FACULTY MEETING AUGUST 9, 2011

REVIEW OF SYSTEMS
PROCEDURAL DOCUMENTATION
CHART LAG DELAY

Review of Systems

Review of Systems is a process that includes a review of body systems. It is carried out through a series of questions regarding signs and symptoms. The Review of Systems (ROS) includes information about the following 14 systems.

Review of Systems

- **Constitutional**: description of general appearance; growth and development, recent weight loss/gain, malaise, chills weakness, fatigue, fever, vital signs, head circumference for a baby, appetite, sleep habits, insomnia, night sweats.

- Integumentary: (skin and/or breast) rashes, color, sores, dryness, itching, flaking, dandruff, lumps, moles, color change, changes in hair or nails, sweating, hives, bruising, scratches, scars, swelling., acne.

- Eyes: vision, no change in vision, glasses or contact lenses, last eye exam, eye pain, “eye” redness, excessive tearing, double vision, blurred vision, spots, specks, flashing lights, photophobia, glaucoma, cataracts.

Review of Systems

Ears, Nose, Mouth/ Throat

- Ears: hearing loss, tinnitus, vertigo, earaches, ear infections, ear discharges; if hearing is decreased, use of hearing aids.

- Nose and sinuses: frequent colds, stuffiness', discharge drainage, nasal itching, hay fever, nosebleeds sinusitis, sinus trouble, sinus pressure, nasal congestion, nasal discharge, nasal infection

- Mouth/Throat condition of teeth and gums bleeding gums dentures, (how they fit) last dental exam, dry mouth, frequent sore throats, difficulty swallowing, no posterior pharynx pain, hoarseness, sores/ulcers, hoarseness, pyorrhea.

Review of Systems

- **Respiratory:** cough, sputum, (color, quantity) shortness of breath, pleuritic chest pain, wheezing, asthma, bronchitis, TB, emphysema, pneumonia, hemoptysis, CXR.

- **Cardiovascular:** heart trouble; high blood pressure; CV hypertension, heart murmurs, chest pain/ pressure palpitations, dyspnea, orthopnea,, rheumatic fever, paroxysmal nocturnal dyspnea, edema; past EKG or other heart tests. Peripheral Vascular; intermittent claudication, leg cramps, varicose veins, past clots in the vein, syncope, edema.

- **Gastrointestinal:** trouble swallowing (dysphagia) heartburn, appetite, nausea, regurgitation, vomiting, (food or blood,) indigestion, bowel movements, constipation, color/size of stool, changes in bowel movements, rectal bleeding, or black tarry stools, hemorrhoids, constipation, diarrhea. Abdominal pain, food tolerance, excessive bleeding, or passing of gas, jaundice, liver or gallbladder trouble, and hepatitis.

Review of Systems

- **Genitourinary** GU frequent urination, polyuria, burning or pain on urination (dysuria), nocturia, hematuria, urgency, reduced caliber or force of the urinary stream, hesitancy, dribbling, incontinence, urinary infections, stones.

  - **Male specific**: scrotal hernias, discharges from or sores on the penis, testicular pain, or masses, history of STD and treatments, sexual preference, interest, function, satisfaction and problems.

  - **Female specific**: age at menarche, regularity, frequency , and duration of periods, amount of bleeding, bleeding between periods or after intercourse, LMP, dysmenorrhea, PMS, age at menopause, menopausal symptoms, number of pregnancies, number of deliveries, number of abortions, complication of pregnancy, history of STD.

Review of Systems

- **<u>Musculoskeletal:</u>** muscle or joint pain, joint stiffness, bone pain, swelling, arthritis, gout, backache, and myalgias. If present, describe location and symptoms (joint swelling, redness, tenderness, stiffness, *weakness*, and limitation of motion or activity).

- **<u>Neurological:</u>** fainting/blackouts, seizures, dizziness, vertigo, *weakness,* paralysis, numbness/loss of sensation, abnormal touch, tingling (burning) or pins and needles, paresthesia, tremors or other involuntary movements, radiation of pain (e.g., "down the leg"). Headache

- **<u>Hematologic/Lymphatic</u>**: anemia, easy bruising, **neck supple**, bleeding past transfusions and any reactions to them, bleeding disorders, leukemia, swollen lymph nodes or enlargement; swollen glands, hemophilia., unexplained weight loss history of systemic infection , *fatigue unexplained granular swelling, weakness*

Review of Systems

- **Endocrine**: thyroid problems, heat/cold intolerance, excessive sweating, diabetes, excessive thirst or hunger, *polyuria.* unexplained weight loss/gain, unexplained weakness, polydipsia, polyphagia.

