COMPLIANCE UPDATE

TO: Posted to Compliance Website
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SUBJECT: Reducing Documentation Redundancies
DATE: December 19, 2018

The provider community recently expressed that the Centers for Medicare and Medicaid Services (CMS) should not require documentation of information in the billing provider’s note that is already present in the medical record, particularly with regard to the history and exam components of an E/M service. In the Medicare Physician Fee Schedule Final Rule for Calendar Year 2019, CMS finalized some changes to the documentation guidelines for E/M services that are effective January 1, 2019. The purpose of these changes is to simplify and reduce redundancy in documentation. There are two changes and each change is relevant to a particular class of patient. These changes are optional for providers, and they may choose to continue the current process of entering, re-entering and bringing forward information.

Change #1

Applicability: History Component for New and Established Patient E/M Office/Outpatient Visits Only (CPT® codes 99201-99205 and 99211-99215)

Physicians or qualified nonphysician practitioners (the “Provider”) need not re-enter in the medical record information on the patient’s chief complaint and history that has already been entered by ancillary staff or the patient. The Provider may simply indicate in the medical record that he or she reviewed and verified this information. This includes the History of Present Illness (HPI) in addition to the Chief Complaint, Review of Systems (ROS) and Past, Family and Social History (PFSH). Current E/M guidelines do not permit ancillary staff or the patient to provide the documentation of the Chief Complaint or the HPI. This change will permit ancillary
staff to document the Chief Complaint and HPI for new and established patient Office/Outpatient Visits (CPT® codes 99201-99205 and 99211-99215).

Change #2

Applicability: History and Exam Components for Established Patient E/M Office/Outpatient Visits Only (CPT® codes 99211-99215)

For both of the History and Exam components, when relevant information is already contained in the medical record, the Provider would only be required to focus their documentation on what has changed since the last visit or on pertinent items that have not changed, rather than re-documenting a defined list of required elements such as review of a specified number of systems and PFSH.

The Provider would still review prior data, update as necessary, and indicate in the medical record that they had done so.

The Provider would conduct clinically relevant and medically necessary elements of history and physical exam, and conform to the general principles of medical record documentation in the 1995 and 1997 E/M documentation guidelines. However, the Provider would not need to re-record these elements (or parts thereof) if there is evidence that the Provider reviewed the previous information and updated it as needed. The Provider should still review, update as necessary, and indicate in the medical record that they have done so.

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The Office of Compliance (Compliance) continues to urge caution when utilizing information from prior encounters to support the current service. The Provider needs to be specific about which previously documented note they are referencing, particularly when the prior service was rendered by a different Provider. In addition, the Provider must ensure that all elements of the History and Exam previously performed, and that they are referencing in the current encounter, were actually performed on the current service date and that it was medically necessary to do so.

These changes are relevant to services covered under the Medicare Physician Fee Schedule which includes traditional, Railroad, and Medicare Advantage plans. Whether or not these changes will be implemented by other government payers like Medicaid and TriCare has not yet been established. At times, various commercial payers incorporate Medicare guidelines and regulations into their commercial reimbursement policies. Compliance encourages billing and
managed care leadership to explore the impact these Medicare changes may have on commercial policies.

Lastly, Compliance suggests education on the various dimensions of HPI for ancillary staff who will begin documenting the HPI.

c: Leon J. Haley, Jr., M.D., MHSA
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