

## Dermatology Coding Alert

### E/M: Limited or Complete ROS? The Right Answer Could Yield \$100

**The number of body systems the dermatologist reviews can boost or lower the E/M code.**

When you're coding for your provider's E/M services, keep a close eye on the number of systems she reviews. If you don't choose the proper review of systems (ROS) level, the coding consequences could cost your practice money.

For example, a limited ROS can support up to a level-three new patient code (99203, Office or other outpatient visit for the evaluation and management of a new patient, which requires these 3 key components: a detailed history; a detailed examination; medical decision making of low complexity...), which pays about \$109 (3.04 nonfacility relative value units [RVUs] times the 2016 Medicare Physician Fee Schedule conversion rate of 35.8043).

A complete ROS, meanwhile, can support a level-five new patient code (99205, ... a comprehensive history; a comprehensive examination; medical decision making of high complexity...), which pays about \$209 (5.82 nonfacility RVUs times 35.8043).

Don't let deserved reimbursement fly out the door with shoddy ROS. Here's some expert insight into choosing the right ROS level for every encounter.

#### Know Your Systems Before Performing ROS Count

During an ROS, "the physician asks, or reviews, the patient's body systems looking for any problems or symptoms the patient is experiencing," explains **Cathy Satkus, CPC**, coder at Harvard Family Physicians in Tulsa, Okla.

For coding purposes, CPT® considers each of the following body areas as systems:

- Constitutional symptoms (fever, weight loss, etc.)
- Eyes
- Ears, nose, mouth, throat
- Cardiovascular
- Respiratory
- Gastrointestinal
- Genitourinary
- Musculoskeletal
- Integumentary (skin and/or breast)
- Neurological
- Psychiatric
- Endocrine
- Hematologic/lymphatic
- Allergic/immunologic.

Once you are familiar with the different body systems, you're ready to drill deeper into ROS with a primer on ROS levels.

#### Look For Problem-Pertinent ROS on Simpler Encounters

There are three levels you can choose from when scoring the review of systems (ROS): problem-pertinent, extended, and complete. When the provider performs a problem-pertinent ROS she reviews and documents one system during the encounter.

Depending on other encounter specifics, a problem-pertinent ROS can support up to a 99202 (... an expanded problem focused history; an expanded problem focused examination; straightforward medical decision making...) E/M for new

patients, or a 99213 (Office or other outpatient visit for the evaluation and management of an established patient, which requires at least 2 of these 3 key components: an expanded problem focused history; an expanded problem focused examination; medical decision making of low complexity...) E/M for established patients.

### **Count at Least a Pair of Systems for Extended ROS**

You'll choose an extended ROS when the provider reviews between two and nine systems, Satkus confirms.

An extended ROS can support up to a level-three new patient E/M service (99203, ... a detailed history; a detailed examination; medical decision making of low complexity...) or a level-four established patient E/M (99214, ... a detailed history; a detailed examination; medical decision making of moderate complexity...).

**Warning:** You should not assume that you can automatically code all extended ROS encounters with 99203 or 99214. The other elements of the encounter – the remaining history components (history of present illness and past medical, family, and social history), examination, and medical decision-making – must also satisfy E/M requirements to justify your code choice.

**Example:** A patient presents with a red inflamed rash with raised areas. In the HPI there is not a clear reason for the rash. "Since rashes may be an indicator of internal issues, an extended ROS is not uncalled for," notes **Pamela Biffle, CPC, CPC-P, CPC-I, CPCO**, owner of PB Healthcare Consulting and Education Inc. in Austin, Texas. The provider asks and documents the patient's responses for the following systems; constitutional symptoms; eyes, ears, nose, mouth, throat; musculoskeletal; integumentary (skin and/or breast); allergic/immunologic.

### **Count 10-Plus System Reviews for Complete ROS**

The provider performs a complete ROS when she reviews 10 or more systems. Again, depending on the other specifics of the encounter, a complete ROS could be used to support up to a 99204 (... a comprehensive history; a comprehensive examination; medical decision making of moderate complexity...) or a 99205 new patient E/M, or a 99215 (... a comprehensive history; a comprehensive examination; medical decision making of high complexity...) established patient E/M.

**Example:** A patient presents with a new problem of itching that seems to be fairly generalized. The HPI shows no clear indicator for the itching. There are marks made by the patient scratching, but no visible rash. The following ROS was performed: constitutional symptoms; eyes, ears, nose, mouth, throat; gastrointestinal, genitourinary; musculoskeletal; integumentary; neurological; psychiatric; endocrine; hematologic/lymphatic; allergic/immunologic.

It's also important to keep in mind that if a patient completes an information sheet that asks questions around the recognized systems, the physician reviews it and refers to it, this too can be counted toward the review of systems level.