An Administrator’s Guide to “Practical” Ophthalmology: Performing the History

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Disclosures

• Everything here is strictly my opinion only and does not reflect the opinion of Via Christi Clinic or the VA.

• TQ and spouse own T&S Publishing Co.

Objectives

1. Learn why the history is so important.

2. Learn the “Golden Rule” of documentation.

3. Learn if there are any required elements of a “History” when using Eye Codes.

4. Learn the 4 key elements of a “History” when using E&M Codes.
Objectives

5. Learn two approaches to obtaining the HPI and the relative advantages/disadvantages of each approach.

6. Learn how knowing the requirements for E&M Level 4 coding makes the rest much, much easier.

7. Learn how Meaningful Use 1 & 2 affect the history.

8. Learn some key pointers and how to avoid key pitfalls.

History – Why is it So Important?

• Helps physician come to a diagnosis.

• Helps physician meet standard of care.

• Helps physician communicate with others.

• Helps practice get appropriately reimbursed for its services rendered.

History: The Golden Rule

The Golden Rule: Sooner or later, he who has the gold makes the rules.

Section 1801, Medicare Act, 1965

“Nothing in this title shall be construed to authorize any Federal officer or employee to exercise any supervision or control over the practice of medicine or the manner in which medical services are provided ...”
History: The Golden Rule

Patients whose medical care is provided by public funds have no constitutional right to whatever care [their physicians] using "the highest standards of medical practice"... may "judge necessary"... or to obtain that care "from a physician ... of their choice."

Robert H. Bork, Solicitor General
Motion to Affirm Judgment of District Court
AAPS v. Weinberger, 1975

Are there Any Required Elements of a “History” when Using Eye Codes?

NO,

but you must have a history.

History – What are the 4 Key Elements of a History in an E&M Service?

1. Chief Complaint.
2. HPI (History of Present Illness).
3. ROS (Review of Systems).
4. PFSH (Past, Family, Social History).
History Element 1: Chief Complaint

The patient must either:

- have a complaint (such as floaters) or
- have a systemic disease (such as diabetes) that can affect the vision.

Why? Because Medicare Part B does not cover routine exams.

Examples of a “Chief Complaint”: “red eye OD” or “blurry vision” or “diabetic eye exam” or “I’m on plaquenil” or “3 month glaucoma re-check.”

Pointers:

- Does not need to be in the patient’s own words.
- Can be recorded by allied health personnel.
- Receptionist or technician can remind the patient that Medicare will not cover their exam if there is no complaint or systemic disease that can affect the vision.
- If all else fails: Can you read that 20/20 line or is it blurry?

Pitfalls:

- Not having a chief complaint when there is one.
- Chief complaint says “routine exam,” when the purpose is clearly not such (i.e. diabetic exam).
- When a patient returns “off-cycle” (in 1 month instead of 3), must have a complaint noted. Cannot simply say “3 month glaucoma recheck” if it is not 3 months! Train your staff for these “off-cycle” visits. They are often prone to errors.
History Element 2: HPI (History of Present Illness)

CPT recognizes 8 elements of an HPI:
- Location
- Quality
- *Severity
- *Duration
- *Timing
- Context
- Modifying factors
- *Associated signs and symptoms

Know the rules:
An HPI can be "Brief" or "Extended."
- A "Brief" HPI has 1 to 3 elements.
- An "Extended" HPI has 4 or more elements.
- Remember this rule.

History Element 2: HPI (History of Present Illness)

*Location: OD? OS? OU?

*Associated signs/symptoms: blurriness, redness, headaches

*Severity: scale of 0-10? Or mild? moderate? severe?

*Duration: Since 2/14/2015; since mid Feb, 2015; since winter 2015; since 1990s.

*Timing: worse in morning? evening? or constant?

Context: associated with any activity (such as reading or driving)

Modifying factors: what makes it better or worse?


History Element 2: HPI (History of Present Illness)

“My right eye has been really blurry for the past week.”

