

Dermatology Coding Alert

Evaluation and Management: Stop Letting ROS Conundrums Thwart Your Level 4 and 5 E/M Coding

Ensure you have documentation of each system -- or prepare to assign a lower code.

Level-four and level-five office visits are not uncommon in a dermatology practice, but if you incorrectly tally the history, exam, and medical decision-making (MDM), you will miss out on the higher level codes you could report.

The third element for the historical portion of an E/M service, after the chief complaint (CC) and the history of the present illness (HPI), is the review of systems (ROS) -- this portion of the E/M service trips up many coders because often they must select a lower code simply because the provider didn't document pertinent negative responses or inappropriately used the statement "all systems negative."

Ensure you're properly counting your dermatologist's ROS with this primer to guarantee you're not overcoding or undercoding his E/M services.

Differentiate ROS Levels

"The review of systems is a subjective account of a patient's current and or past experiences with illnesses and or injuries affecting any of the 14 applicable organ systems," explains **Nicole Martin, CPC**, manager of the medical practice management section of the Medical Society in New Jersey in Lawrenceville.

You'll need to know the differences between the three ROS levels to determining the proper level of history and therefore, E/M code level:

Problem-pertinent: A problem-pertinent ROS occurs when the dermatologist reviews a single system during the encounter, presumably the system directly related to the problem identified in the patient's history of present illness (HPI). For a dermatology practice, "pertinent" refers to the skin.

A problem-pertinent ROS supports a level two new patient E/M service (99202) or a level three established patient E/M service (99213).

Extended: When the physician conducts an extended ROS, he should review a "limited" number of systems. According to Medicare (and most other payers), "limited" should be a total of two to nine systems including the skin.

An extended ROS can support a level three new patient service (99203) or a level four established patient service (99214).

Although a dermatologist primarily treats the skin, he has the whole picture as there may be factors that are pertinent to the dermatological problem.

Complete: When your dermatologist reviews 10 or more systems, he achieves a complete ROS. A complete ROS can support a level four or five new patient E/M (99204-99205) or a level five established patient visit (99215).

Learn the Systems You Will Be Counting

One of the systems that you'll see your dermatologist address during a ROS is, of course, the integumentary system.

Examples of an integumentary ROS might include symptoms such as dryness of skin, rashes, or ridges in the nails, says **Pamela Biffle, CPC, CPC-P, CPC-I, CCS-P, CHCC, CHCO**, owner of PB Healthcare Consulting and Education Inc. in

Watauga, Texas.

In addition to the integumentary system, there are 13 other systems your dermatologist might review: eyes; constitutional; ear, nose, and throat; cardiovascular; respiratory; gastrointestinal; genitourinary; musculoskeletal; neurological; psychiatric; endocrine; hematologic/lymphatic; and allergic/ immunologic, Martin explains.

Example: A new patient presents with extensive long-standing red plaques (psoriasis). The patient is questioned on joint pain, swelling of extremities, fatigue, fever, and chills. Your dermatologist moves on to the exam and makes a decision from that information. This represents a problem-pertinent ROS.

How it works: Your dermatologist must individually document the systems with positive or pertinent negative responses. For any remaining systems up to the required 10, he can make a notation that all other systems are negative. "Other" is the key word. If you don't see that sort of notation, the dermatologist must then document at least 10 individual systems to be able to assign a complete ROS.

Tip: Remind your dermatologist to document every system he reviews so you can count it in your coding. Many physicians document only positive findings, but documenting negative findings is just as important for supporting the billable E/M level. If your dermatologist doesn't document the work, he won't get credit for it. You'll have no choice but to code a lower level visit if you can't justify the ROS portion.

Determine Who Can Record the ROS

The dermatologist does not necessarily need to record the ROS himself. "The ROS may be documented by the patient or auxiliary staff as long as the physician/NPP initials and dates patient populated forms and states they reviewed and/or agree with this documentation," Martin says.

Example: "ROS can be done by a physician assistant (PA), nurse practitioner (NP), and sometimes a medical assistant (MA)," explains **Ruth Borrero**, claims analyst at Prohealth Care in Lake Success, N.Y. You may even have the patient fill out an ROS questionnaire, which the doctor reviews and signs.

"It helps our doctors and nurse practitioners to have the patient fill out a questionnaire that addresses their problems when they come to an appointment to make sure that all problems are address during their encounter," says **Becky Boone, CPC, CUC**, certified reimbursement assistant for the University of Missouri Department of Surgery in Columbia. "I encourage this as a good way to make sure that ROS is documented completely."