

Dermatology Coding Alert

Coding Quiz: Brush Up on Your ROS Knowledge With This Primer

Respond to these 4 scenarios to earn expert status with your E/M coding

Before you report any E/M procedures, you must have all the details on the patient's presenting illness to satisfy a complete history.

Look at these three frequently asked questions on the review of systems (ROS) to determine whether you know how to deal with the most common questions on applying a patient's complete history to select the most appropriate E/M code. Write down your responses before looking to the correct answers in Article 5.

Note: The questions and answers in this quiz were reviewed by **William J. Conner, MD**, physician at Meridian Medical Group, a multispecialty practice in Charlotte, N.C.

Question 1: A new patient who is unable to communicate clearly and to explain her medical problems came in to see the dermatologist in our practice. The patient's condition prevented the dermatologist from obtaining a complete history of present illness (HPI) and ROS from the patient. Therefore, the physician could not develop a definite assessment or plan for the patient's treatment.

The dermatologist called the patient's two previous physicians to discuss the patient's medical problems. Including face-to-face patient time (45 minutes) and telephone calls (45 minutes) to other providers, the dermatologist spent a total of 90 minutes on this patient on the same day.

How should I charge for this scenario? What E/M codes and modifiers should I use to justify the extra time that the dermatologist spent on the phone with other physicians on this patient's behalf?

Question 2: Can we use nurses' notes to satisfy elements of ROS and past, family, social history (PFSH), as long as the dermatologist documents his review of the notes?

Question 3: When a dermatologist lists an organ system and documents past medical/surgical history instead of current signs or symptoms, can I use this as ROS?

Question 4: A grandmother brings her granddaughter to our practice because she has developed a rash on her back over the previous few days. The grandmother says that the child has been itching for the past week. The dermatologist documents "no history of eczema." But he also notes that the patient was in the hospital due to an infection after a bad fall on her bicycle two years before this visit, which he believes is unrelated to the injury. Should the dermatologist consider the history documentation part of the physician's ROS or PFSH?