives, etc.

**Clinical testing/management examples:**
- Stress tests, endoscopies, cardiovascular imaging, centesis, closed Tx of Fx, Rx drug management, minor surgery with risk factors, major elective surgery without risk factors, therapeutic radiation tx, etc.

**Clinical testing/management examples:**
- 1 chronic exacerbated / 2 stable chronic / New Undiagnosed with uncertain outcome / Acute with systemic symptoms / acute complicated injury

**Clinical testing/management examples:**
- Cardiovascular imaging with risk factors, endoscopies with risk factors, discography, medication toxicity management, major surgery with risk factors, emergency surgery with risk factors, etc.

**Clinical testing/management examples:**
- 1+ chronic severely exacerbated / illness or injury that poses a threat to life / Abrupt change in neurological status

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