
The Technique of Documentation and the Business of Oncology



Oklahoma Society of Clinical Oncology

Oklahoma City, OK

Saturday, January 24, 2009

EM
CONSULTING

Today's Topics

- Why is This So Important (especially inpatient)?
- Consult Documentation Support
- The E&M Philosophy History
 - HPI
 - ROS
 - PMFSH
- Physical Exam: 95 vs. 97
- Medical Decision Making Documentation
- Time

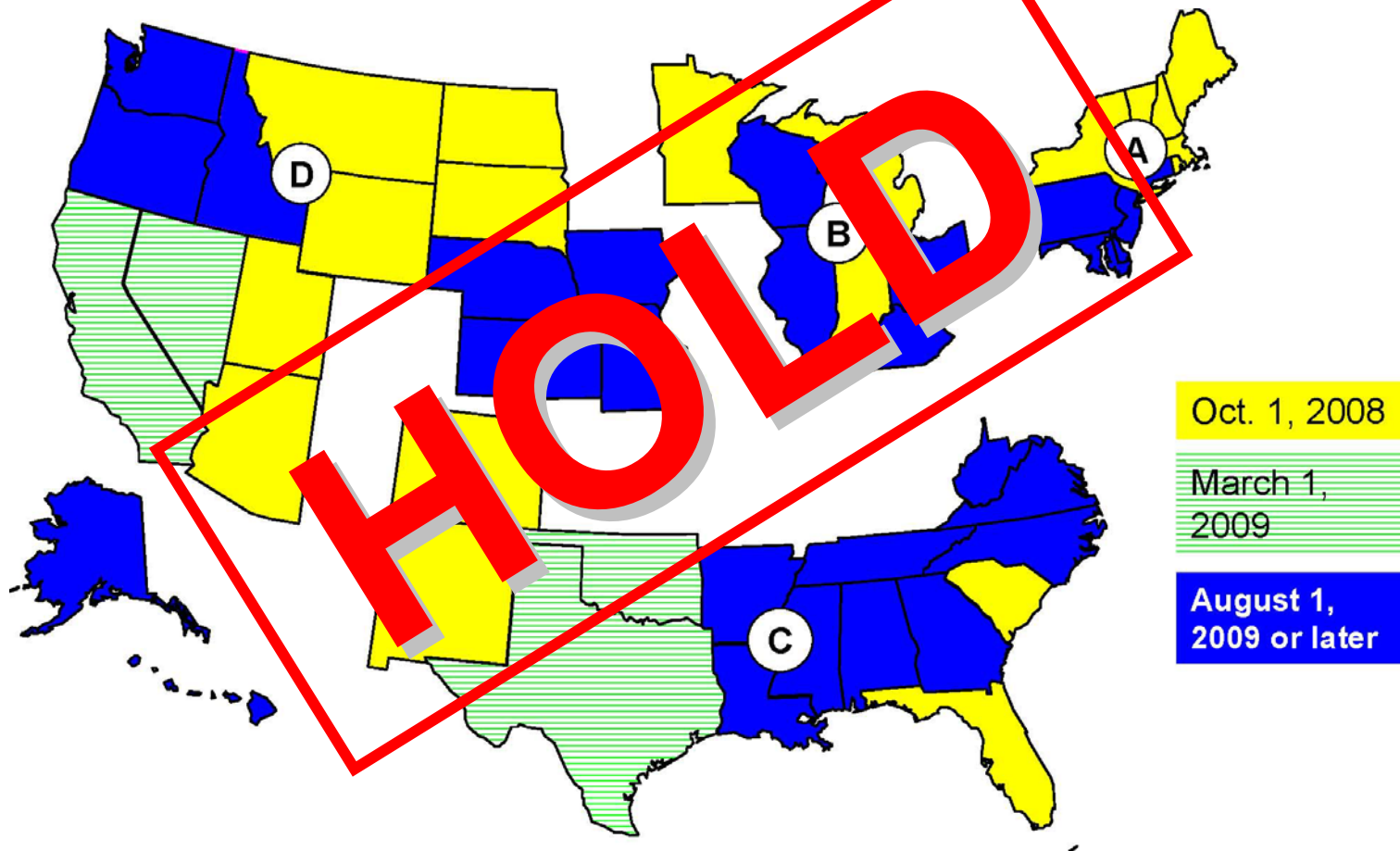
Why So Important?

- RAC (Recovery Audit Contractor)
- Overseen by Office of Inspector General
- Pilot Program for 2007 in Three States:
 - ❑ Florida
 - ❑ California
 - ❑ N.Y.
- Contractors receive 22 cents/dollar recovered!

