Gray Areas of EM Auditing

PRESENTED BY
JAN RASMUSSEN, PCS, CPC
PROFESSIONAL CODING SOLUTIONS

PROGRAM OBJECTIVES
• Review various interpretations of E/M components i.e., history, exam and medical decision making
• Challenge coders to expand their thinking regarding interpretations
• Help coders develop an internal standard that is defendable in an audit situation.

DOCUMENTATION FOR WHAT?
• Continuity of Care
• Legal Liability
• Reimbursement

Not Documented, Not Done!
Medical Necessity

IOM 100-4, ch12, 30.6.1

“Medical necessity of a service is the overarching criterion for payment in addition to the individual requirements of a CPT code. It would not be medically necessary or appropriate to bill a higher level of E & M service when a lower level of service is warranted.

The volume of documentation should not be the primary influence upon which a specific level of service is billed. Documentation should support the level of service reported.

The service should be documented during, or as soon as practicable after it is provided in order to maintain an accurate medical record.”
NATURE OF THE PRESENTING PROBLEM

- Presenting problem(s) can be a predictor of the level of service anticipated (medically necessary) for a given encounter.
- Some auditors consider medical decision making to be a required element for those services require only 2 of the 3 elements to choose the level of service.

LEVEL OF SERVICE BY PRESENTING PROBLEM

<table>
<thead>
<tr>
<th>Level of Risk</th>
<th>Presenting Problem(s)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Minimal</td>
<td>One self-limited or minor problem, e.g. cold, insect bite, tinea corporis</td>
</tr>
<tr>
<td>99201/99212</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Level of Risk</th>
<th>Presenting Problem(s)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Low</td>
<td>Two or more self-limited or minor problems; One stable chronic illness, e.g. well controlled hypertension or non-insulin dependent diabetes; Acute uncomplicated illness or injury, e.g. cystitis, allergic rhinitis, simple sprain;</td>
</tr>
<tr>
<td>99202/99213</td>
<td></td>
</tr>
</tbody>
</table>
LEVEL OF SERVICE BY PRESENTING PROBLEM

Level of Risk
Moderate
99203 or 99204/99214

Presenting Problem(s)
- One or more chronic illnesses with mild exacerbation, progression or side effects;
- Two or more stable chronic illnesses;
- Undiagnosed new problem with uncertain prognosis
- Acute illness with systemic symptoms, e.g., pyelonephritis, pneumonitis
- Acute complicated injury, e.g., head injury with brief loss of consciousness

LEVEL OF SERVICE BY PRESENTING PROBLEM

Level of Risk
High
99205/99215

Presenting Problem(s)
- One or more chronic illnesses with severe exacerbation, progress, or side effect;
- Acute or chronic illnesses or injuries that pose a threat to life or bodily function;
- An abrupt change in neurologic status, e.g. seizure, TIA, weakness, or sensory loss

S: 35 year old WM seen today with an itchy rash on left calf which has been present for the last four days. Patient just returned from camping trip with family. Spent significant time hiking in woods.
O: Left calf reveals red blistery like rash. No weeping at this time. Appears localized to left calf. No evidence of infection.
A&P: Poison ivy reaction. Apply cool compresses as necessary. Recommend bath with Aveeno or baking soda added to water. May also apply Calamine lotion for itching. Should improve in approximately on week.
Return as needed.
S: 10-year old male presents with a severe cutaneous eruption. 24 hours age, he was hiking in a wooded area, wearing shorts, and developed an intensely pruritic eruption involving most of the lower extremities from ankle to mid thigh, the dorsum of both hands, and the volar and dorsal surfaces of both forearms. Denies fever. Denies lesions in mouth or problems swallowing. Denies previous history of allergic reactions or rashes.

O: He has erythematous vesicular eruption in the areas described. No oral lesions or lesions on the face, neck, abdomen or genitalia with the exception of a small area on the dorsum of the penis that appears somewhat red. There are areas of excoriation and some weeping from the vesicles. There is no overt evidence of infection.

A&P: Known presence of poison oak in the area. This does appear to be acute rhus contact dermatitis. He will be placed on a pulse dose of methylprednisolone systemically. This appears to be too extensive involvement for topical therapy. Methylprednisolone 4 mg q.i.d. the first day, q.i.d. the second day, and t.i.d. x three days, and b.i.d. x two days. Aveeno baths advised. Call this office in 2 or 3 days, watch for signs of infection and return for check in five days. Advised to refrain from itching and wash hands frequently. Wear cotton gloves at night to prevent itching and spread.

