COMPLIANCE TIP

To:       UF COM – Jacksonville Department Chairs, Compliance Leaders, and UFJPI Management

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Re:       Status of Diagnoses – Revised and Reissued

This Compliance Tip was originally distributed in February, 2007. There has been one significant change since that time. Effective 09/10/2013, the Centers for Medicare and Medicaid Services allows credit for an extended History of Present Illness (HPI) when either four or more elements of the HPI or associated comorbidities are documented, or the status of three or more chronic or inactive conditions are documented in lieu of the four elements of the HPI. This change is now applicable to both the 1995 and 1997 versions of the Documentation Guidelines for Evaluation and Management Services (E/M Guidelines). This information was communicated via a Compliance Alert entitled “1997 E/M Guidelines for Extended HPI now Apply to 1995” (October 2, 2013).

The guidelines relating to the status of diagnoses have not changed but the Office of Compliance still observes documentation where the status of the patient’s problem(s) is lacking. As such, we are reissuing this Compliance Tip as a reminder of how proper documentation can support medical decision making.

Both the 1995 and 1997 “E/M Guidelines indicate that the number of diagnoses and/or management options addressed during the course of a patient encounter impacts the level of medical decision making supported. In fact, the authors of the E/M Guidelines recognize that generally, medical decision making for a diagnosed problem is easier than medical decision making for an identified but undiagnosed problem. Furthermore, the authors acknowledge that problems which are improving or resolving are less complex than those which are worsening or failing to change as expected.

This is why it is important that providers specify the status of each diagnosis being addressed in the medical documentation. The documentation guidelines or “DG” for this area of medical
decision making state, “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.”

So often these qualifiers are not documented sufficiently. For example, the documentation may support that a refill prescription was written for a medication. However, there is no indication in the medical record as to what condition is being managed with the prescription or the status of that condition. Of course, in some instances the condition being managed may be implied by the drug’s usage indications but some drugs have multiple indications so the condition/diagnosis must still be clearly documented. In this example, documenting the prescription refill, the condition being managed with the prescription, and the fact that the condition is well controlled with the medication would add to the clarity of this patient’s health care picture. When deciding whether to include this information in your documentation, please keep in mind that providing the status of the problem(s) being treated may have an impact on the level of medical decision making supported and ultimately impact the overall level of E/M service supported.

Please share this tip with faculty, residents, nonphysician practitioners and coding staff. If you have any questions or concerns about this tip, please feel free to contact me at (904) 244-2158.

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