What did they say? 4 key elements
1. Location: right eye
2. Associated signs/symptoms: blurry vision
3. Severity: really = moderate or severe (ask them)
4. Duration: past week (document using a calendar)

To be safe, you may ask a 5th element: Is it intermittent? or constant?
History Element 2: HPI (History of Present Illness)

Pointers:
• The easiest five are:
  1) location
  2) associated signs/symptoms
  3) severity
  4) duration
  5) timing
• Fortunately, they are also the most medically relevant.
• Remember: For an “Extended HPI” you need 4 elements or more.

Pointers:
• Always document duration on a fixed not relative timeline. Else, 6 months from now, your charts may erroneously say “floaters started 3 days ago” when they in fact actually started 6 months ago.
  Good: Since 2/14/2015; Since mid Feb, 2015.
  Bad: Since 3 days ago; Since last week.
  Ugly: Since last week carried forward endlessly.
• Create preprinted office visit forms that meet Extended HPI requirements (4 is the magic number; 5 to be on the safe side).

Pitfalls:
• The #1 reason charts are down-coded in an audit is due to inadequate histories. You should be acutely aware of this.
• Know the difference in reimbursement between a Level 4 E&M and a Level 3 E&M.
• It is poor practice management to do all of the work for a Level 4 E&M and then get downcoded to a Level 3 E&M simply because you are missing one element of the HPI.
# Two Approaches to Obtaining the HPI

(Note: the HPI must be obtained by the physician)

<table>
<thead>
<tr>
<th>Blanket Approach</th>
<th>Guided Approach</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Ask a standard set of questions, or patient fills out a pre-printed form.</td>
<td>• Only ask the questions that you want the answers to.</td>
</tr>
<tr>
<td>• Saves physician time (especially if patient fills out a form on their own).</td>
<td>• Potentially takes time (if they go on tangents).</td>
</tr>
<tr>
<td>• Requires less skill/experience.</td>
<td>• Requires more skill/experience to know what questions are medically relevant.</td>
</tr>
</tbody>
</table>

## HPI: The Blanket Approach

Circle or check all of the symptoms you are having:

- blurry vision; burning; contact lens intolerance; difficulty distinguishing colors; difficulty driving; difficulty reading fine print; difficulty watching television; difficulty with street signs; distortions of shapes/lines; double vision; droopy eyelids blocking your view; dry eyes; flashes; floaters; fluctuating vision with blood sugars; foreign body sensation; glare; halos around lights; headaches; irritation; itching; lump on your eyelid; mattering/debris on eyelids; no improvement in vision with new glasses; pain; redness; sensitivity to light; swelling; tearing.

- Of these, which is your most significant symptom? (Pick one)
HPI: The Blanket Approach

• How long have your symptoms been going on for? ___ days; ___ weeks; ___ months; ___ years
• Are your symptoms in your right eye only; left eye only; or both eyes?
• If in both, which eye is worse right eye worse; left eye worse; or both are equal?
• Are your symptoms mild; moderate; or severe?
• Are your symptoms constant; or intermittent (come and go)?

History Element 3: ROS (Review of Systems)

• Eyes
• Constitutional
• Ears, nose, mouth, throat
• Cardiovascular
• Respiratory
• Gastrointestinal
• Genitourinary
• Integumentary
• Neurological
• Musculoskeletal
• Hematologic/Lymphatic
• Allergic/Immunologic
• Psychiatric
• Endocrine

Know the rules:

A ROS can be:
1. Missing = No ROS noted
2. Problem Pertinent = 1 system reviewed (in HPI)
3. Extended = 2-9 systems
4. Complete = 10 or more

History Element 3: ROS (Review of Systems)

• Eyes: blurry vision, discharge, redness
• Constitutional: fever, weight loss, weight gain, fatigue
• Ears, nose, mouth, throat: dry mouth, deafness, sinus infections
• Cardiovascular: high blood pressure, chest pain, irregular heartbeat
• Respiratory: asthma, emphysema, bronchitis, cough, wheezing
• Gastrointestinal: reflux, constipation, diarrhea, jaundice
• Genitourinary: frequent urination, painful urination
• Integumentary: skin lesions, rashes
• Neurological: headaches, stroke, multiple sclerosis, numbness
• Musculoskeletal: joint weakness, arthritis, joint stiffness
• Hematologic/Lymphatic: easy bleeding, anemia
• Allergic/Immunologic: autoimmune diseases, hay fever, infections
• Psychiatric: depression, anxiety
• Endocrine: diabetes, thyroid problems
History Element 3: ROS (Review of Systems)

Pointers:
• Can be documented by the patient or staff.
• Must be reviewed by the physician.
• Create preprinted New Patient forms that meet Complete ROS requirements (10 is the magic number; 11 to be on the safe side).
• Pick unambiguous symptoms that clearly correlate to one system. Even better, label your systems.