HISTORY

EVALUATION AND MANAGEMENT COMPONENTS

Key Components
- History
- Examination
- Medical Decision Making

Contributory Factors
- Counseling/Coordination of Care
- Nature of Presenting Problem
- Time
History

Chief Complaint must always be present to support the medical necessity of any service.

3 elements to determine level of history:
• History of Presenting Illness (HPI)
• Review of Systems (ROS)
• Past Medical, Family and Social History (PFSH)

Chief Complaint

A concise statement describing the symptom, problem, condition, diagnosis or other factor that is the reason for the encounter, usually stated in the patient’s words
— Establishes the need for the patient to be seen.
— The chief complaint can be incorporated into the HPI but it must be clear.

History of Present Illness

• Chronological description of the development of the patient’s present illness, from the first sign and/or symptom, or from the previous encounter to the present.
• The goal is to develop an accurate word-picture that describes the patient’s problem(s) and sometimes enables the physician to separate a single from multiple (comorbid conditions) diagnoses.
HPI Elements

- **Location**
  - Exactly where is the problem.
  - Is the pain diffuse or localized? Unilateral or bilateral? Fixed or migratory? Does it radiate or is it referred to another location(s)?
  - Identify to the specific symptomatic area, upper quadrant, groin etc.

- **Quality**
  - Describe the quality of the symptom, since some diseases or conditions produce specific patterns of complaints.
  - Pain may be described as sharp, dull, throbbing, stabbing, constant or intermittent, acute or chronic, or stable, improving or worsening.

HPI Elements...

- **Severity**
  - Idea about the severity of the discomfort or sensation or pain.
  - Patient may describe the severity of the pain by employing a crude self-assessment scale to measure subjective levels (ie, 1 to 10, with 1 being no pain and 10 the worst pain experienced).
  - Compare the pain quantitatively with a previously experienced pain (eg, kidney stone or labor).
  - Can the patient continue to function with the pain or does it result in total immobilization?

- **Duration**
  - How long a pain or symptom has been present or how long the symptom lasts (e.g., one week, started yesterday, since Monday, chest pain lasted for 2 hours)

HPI Elements...

- **Timing**
  - Establish the onset for each symptom or problem, and a rough chronology of the development of the problem.
  - May ask; is it primarily nocturnal, diurnal, or continuous?
  - Has there been a repetitive pattern for the symptom? (See also discussion of associated signs and symptoms.)

- **Context**
  - Description of where the patient is and what the patient does when the symptoms or signs begin.
  - Is the patient at rest or involved in an activity? Is the symptom aggravated or relieved, or does it recur with a specific activity?
  - Has situational stress or some other factor been present preceding or accompanying it?
HPI Elements...

• Modifying Factors
  – What has the patient attempted to do to obtain relief, or make him or herself better?
  – Which make the symptom(s) worse?
  – Does the local application of heat or cold relieve or exacerbate a symptom?
  – Does eating relieve or exacerbate an abdominal discomfort?
  – Does coughing irritate the pain?
  – Have over-the-counter or prescribed medications been attempted? What were the results?

HPI Elements...

• Associated Signs and Symptoms
  – Questioning about additional sensations or feelings. Examples may include: diaphoresis (marked sweating) associated with indigestion or chest pain; tremulousness; weakness and hunger pangs in patients with diabetes; or blurring vision accompanying a headache.
  – Generalized symptoms, such as chills and/or fever (and its levels) headaches, overall weakness, or exhaustion are often relevant.
  – A clinician may ask patients directly about “pertinent positives and negatives,” such as the presence of bloody or tarry stools associated with changing bowel habits.

8 Elements of HPI

• Location………………………cervical spine
• Quality…………………sharp, stabbing, pulsating, throbbing
• Severity…………………severe, or “on a scale of one to ten..”
• Duration………………………how long has the problem existed/time of an episode
• Timing……………………..episodic, continuous, nocturnal
• Context…………………”after lifting heavy box” (under what circumstances)
• Modifying Factors………what makes it better or worse
• Associated Signs and Symptoms…chills, weakness, fever
HPI LEVELS
Brief - 1-3 of the above elements.
- "Patient complaining of left knee pain (location) for three days (duration)."