RAC Results

- 2007: >\$371,000,000
- **@85% Inpatient Charges**
- Under/Over-Coding not Analyzed
- “Low Hanging Fruit”
 - ❑ Tests
 - ❑ Procedures
 - ❑ Drugs
 - ❑ Consults
 - ❑ Diagnosis Codes

Southern Region & RAC



Regional RAC

- **Southern Region:**
Connolly Consulting Associates, Inc.
Wilton, Connecticut

Consultation Codes

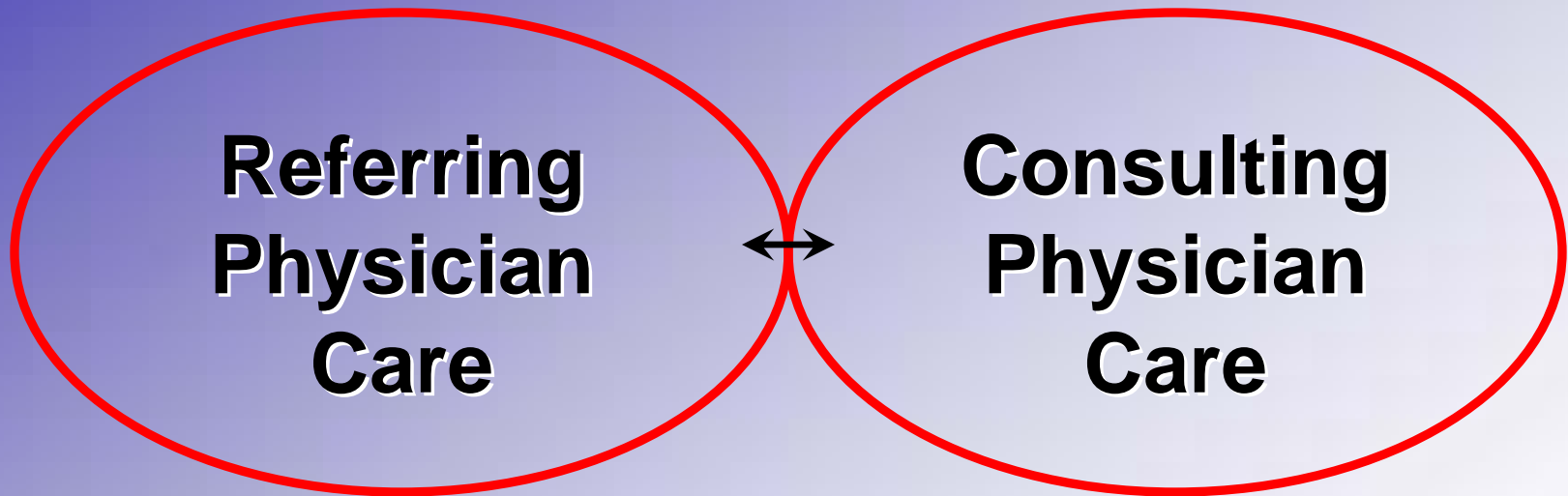
- Criteria - Encounter Must Be:
 - ❑ Requested by qualified individual
 - ❑ Documented (letter, notebook, dictation)
 - “Patient seen in consultation per request of Dr.”*
 - ❑ Communicated to requesting physician (notes, letters)

Consult

Consultation vs. New Patient: *The “New” Interpretation*

- Transfer of Care (= *no consult*) → *INTENT*
 - ❑ “A transfer of care occurs when a physician *requests that another physician take over the responsibility for managing the patients’ complete care for the condition and does not expect to continue treating or caring for the patient for that condition.*”
 - ❑ *When this transfer is arranged the requesting physician will not be taking part in any aspect of the care of the condition.*

Consultation or New Patient?: *Timing & Intent is the key!*

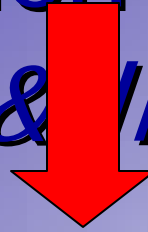


NEW PATIENT



TIME

Consultation or New Patient: *Timing & Intent is the key!*



**Referring
Physician
Care**



**Consulting
Physician
Care**

CONSULT!



TIME

Consultation Documentation

“I think it is important for the oncologist to write up his/her consultation report with findings and plan stating both (the oncologist and referring physician) will be involved. It’s a safeguard with minimal documentation.”

Division of Practitioner Services
CMS Office of External Affairs

Consultation Documentation

Patient seen per the request of Dr. Jones in consultation so that I may provide my opinion and advice regarding his lung cancer...

...I look forward to working with Dr. Jones in providing care to Mr. Smith for his condition.

