

ADPH NP Fall Program All Things EHR

Satellite Conference and Live Webcast
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Produced by the Alabama Department of Public Health
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Faculty

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Objective

- Describe components of electronic record documentation required for HPI ROS, A & P to support E/M coding

Evaluation and Management (E & M)

- Evaluation & Management coding is the process by which physician-patient encounters are translated into five digit CPT codes to facilitate billing.

E & M

What are E & M Codes?

- E & M codes are “visit codes”
- They represent the level of service provided by the NP
- The code must be supported by provider documentation



E & M

Remember:

- You can not bill just for what is done...
- You only can bill for what is done and documented!!

E & M**What can be billed?**

- **Services provided to the patient and documented in the medical record**
- **Every component needs to be objectively quantifiable and medically necessary for the treatment of the patient's condition**

E & M**Components of Evaluation and Management Codes**

1. **History**
2. **Physical Exam**
3. **Medical Decision Making**

E & M**History**

1. **Chief Complaint (CC)**
2. **History present illness (HPI)**
3. **Past Medical, Family, Social History (PFSH)**
4. **Review of Systems (ROS)**

E & M**1. Chief Complaint (CC)**

- **It is the reason for the visit**
- **Usually stated in patient's own words**
- **Medical record should clearly reflect the CC**

E & M**2. History of Present Illness (HPI)**

- **HPI is a description of the patient's signs and symptoms of the chief complaint**
- **Elements of HPI**
Location, quality, severity, duration, timing, context, associated signs and symptoms, modifying factors

E & M**Example HPI**

- **Patient here today for Family Planning Annual Exam and to continue with Mirena IUD which was inserted by Dr. Flinstone on 08/2014. Voices concern about "heavy yellowish, vaginal discharge x 3 days". No changes to medical history since last visit.**

E & M

CC: Annual Exam/Pills

HPI:

A 23 year old female patient presents with Annual Exam/Pills.

History was provided by the patient.

In clinic today desiring to change to COC. Current on depo, states "it makes me crazy and not a nice person". Denies COCs. Last AE was 07/2017, patient was started on COCs, returned for BP 09/2017, denied any problems, 11 packs of COCs were dispensed to continue until next AC. Patient returned in 07/2018 for doctored physical and requested depo, depo was initiated per protocol.

At today's visit, patient reports onset of HA in 07/2018 (was on COCs) that occur 1x weekly, last from 30 min to several hours. Was evaluated by PMD, no imaging or test were performed, patient states "my doctor just said I was normal to have HA". Patient denies any problems or history of HA prior to Jan 2018. HA's continued after stopping COCs in 07/2018, denote change or increase with depo. Reports one occurrence of tunnel vision prior to HA that resolved with onset of HA.

E & M

CC: Annual exam

HPI:

A 23 year old female patient presents with Annual exam.

Presents for annual exam without complaint. Desires condoms. Hormonal methods discussed and declined. LMP 9/12/18 reports menses frequency 3 to 4 annually since menarche duration 3 to 6 days with heavy flow and denies characteristics of PMS. Denies diagnosis of PCOS or metabolic syndrome. PMS is metabolic syndrome discussed to include increased risks for endometrial hyperplasia, cardiovascular disease and diabetes. Denies diagnosis or symptoms of ITH. Manual BP check 124/96. Currently in Pap follow-up post LEEP with clear margins. Co-testing due today.

Allergies:

NDA

E & M

- **HPI: 33 year old female patient presents with Annual Exam. In addition she presents for IUD removal.**
- **HPI: 19 year old presents for annual exam and supply visit. Wants pills and would like something to help with acne.**

E & M

3. **Past, family, social history (PFSH)**
 - **Past Medical:** describes the patient's past medical/surgical history
 - **Family:** Medical history of related family members (review medical events in the patient's family including diseases which may be hereditary or place patient at risk)
 - **Social:** Factors that affect health such as smoking, alcohol consumption and recent stressors like unemployment or divorce

E & M

4. Review of Systems (ROS)

- **A ROS is an inventory of body systems obtained through a series of questions seeking to identify signs and or symptoms that the patient may be experiencing or has experienced**

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Components of Evaluation and Management Codes

1. **History (CC, HPI, PFSH, ROS)**
2. **Physical Exam**
3. **Medical Decision Making**

E & M
Physical Exam