Extended - 4+ of the above elements (1995)
- "Patient complaining of sharp (quality) left knee (location) pain for 3 days (duration), worsens with weight bearing (context)."

Status of at least three chronic or inactive conditions
- "Patient admitted for antibiotic treatment of non-healing ulcer of left toe. Patient also has of stable hypertension, poorly controlled diabetes mellitus, type II, and stable COPD (status of 3 chronic conditions)."

All initial hospital and NF care, 99203-99205 and 99243-99245 require an extended HPI

History Issues
• Interpretation of HPI elements?
  – Where does what go?
  – If there is more than one complaint can elements be used for each complaint?
• Location
  – Can it also be part of the chief complaint:
    – General location or specific location:
      • Arm pain vs. bilateral upper arm
      • Inferred locations:
        • Urinary tract for hematuria
        • Cardiovascular for hypertension

History Issues...
• Is chronic a duration?
  • Chronic hypertension, chronic UTI
• Associated signs/symptoms vs. ROS
  • Need an associated sign and symptom to get 4 elements of HPI
    – Denies fever etc.
• Can you use the status of 3 chronic problems with the 95 exam?
Thank you for your inquiry regarding using chronic conditions (history) when applying the 1995 documentation guidelines.

I referred your question to our Medical Review staff. At the June 2005 CMS Medical Review Managers Conference, CMS announced that it would be appropriate to use chronic conditions for the level of history in applying the 1995 E&M guidelines. The reasoning being that in this one issue the 1997 guidelines were an extension of the 1995 guidelines. Please note this is the only issue that you can use the 1997 guidelines with the 1995 guidelines.

If you need to contact us again about this inquiry, please include the reference number below.

Sincerely,
Mary Snider
WPS Medicare
Provider Outreach and Education  REF: 5205173685010

REVIEW OF SYSTEMS

- Inventory of signs and/or symptoms which the patient may be experiencing or has experienced by body system
- Helps to further define the problem, clarify differential diagnosis, identify needed testing, or serves as baseline data on other systems that might be affected by any possible treatment options

REVIEW OF SYSTEMS (14)...

- Musculoskeletal
- Eyes
- Integumentary
- Ears, Nose, Mouth, Throat
- Neurological
- Constitutional
- Cardiovascular
- Psychiatric
- Respiratory
- Endocrine
- Gastrointestinal
- Hematologic/Lymphatic
- Genitourinary
- Allergic/Immunologic
ROS LEVELS

- **Problem pertinent**: one system related to problem identified in HPI.
- **Extended**: two to nine systems
- **Complete**: ten or more systems

**Note:** Positive or pertinent negative responses must be individually documented. All other systems can be identified with “all other systems negative”

99221, 99218, 99234, 99304, 99203, 99243, 99253 requires at least 2 ROS supplementing the HPI
99222, 99223, 99219, 99220, 99235, 99236, 99305, 99306, 99204-99205, 99244-99245, 99254-99255 require 10 individual systems supplementing the HPI

ROS Issues

- Double dipping issue
- Past medical history vs. ROS
  - Denies anemia, diabetes, CAD, congestive heart failure, hemorrhoids, hyperthyroidism, “patient wears glasses”, “last dental exam: X”
- Specific category designation for ROS questions
  - Headache: constitutional or neuro?
  - Sleep: psych or constitutional

ROS Issues...

- Non specific statements
  - HEENT: “negative, one system or two?”
  - “Other systems negative”
  - ROS entirely negative
  - “Unremarkable”
- Templated documentation
  - Generic ROS unrelated to acute presenting problem or documented chronic problems.
  - Contradictory statements
- “No changes” for subsequent follow up days.
### PAST HISTORY
- Prior major illnesses and injuries
- Prior operations and hospitalizations
- Current medications
- Allergies, immunization status
- Age appropriate feeding and dietary status

### SOCIAL HISTORY
- Marital status and/or living arrangements
- Current employment and occupational history
- Use of drugs, alcohol, and tobacco
- Level of education
- Sexual history and other social factors

### FAMILY HISTORY
- Health status or cause of death of parents, siblings and children
- Specific diseases related to problems identified in the chief complaint, HPI or ROS
- Disease of family members which may be hereditary or place the patient at risk
**PFSH LEVELS**

- **Pertinent** PFSH - At least one specific item from any of the three history areas must be documented.
- **Complete** PFSH - Review of two or all three of the PFSH areas depending on the category of E/M service.
  - Review of all 3 history areas for services that by their nature include a comprehensive assessment or reassessment of the patient. A review of 2 of 3 history areas is sufficient for other services.