History	Physical Exam	Med Decision Making
HPI	<i>95 or 97</i> Physical Examination	DIAGNOSES
ROS		DATA
PFMSH		RISK

Consult/New Patient:
Count all 3 COLUMNS

Return Visit:
2 out of 3 COLUMNS

Subsequent Care Visit:
2 out of 3 COLUMNS

History Level:
3 out of 3 BOXES

Medical Decision Making:
2 out of 3 BOXES

The E&M Philosophy

HISTORY	P.E.	MDM
HPI	1995 Multi-System	Number of Problems/ Diagnosis
ROS		Data
PMFSH		Risk

← **Medical Necessity**

History

HISTORY	P.E.	MDM
HPI	1995 Multi- System	Number of Problems/ Diagnosis
ROS		3 out of 3 Data
PMFSH		Risk

History (Hx)

- Chief Complaint (CC)
- History of Present Illness (HPI)
- Review of Systems (ROS)
- Past Medical, Family and/or Social History (PMFSH)

Chief Complaint

- Must Be In Documentation or Service Code Does Not Exist
- Diagnosis **IS NOT** a chief complaint
- *“Follow-Up for”*

History of Present Illness

Cover Each:

- Location
- Quality
- Severity
- Duration
- Timing
- Context
- Modifying Factors
- Associated Signs & Symptoms

Level 5 = 4 (Consults/New Patients/Return Visits)

Review of Systems

➤ Systems

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

Level 5 = 10 (Consults/New Patients/Return Visits)

Review of Systems

“For the remaining systems, a notation indicating all other systems are negative is permissible. In the absence of such a notation, at least ten systems must be individually documented.”

- Family History
- Patient Medical & Surgical History
- Social History

Level 5 = 3 (Consults/New Patients)

Level 5 = 2 (Return Visits)

Family History

- *“Non-contributory”*
- *“Negative”*

History

Capturing Information

- Collect From Any Source
 - Patient information form
- Update Old History (**ROS/PFSH only**)
 - Review history
 - Note date, location
 - Note any changes

Physical Exam

HISTORY	P.E.	MDM
HPI	1995 Multi- System	Number of Problems/ Diagnosis
ROS		Data
PMFSH		Risk

- *General Multi-System*
 - 1995 Exam
 - 1997 Exam

1995 or 1997 Guidelines

“CMS has made clear that we cannot replace content found in the 1995 Documentation Guidelines for Evaluation and Management Services and the 1997 Documentation Guidelines for Evaluation and Management Services. During the review process, ... Medicare will continue to apply whichever guideline is most advantageous to providers. “

Documentation of Physical Exam

- “the use of examination templates/checklists is acceptable documentation.”
- “A notation of “abnormal” without elaboration is insufficient.”
- “A brief statement or notation indicating “negative” or “normal” is sufficient.”

1995 Physical

Organ Systems

- Constitutional (e.g., vital signs, general appearance)
- Eyes
- Ears, nose, mouth and throat
- Cardiovascular
- Respiratory
- Gastrointestinal
- Genitourinary
- Musculoskeletal
- Skin
- Neurologic
- Psychiatric
- Hematologic/lymphatic/immunologic

Physical

*1995 General Multi-System Exam**

- Comprehensive (Level 5): **8 systems**
- Detailed (Level 3): 5-7 systems
- Expanded Problem Focused (Level 2): 2-4 systems
- Problem Focused (Level 1): 1 system

***Return Visit:**

Only what is medically necessary

Key Medical Decision Making Documentation

➤ DATA

- All Tests Reviewed
- All Tests Ordered
- All Discussions w/ Other Physicians
- All Tests Requiring Physician Personal Involvement (Bone Marrow Biopsy)
- All Independent Viewing of Films/Specimens

- Documentation Requirements
 - Total time of visit (determines level)
 - More than 50% of visit spent counseling/coordinates care
 - Content of discussion
- **TIME OVERRIDES COMPONENTS**

- How to determine the level
 - Established Office Visit (total time)
 - Level 1 (99211): 5 minutes
 - Level 2 (99212): 10 minutes
 - Level 3 (99213): 15-20 minutes
 - Level 4 (99214): 25-30 minutes
 - Level 5 (99215): 35+ minutes

Time *Prolonged Service Code*

- 75-115 minutes
 - 99215 PLUS 99354
- 120 minutes
 - 99215 PLUS 99354 PLUS 99355

- How to determine the level
 - Consults (average total time)
 - Level 1 (99241): 15-20 minutes
 - Level 2 (99242): 25-30 minutes
 - Level 3 (99243): 35-50 minutes
 - Level 4 (99244): 55-70 minutes
 - Level 5 (99245): 75+ minutes

Questions?

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