COMPLIANCE TIP

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

From: Maryann C. Palmeter, CPC
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Re: Status of Diagnoses

Both the 1995 and 1997 Documentation Guidelines for Evaluation and Management Services (the “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. Specifically, 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 (albeit in some instances the condition being managed may be implied by the drug’s usage indications). 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 choosing 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.

Lastly, according to the 1997 E&M Guidelines, providing the status of three or more chronic or inactive conditions satisfies the requirements for an extended History of Present Illness (the “HPI”). It should be noted that the 1995 E&M Guidelines do not allow this option for the HPI.
It may be beneficial to document the HPI in this fashion (if applying the 1997 E&M guidelines) when patients with multiple chronic problems present for evaluation and management without any acute problems.

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

Cc: Robert Nuss, M.D. Robert Pelaia, J.D., CPC