*Note:* A comprehensive history in the emergency setting only requires documentation of 2 of 3 PFSH elements.

99222-99223, 99219-99220, 99235-99236, 99305-99306, 99204-99205, 99244-99245, 99254-99255 requires all three items to be documented.

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**PFSH Issues**

- Does pt history have to be recorded at every visit?
- Is it medically necessary?
  - A ROS and/or PFSH obtained during an earlier encounter does not need to be re-recorded if there is evidence that the physician reviewed and updated the previous information.
  - The review and update may be documented by:
    - describing any new ROS or PFSH or noting there has been no change in the information,
    - and
    - noting the date and location of the earlier ROS and/or PFSH.

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**PFSH Issues...**

- "Non-contributory"?
  - Assume "non-contributory" to mean the system or element was not relevant, therefore was not reviewed or
  - assume "non-contributory" to mean the system/element was reviewed, but had no pertinent findings or symptoms to be reported.
General History Issues

- Who can document what?
  - ROS and PFSH may be obtained by ancillary personnel.
- What is acceptable if the pt is unconscious or unable to provide history?
  - If the history is unobtainable from the patient or any other source, the record should describe the patient’s condition or circumstances which preclude obtaining the history.

EXAM

EXAMINATION
BODY AREAS (10)

- Head, including the face
- Neck
- Chest, including breasts and axilla
- Abdomen
- Genitalia, groin, buttocks
- Back, including the spine
- Each Extremity (4)
EXAMINATION SYSTEMS (12)

- Constitutional
- Skin
- Eyes
- Neurologic
- Ears, Nose, Mouth and Throat
- Psychiatric
- Cardiovascular
- Genitourinary
- Respiratory
- Musculoskeletal
- Hematologic/Lymphatic/Immunologic
- Gastrointestinal

1995 EXAM GUIDELINES

- **Problem focused**- 1 body area or system
- **Expanded problem focused**- limited exam of 2-7 body areas/systems
- **Detailed**- extended exam 2-7 body areas/systems
- **Comprehensive**- 8 of 12 systems

99218, 99234, 99204, 99235, 99253 require a detailed exam
99222, 99223, 99219, 99220, 99235, 99236, 99205, 99219, 99244-99245, 99254-99255 require a comprehensive exam

1997 MULTISYSTEM EXAM GUIDELINES

- **Problem focused**- 1-5 elements*
- **Expanded problem focused**- at least 6 elements*
- **Detailed**- 2 elements* from 6 areas^ or 12 elements* in 2 or more areas^ or
- **Comprehensive**- 2 elements* from 9 areas^ or

* identified by a bullet ^areas and/or systems
SINGLE ORGAN SYSTEM GUIDELINES
1997

- Cardiovascular
- Ear, Nose and Throat
- Eye
- Genitourinary
- Hematologic/Lymphatic/Immunologic
- Musculoskeletal
- Neurological
- Psychiatric
- Respiratory
- Skin

Exam Issues

- 1995 Body Area or System:
  - Skin examined on all four extremities w detail
  - Abdomen versus GI
  - Chest versus respiratory
- 1995 Limited versus extended exam
  - 2-4, 5-7?
- HEENT negative
- “Unremarkable” or “negative”

EXAM DOCUMENTATION GUIDELINES

- Specific abnormal and relevant negative findings of the examination of the affected or symptomatic body area(s) or organ system(s) should be documented.
  - A notation of “abnormal” without elaboration is insufficient.
  - Abnormal or unexpected findings of the examination of any asymptomatic body area(s) or organ system(s) should be described.
- A brief statement or notation indicating "negative" or "normal" is sufficient to document normal findings related to unaffected area(s) or asymptomatic organ system(s).
Exam Issues...