Pitfalls:
• Receptionist fails to hand patient a ROS form.
• Technician draws a straight line through all ROS instead of marking them off one-by-one.

History Element 4: PFSH (Past, Family, Social History)

Three Parts

• Past History
  1. Missing = No PFSH noted
• Family History
  2. Pertinent = 1 of 3 Hx
• Social History
  3. Complete
     3/3 for New Patient
     2/3 for Established Pt

Know the rules:
The PFSH can be:

History Element 4: PFSH (Past, Family, Social History)

• Past History:
  – Medical conditions
  – Ocular/other trauma
  – Previous surgeries
  – Current Medications (steroids, plaquenil)
  – Allergies (drugs, food)
  – Immunizations

• Family History:
  – Diabetes
  – Glaucoma
  – Retinal detachment
  – Cataracts
  – Macular degeneration

• Social History:
  – Marital Status
  – Tobacco, Alcohol
  – Occupation
History Element 4: PFSH (Past, Family, Social History)

Pointers:
- Create preprinted New Patient forms that meet Complete PFSH requirements (3/3 is the magic number).
- Ask what you care about.
- Never allow blanks. Examples:
  - List all allergies (include medications, latex, or foods). Or write "None."
  - List your occupation or circle retired, disabled, student, or unemployed.

Pitfalls:
- Receptionist fails to hand patient a PFSH form.

Coding: History for New Patients

<table>
<thead>
<tr>
<th>New Pt.</th>
<th>99201 (0.5%)</th>
<th>99202 (3.3%)</th>
<th>99203 (17.9%)</th>
<th>99204 (70.1%)</th>
<th>99205 (8.1%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>History</td>
<td>Focused</td>
<td>Detailed</td>
<td>Comprehensive</td>
<td>Comprehensive</td>
<td></td>
</tr>
<tr>
<td>HPI</td>
<td>Brief (1-3 elements)</td>
<td>Extended (4 more elements)</td>
<td>Extended (4 or more elements)</td>
<td>Extended (4 or more elements)</td>
<td></td>
</tr>
<tr>
<td>ROS</td>
<td>Missing</td>
<td>Pertinent (1 system)</td>
<td>Complete (10 or more systems)</td>
<td>Complete (10 or more systems)</td>
<td></td>
</tr>
<tr>
<td>PFSH</td>
<td>Missing</td>
<td>Pertinent (1/3 if New)</td>
<td>Complete (3/3 if New Patient)</td>
<td>Complete (3/3 if New Patient)</td>
<td></td>
</tr>
</tbody>
</table>

• For 99204: HPI must be Extended; both ROS and the PFSH must be Complete.

• Pointer: Create preprinted office visit forms that meet Extended HPI requirements (4 is the magic number; 5 to be safe); that meet Complete ROS requirements (10 or more is the magic number); and that meet Complete PFSH requirements (All 3 is the magic number for a new patient).

Coding: History for Established Patients

<table>
<thead>
<tr>
<th>Est. Pt.</th>
<th>99211 (1.0%)</th>
<th>99212 (16.2%)</th>
<th>99213 (50.9%)</th>
<th>99214 (28.1%)</th>
<th>99215 (3.9%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>History</td>
<td>N/A</td>
<td>Focused</td>
<td>Detailed</td>
<td>Comprehensive</td>
<td></td>
</tr>
<tr>
<td>HPI</td>
<td>N/A</td>
<td>Brief (1-3 elements)</td>
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<td>N/A</td>
<td>Missing</td>
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</tr>
<tr>
<td>PFSH</td>
<td>N/A</td>
<td>Missing</td>
<td>Pertinent (1/3)</td>
<td>Complete (2/3)</td>
<td></td>
</tr>
</tbody>
</table>

• For 99214: To "stay in your lane", the HPI and ROS must be Extended; the PFSH must be pertinent.

