

Jim Collins

From: Ellen Griffith <EGriffith@cms.hhs.gov>
Sent: Monday, October 04, 2004 5:32 PM
To: jcollins@compliantmd.com
Subject: Fwd: RE: E&M Guidelines - Additional question

The physician absolutely should receive credit if he documents this.
what Jim just provided is valuable information and should be documented.
It is not "negative". It is a fact that there are no modifying factors
that influence the SOB and there are no other accompanying symptoms.

>>> Ellen Griffith 10/04/04 05:13PM >>>

>>> "Jim Collins" <jcollins@compliantmd.com> 10/04/04 05:11PM >>>
Thank you very much Ellen, I appreciate you getting back to me and I
appreciate the information.

The one question you mentioned concern with was the HPI elements... An
example of this that I see frequently is a patient who presents for
evaluation of shortness of breath. The doctor might say "the
patient's
chief complaint is shortness of breath which is not exacerbated with
any
specific activity and has no reported associated symptoms."

In this example we would count shortness of breath as the chief
complaint.
The question is... should the doctor receive credit for documenting the
HPI
element of modifying factors (since he said it is not exacerbated by
any
activity) and associated signs/symptoms (since he said there are
none?)

Sorry for any confusion & thank you again for your help, it is much
appreciated.

Sincerely,

Jim Collins, ACS-CA, CHCC, CPC
President, Compliant MD, Inc.
Consulting Editor, Cardiology Coding Alert
www.CompliantMD.Com

-----Original Message-----

From: Ellen Griffith [<mailto:EGriffith@cms.hhs.gov>]
Sent: Monday, October 04, 2004 4:58 PM
To: JCollins@CompliantMD.Com
Subject: Re: E&M Guidelines

Answers follow your questions:

QUESTION ----- The CPT book and the documentation guidelines specify that only two of the three documentation elements (history, exam, or complexity) need to be met or exceeded in order to support the indicated level of established patient visit. Are there any CMS restrictions regarding which combination of elements must be included (such as complexity always needs to be one of the factors) or will any combination suffice?

RESPONSE-----No restrictions at the present time. Where only 2 are needed it can be any combination.

QUESTION ----- When a doctor orders a diagnostic test (such as a heart cath) but the patient refuses to undergo the test should the doctor still get credit for ordering the test when determining the level of complexity associated with the encounter?

RESPONSE-----it certainly can factor into the medical decision making care plan/treatment plan. It needs to be documented that it was considered but the patient refused/declined and the reason why refused.

QUESTION ---- When a doctor documents history of present illness elements but his/her comments are negative. such as "the patient reports no associated signs/symptoms" does the doctor receive credit for these HPI elements?

RESPONSE----Find this hard to believe that all 8 elements are negative. An E/M visit is covered when medically necessary for the treatment of illness or injury or to improve the function of a malformed body member. Patient comes to the doc with a chief complaint. The HPI elements are a chronological description of the development of the patient's present illness (complaint) from the first sign and/or symptom or from the previous encounter to the present. Even if it was a subsequent visit following treatment of an earlier illness/complaint the HPI would say something like "resolved" , "no longer present"; "healed" etc. "Negative" can also be problematic if the response should be "positive"

QUESTION ---- The audit tool used, and made public, by many carriers awards credit for ordering/reviewing tests only if they are clinical lab tests or tests from

the radiology or medicine sections of the CPT book. If the doctor orders/reviews a test from a different section of the CPT book (such as a colonoscopy) would he/she receive the same amount of credit for this order/review?

RESPONSE----CMS does not have an audit tool. Never did. HCFA (CMS) medical staff reviewed the one developed by Marshfield Clinic that is often used. We did not adopt it or endorse it. Carriers were told they could use it or modify it. I have the form and it also allows credit for "review and/or order of test in the medicine section of CPT (examples: EEG, echocardiography, pulmonary function testing, endoscopy) These are just examples. Colonoscopy would be credited if it is documented.

QUESTION ----The audit tool referenced above awards two credits for independent visualization of an image, tracing or specimen itself (not simply review of a report.) The tool also awards one credit for ordering a diagnostic test. If the physician ordered a test (such as an EKG) and he/she personally reviewed the tracing on the same day would he/she be awarded credit for both the order (1 credit) and the personal review (2 credits?)

RESPONSE-----Yes. They are two separate activities. If you order it you might not get to review it. If you do review it/look at it in a scope etc and make judgements then documenting this activity should allow you to have credit for both ordering and reviewing it (not just reading a report).

>>> "Jim Collins" <jcollins@compliantmd.com> 10/04/04 04:04PM >>>
Dear Ellen,

We've received several questions from readers regarding how they should apply the evaluation and management documentation guidelines in practice. Would you be able to comment on these questions or forward them to the appropriate policy person/committee for a response? Anything you could do to clarify these issues would be much appreciated. We are trying to clarify these rules to facilitate full compliance.

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or exceeded in order to support the indicated level of established patient visit. Are there any CMS restrictions regarding which combination of elements must be included (such as complexity always needs to be one of the factors) or will any combination suffice?

When a doctor orders a diagnostic test (such as a heart cath) but the patient refuses to undergo the test should the doctor still get credit for ordering the test when determining the level of complexity associated with the encounter?

When a doctor documents history of present illness elements but his/her comments are negative. such as "the patient reports no associated signs/symptoms" does the doctor receive credit for these HPI elements?

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Thank you again for your help and comments. They are appreciated and if you would like I'll be glad to forward a draft of any articles before they got to the next step of the editorial process.

Sincerely,

Jim Collins, ACS-CA, CHCC, CPC

President, Compliant MD, Inc.

Consulting Editor, Cardiology Coding Alert

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