- Exam elements:
  - Pleasant = psych
  - EOMI
  - Alert and oriented
    - "WOWN white female, alert and oriented in no acute distress"
  - Costovertebral tenderness
  - Edema
  - Sinus tenderness
  - Neck supple
- Templated exam

1997 Exam Issues

- 1997 exam components are rarely favorable for primary care billing.
  - Definitely favorable from a documentation (legal liability) standpoint (more detail)
- Common exam elements not included as bullets
  - JVD
  - Bowel sounds
  - EOMI
- Comprehensive general multi-system exam requires 2 in 9 systems.

Medical Decision Making
MEDICAL DECISION MAKING

3 Components
- Number of diagnoses/management options
- Amount or complexity of data to review
- Risk of significant complications, morbidity and mortality

<table>
<thead>
<tr>
<th>Problems to Physician</th>
<th>Number</th>
<th>Points</th>
<th>Result</th>
</tr>
</thead>
<tbody>
<tr>
<td>Self-limited or minor ( Stable, improved or worsening)</td>
<td>Max=2</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>Est. problem (to examiner); stable, improved</td>
<td></td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>Est. problem (to examiner); worsening</td>
<td></td>
<td>2</td>
<td></td>
</tr>
<tr>
<td>New problem (to examiner); no additional workup planned</td>
<td>Max=1</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>New problem (to examiner); additional workup planned</td>
<td></td>
<td>4</td>
<td></td>
</tr>
<tr>
<td>Bring total to Line A in final Matrix CMD</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Data to be reviewed</th>
<th>Points</th>
</tr>
</thead>
<tbody>
<tr>
<td>Review and/or order of clinical lab test</td>
<td>1</td>
</tr>
<tr>
<td>Review and/or order of test in the Radiology section of CPT</td>
<td>1</td>
</tr>
<tr>
<td>Review and/or order of test in the Medicine section of CPT</td>
<td>1</td>
</tr>
<tr>
<td>Discussion of test results with performing physician</td>
<td>1</td>
</tr>
<tr>
<td>Decision to obtain old records and/or obtain history from someone other than patient</td>
<td>1</td>
</tr>
<tr>
<td>Review/summation of old records and/or obtain history from someone other than patient and/or discussion of case with another provider</td>
<td>2</td>
</tr>
<tr>
<td>Independent visualization of image, tracing or specimen itself (not simply review of report)</td>
<td>2</td>
</tr>
<tr>
<td>Bring TOTAL to line C in final matrix CMD</td>
<td>Total</td>
</tr>
</tbody>
</table>
# TABLE OF RISK

<table>
<thead>
<tr>
<th>Level of Risk</th>
<th>Presenting Problem(s)</th>
<th>Diagnostic Procedure(s) Ordered</th>
<th>Management Options Selected</th>
</tr>
</thead>
<tbody>
<tr>
<td>Minimal</td>
<td>One self-limited or minor problem, eg cold, insect bite, tinea corporis</td>
<td>Laboratory tests requiring venipuncture, chest x-rays, EKG/EEG, urinalysis, ultrasound, eg. echocardiography, KOH prep</td>
<td>Rest, gargles, elastic bandages, superficial dressings</td>
</tr>
<tr>
<td>Low</td>
<td>Two or more self-limited or minor problems, One stable chronic illness, eg. well controlled hypertension or non-insulin dependent diabetes, cataract, BPH, acute uncomplicated illness or injury, eg. cystitis, allergic rhinitis, simple sprain</td>
<td>Physiologic tests not under stress, eg. pulmonary function tests, diagnostic endoscopies with no identified risk factors, deep needle or incisional biopsy, cardiovascular imaging studies with contrast, eg. coronary angiography, cardiotomy, cardiac catheterization, -clinical laboratory tests requiring arterial puncture, skin biopsies</td>
<td>Over-the-counter drugs, minor surgery with no identified risk factors, physical therapy, occupational therapy, IV fluids without additives, minor surgery with identified risk factors, prescription drug management, therapeutic nuclear medicine, IV fluids with additives, closed treatment of fracture or dislocation without manipulation</td>
</tr>
<tr>
<td>Moderate</td>
<td>One or more chronic illnesses with mild exacerbation, progression, or side effects of treatment, Two or more stable chronic illnesses, undiagnosed new problem with uncertain prognosis, eg. lump in breast, acute illness with systemic symptoms, eg. pylonephritis, pneumonitis, colitis, acute complicated injury, eg head injury with brief loss of consciousness</td>
<td>Physiologic tests under stress, eg. cardiovacular stress test, fetal contraction stress test, diagnostic endoscopies with identified risk factors, deep needle or incisional biopsy, cardiovascular imaging studies with contrast and no identified risk factors, eg. coronary angiography, cardiac catheterization, obtain fluid from body cavity, eg. lumbar puncture, thoracentesis, calf vein microscopy</td>
<td>Minor surgery with identified risk factors, elective major surgery (open, percutaneous or endoscopic) with no identified risk factors, prescription drug management, therapeutic nuclear medicine, IV fluids with additives, closed treatment of fracture or dislocation without manipulation.</td>
</tr>
</tbody>
</table>
- One or more chronic illnesses with severe exacerbation, progression, or side effects of treatment
  - Acute or chronic illnesses/injuries that pose a threat to life/bodily function, e.g., multiple trauma, acute MI, pulmonary embolus, severe respiratory distress, progressive severe rheumatoid arthritis, psychiatric illness w potential threat to self/others, peritonitis, acute renal failure
  - Abrupt change in neurologic status, e.g., seizure, TIA, weakness/sensory loss