• Pointer: Create preprinted office visit forms that meet Extended HPI requirements (4 is the magic number; 5 to be safe); that meet Complete ROS requirements (10 is the magic number for a new pt; 2-9 for a return pt); that meet Complete PFSH requirements (3/3 is the magic number for a new patient; 1/3 for a return patient).
## What About Stage 1 Meaningful Use?

| Record all of the following demographics: preferred language; gender; race; ethnicity; date of birth. | Maintain active medication list. More than 50% of all unique patients have demographics recorded as structured data. |
| Maintain active medication allergy list. More than 80% of all unique patients have at least one entry recorded as structured data or an indication that the patient has no known medication allergies. | Maintain active medication list. More than 80% of all unique patients have demographics recorded as structured data. |

## What About Stage 2 Meaningful Use?

| Record all of the following demographics: preferred language; gender; race; ethnicity; date of birth. | More than 80% of patients have demographics recorded. |
| Record smoking status for patients 13 years old or older. | More than 80% of all unique patients age 13 years or older have smoking status recorded as structured data. Exclusion: EPs who see no patients age 13 years or older. |
| Record family health history | Record family health history for more than 20%. |

## What Did I Learn Today?

- Learned why the history is so important.
- Learned the “Golden Rule” of documentation.
- Learned that there are no required elements of a “History” when using Eye Codes.
- Learned the 4 key elements of a “History” when using E&M Codes: 1) Chief Complaint; 2) HPI; 3) ROS; 4) PFSH.
- Learned two approaches to obtaining the HPI and the relative advantages/disadvantages of each approach.
- Learned how knowing the requirements for E&M Level 4 coding makes the rest much, much easier.
- Learned how Meaningful Use 1 & 2 affect the history.
- Learned some key pointers and key pitfalls.
What is “Practical” Ophthalmology?

First, what even is ophthalmology?
• A branch of medical science dealing with the structure, functions, and diseases of the eye. (Merriam-Webster.com)

Okay, so what is “practical” ophthalmology?
• What an ophthalmologist actually does in the “real” world from 8-5 pm, 5 days a week.

The difference: “practical” ophthalmology focuses on common things and avoids the esoteric.

“Practical” Ophthalmology

So, back to: What does an ophthalmologist actually do in the “real” world?
1. Perform the history.
2. Perform an examination.
3. Order diagnostic test(s).
4. Diagnose disease(s).
5. Discuss treatment options.
6. Perform procedures.

Why Should You, the Administrator, Learn “Practical” Ophthalmology?

Caveat: The closer you are to the “front-line,” the more important it is to understand “practical” ophthalmology.

1. You will know: what exactly is supposed to be done; who is supposed to do it; where and when it is supposed to be done; and most importantly why it is even being done.
2. You will better understand your physicians and your support staff (and more importantly their needs) if you know a little something about what they actually do.
3. Your physicians and your support staff will better understand you if you know a little something about what they do.
Why Should You, the Administrator, Learn “Practical” Ophthalmology?

4. You will not get quickly overwhelmed by technical jargon during conversations.

5. You will command more respect from your physicians and from your staff since you know what they actually do, and you can speak the language.

6. Your knowledge will enhance both your authority and your power to get things done (through others).

7. Your knowledge will enable you to make better decisions for your practice, your physicians, your staff, and ultimately for your patients.

8. Your practical knowledge will enhance your ability to improve your practice’s clinical quality; increase your practice’s revenues; decrease its expenses; thereby ultimately improving your practice’s financial performance.

9. When push comes to shove, you can “roll-up your sleeves,” and pitch-in, dramatically reducing your vulnerability to disruptive staff and also allowing you to make better and less hurried hiring decisions.

10. And finally, it’s relevant to your job! After all, you do work for an ophthalmologist.