

## Part B Insider (Multispecialty) Coding Alert

### Documentation: Documentation-Savvy Docs Decry Simplified Guidelines

#### AMA will not replace E/M documentation guidelines with clinical examples

The 1995 and 1997 evaluation and management documentation guidelines are here for the long haul - and some doctors prefer it that way.

The **American Medical Association's** move to replace those guidelines with "clinical examples" wasn't just doomed because of poor performance in tests (although that didn't help). A shift in the "political environment" since the late 1990s also made a difference: Many doctors now view documentation guidelines as an objective way of documenting and as protection against audits, according to a summary of E/M discussions the AMA recently submitted to the **Practicing Physicians Advisory Council**.

"As long as we continue to look at the medical record as a metric for the value of the service provided, we're going to have a hard time simplifying the documentation guidelines," concluded **William Rogers**, director of the **Physicians Regulatory Issues Team**.

According to the AMA, the CPT Editorial Panel is still actively considering changes to descriptors and guidelines for follow-up inpatient consultations, confirmatory consultations and nursing facility services. The Panel tabled a motion from the E/M coding task force to adopt broad "principles of medical record documentation" which are less specific than the 1995/1997 guidelines, but consistent with them. The Panel will discuss this issue with members of the CPT/HCPAC Advisory Committee in November.

But the Panel rejected a suggestion to revise the descriptors and guidelines for a number of E/M codes to clarify that you only need two out of three key components (history, medical decision making or physical exam) to document the service. Also, the Panel rejected a suggestion to replace the clinical examples in Appendix C of the CPT book with more detailed clinical examples for levels three and five for services with five levels, or level two for services with three levels.