- Cardiovascular imaging studies with contrast with identified risk factors
- Cardiac electrophysiological tests
- Diagnostic Endoscopies with identified risk factors
- Discography
- Elective major surgery (open, percutaneous or endoscopic) with identified risk factors
- Emergency major surgery (open, percutaneous or endoscopic)
- Parenteral controlled substances
- Drug therapy requiring intensive monitoring for toxicity
- Decision not to resuscitate or to de-escalate care because of poor prognosis

Number of Diagnoses and/or Management Options Issues...

- Incomplete documentation to tell status of problem at end of visit?
  
  -- Dr. changes medications, worsening?

- DG For a presenting problem with an established diagnosis, the record should reflect whether the problem is
  
  a) Improved, well controlled, resolving or resolved; or,
  b) Inadequately controlled, worsening, or failing to change as expected.

Number of Diagnoses and/or Management Options Issues...

- What is additional workup?
  
  -- Any additional testing that may be performed during the visit, or scheduled to be performed at a later visit (including consultative services), to assist the physician in diagnosing a condition, or the extent of a condition for appropriate medical management of the patient.
  
  -- Tests ordered at visit with results back, diagnosis concluded?
  
  -- Provisional diagnosis and treatment?
  
  -- Hospitalization
  
  -- Surgical procedure?
Number of Diagnoses and/or Management Options Issues...

- Do chronic problems always increase the complexity of the encounter?
  - DG Comorbidities/underlying diseases or other factors that increase the complexity of medical decision making by increasing the risk of complications, morbidity, and/or mortality should be documented.

Amount & Complexity of Data Issues

- "Admit to hospital"
- 2 lab tests versus 8 lab tests
- X-ray indicates.... Xxxxxx?
- When do tests personally reviewed by the physician indicate more extensive decision making?
  - Direct visualization and independent interpretation of an image, tracing or specimen previously or subsequently interpreted by another physician should be documented.
    - X-ray/ultrasound to be formally read later

Amount & Complexity of Data Issues...

- When does discussion of tests results with another provider increase complexity of data?
  - DG: The results of discussion of laboratory, radiology or other diagnostic tests with the physician who performed or interpreted the study should be documented.
  - X-ray reviewed with Dr. X.
    - Need to indicate some discrepancy/problem or question about what the tests means for diagnosis or treatment
Amount & Complexity of Data Issues...

- Does ordering & review of old records increase complexity?
  - DG: A decision to obtain old records to supplement that obtained from the patient should be documented.
  - Relevant findings from the review of old records and/or the receipt of additional history from the family, caretaker or other source should be documented. If there is no relevant information that fact should be documented.
  - A notation of "old records reviewed" or "additional history obtained from family" without elaboration is insufficient.

Table of Risk Issues

- Define acute complicated versus acute uncomplicated
- Chronic illnesses?
- Diagnostic procedures ordered table is very incomplete
- Define prescription drug management
  - Over the counter drugs "prescribed" with higher dosage?
  - Renewal of prescriptions?
- What does "With identified risk factors" mean for surgical procedures.
- What specific drugs/therapies require intensive monitoring for toxicity?
Your tip goes here.

Notice my slide title is to the far right of this slide. That is so the title still shows up in the outline tab without being seen on the slide itself.