

2021 E/M Exam Coding – Audit Sheet

	MINIMAL	LOW	MODERATE	HIGH
PROBLEMS	<p>1 self-limited or minor illness/injury</p> <p><u>Examples:</u></p> <ul style="list-style-type: none"> - Allergic conjunctivitis - Arcus - Old retinal scar - Pinguecula - Subconjunctival hemorrhage - Xanthelasma 	<p>≥2 self-limited or minor illness/injury OR 1 stable/chronic illness/injury OR 1 acute uncomplicated illness/injury</p> <p><u>Examples:</u></p> <p><i>Controlled Chronic:</i></p> <ul style="list-style-type: none"> - Dry AMD - Glaucoma - Diabetic retinopathy - Blepharitis - Dry eye syndrome - Trace cataract <p><i>Acute Uncomplicated:</i></p> <ul style="list-style-type: none"> - Corneal abrasion/FB - Recurrent iritis 	<p>≥2 chronic illness/injury with exacerbation OR ≥2 stable chronic illness/injury OR 1 new illness/injury with uncertain prognosis OR 1 acute illness/injury with systemic symptoms OR 1 acute complicated injury/illness</p> <p><u>Examples:</u></p> <p><i>Worsening Chronic</i></p> <ul style="list-style-type: none"> - AMD with decreased VA - Glaucoma uncontrolled <p><i>Acute Complicated</i></p> <ul style="list-style-type: none"> - Central corneal ulcer - Corneal FB with infection <p><i>Uncertain Prognosis</i></p> <ul style="list-style-type: none"> - Undetected organic pathology - Unexplained loss of vision - Idiopathic condition or no apparent physical cause 	<p>≥1 chronic illness or injury with severe side effect or severe exacerbation OR 1 acute or chronic illness/injury which poses imminent threat to life or sight</p> <p><u>Examples:</u></p> <ul style="list-style-type: none"> - New macula-on RD - New endophthalmitis - Ruptured globe - New retinal tear - Acute optic neuritis - New very high IOP (eg, 50)
*DATA (see page 2)	NONE	<p>Meet one: Cat 1 (need 2) OR Cat 2 (need 1)</p>	<p>Meet one: Cat 1 (need 3) OR Cat 2 (need 1) OR Cat 3 (need 1)</p>	<p>Meet <u>any two</u>: Cat 1 (need 3) OR Cat 2 (need 1) OR Cat 3 (need 1)</p>
MANAGEMENT	<p><u>Examples:</u></p> <ul style="list-style-type: none"> - No treatment - Watchful waiting - Rest 	<p><u>Examples:</u></p> <ul style="list-style-type: none"> - OTC meds or readers - Glass, CL Rx f/u ≥1 yr - Consideration/Decision for minor surgery - Self-care (eg, warm compresses) 	<p><u>Examples:</u></p> <ul style="list-style-type: none"> - RX med/optical, f/u weekly, monthly, quarterly - Consideration/Decision minor surgery with identified risk factors - Consideration/Decision for major surgery - Unknown treatment plan 	<p><u>Examples:</u></p> <ul style="list-style-type: none"> - Drug therapy requiring intensive monitoring of toxicity (eg, IV steroid) - Consideration/Decision for major surgery with identified risk factors - Consideration/Decision for emergency major surgery - Hospitalization
<p>Instructions: Circle the appropriate level for each area: Problem, Data, Management. Ignore lowest level of 3 (the one furthest to the left). Select the lesser of two remaining levels.</p>				
CPT®	99202 or 99212	99203 or 99213	99204 or 99214	99205 or 99215

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Scoring of External Tests and Data from Unique Sources

- All materials from a single unique source counts as 1 data element.
 - Example: Multiple tests and visits come from one outside doctor's office.
- If the reviewed tests have the same unique CPT code and source, they are defined as a "series" and count once.
 - Example: VF 02/01/19, VF 03/02/20, VF 01/03/21, same source, counts as 1 data element.
- A unique test from two different unique sources is counted once for each source. They are not a series.
 - Example: 1 refraction from Practice A, and 1 refraction from Practice B, counts as 2 data elements.

*DATA LEVELS – Be careful when material has a unique source

Minimal or None

None or only 1 of external test, note or order

Limited – need to meet either category "1" or "2"

Category 1 (need 2 in this category):

- Review of prior external notes from each unique source
- Review of results from each unique external test
- Ordering of each unique test (performed/billed outside the practice, not separately reported)

Category 2:

Assessment requiring an independent historian

- History from someone other than patient (eg, parent, guardian, spouse, caregiver). Not a paid translator.

Moderate – Meet a single category: "1" or "2" or "3"

Category 1 (Requires any 3 of the below; a single bullet may count repeatedly, eg, source or test):

- Review of prior external notes from each unique source
- Review of results from each unique external test when not "a series"
- Ordering of each unique test (performed/billed outside the practice, not separately reported)
- Assessment requiring an independent historian

Category 2:

Independent interpretation of external tests performed by another physician or QHP (not separately reported)

Category 3:

Discussion with external physician or other QHP (not separately reported; two-way communication)

High – Met by any of the following category combinations: "1 and 2", "1 and 3", or "2 and 3"

Category 1 (Requires any 3 of the below; a single bullet may count repeatedly, eg, source or test):

- Review of prior external notes from each unique source
- Review of results from each unique external test when not "a series"
- Ordering of each unique test (performed/billed outside the practice, not separately reported)
- Assessment requiring an independent historian

Category 2:

Independent interpretation of external tests performed by another physician or QHP (not separately reported)

Category 3:

Discussion with external physician or other QHP (not separately reported; two-way communication)