- **Psychiatric**: nervousness, tension mood swings, panic, anxiety memory disturbance, depression; formication; tactile hallucinations memory

- **Allergic/Immunologic**; allergies to medications, food or other substances (any allergy that interferes with daily life), auto immune disorders, HIV (Aids) immune suppressed hay fever., nasal drainage; conjunctivitis.

Review of Systems

- Identify Common Controversies in Emergency Medicine coding: 2006

  - moderate sedation
  - special services
  - hydration codes
  - modifiers special emphasis on -59
  - review of systems *"All other systems negative."*

Review of Systems (ROS)

- At least ten (10) organ systems must be reviewed. Those systems with positive or pertinent negative responses must be individually documented.

- For the remaining four (4) a notation indicating all other systems are negative is permissible. In the absence of such a notation, at least ten (10) must be individually documented

1995 E & M DG's

Emergency Medicine HOT SPOTS

** "*All others negative*" **

- ❑ REVIEW OF SYSTEMS
- ❑ OFTEN poorly documented.

Review of Systems

- 10 point review of systems was completed and is negative unless otherwise stated"
- "*Review of systems per HPI otherwise negative*"
- "*Negative for chest pain, ROS otherwise negative*."
- None of the above examples specify that all systems or even 10 systems were reviewed.

Review of Systems

- Additional concerns about "*All others negative*."
- "*All others negative*" for a patient that is unconscious with CPR in progress."
- "*All others negative*" when "unable to obtain due to patient's condition"
- **Invoke the Caveat.**
- "*All others negative*" for a patient documented as non-responsive to verbal and tactile stimulation.

Review of Systems

ACCOUNT NUMBER ____________________

	99281*	99282*	99283*	99284*	99285*
CC	Minor Severity	Low to Moderate	Moderate Severity	High Severity-Urgent	High Severity-Emerg.
HPI - Location, Duration, Quality, Timing, Severity, Context, Modifying Factors, Associated Signs and Symptoms					
	Brief (1-3)	Brief (1-3)	Brief (1-3)	Extended (4+)	Extended (4+)
ROS - Constitutional, Respiratory, Integumentary, Hematologic/Lymphatic, Eyes, Gastrointestinal, Neurologic Ear/Nose/Mouth/Throat, Immun/Allergic, Genitourinary, Psychiatric, Cardiovascular, Musculoskeletal, Endocrine					
	Not Required (0 Systems)	Problem Pertinent (1 System)	Problem Pertinent (1 System)	Extended (2-9 Systems)	Complete (10+ Systems)
PFSH - Past, Family and Social History					
	Not Required (0 Areas)	Not Required (0 Areas)	Not Required (0 Areas)	Pertinent (1 from any of 3 areas)	Complete (2 of 3 areas)
PE - SYSTEMS: Constitutional, Eyes, ENT, Cardiovascular, Respiratory, Gastrointestinal, Genitourinary, Skin, Musculoskeletal, Neuro, Hemato/Lymph, Psych BODY AREAS: Head/Face, Chest/Breasts, Abdomen, Back/Spine, Genitalia/Buttocks, Each Extremity, Neck					
	Problem Focused (1 system/area)	Expanded Problem Focused (2-7 systems/areas)	Expanded Problem Focused (2-7 systems/areas)	Detailed (2-7 systems/areas detailed of affected)	Comprehensive (8+ systems)
MDM - Amount and/or Complexity of Data to be Reviewed; Risk of Complications; Type of Decision Making					
	Straightforward	Low	Moderate	Moderate	High
	MUST MEET OR EXCEED 2 OUT OF 3 BELOW IN A COLUMN TO QUALIFY FOR TYPE OF MDM				
DX/Option	Minimal	Limited	Multiple	Multiple	Extensive
Data	Minimal or None	Limited	Moderate	Moderate	Extensive
Risk	Minimal	Low	Moderate	Moderate	High

**To select the correct level of service, every component in a given column for HPI, ROS, PFSH, PE, and MDM must be met or exceeded to qualif*

Issue: No documented ROS
Acuity: Trauma Admission
Is the exam sufficient?
Refer to current medications, allergies, past medical history

MRN: 22222222
DOB: 11/15/1995 SEX: F
VISIT #: 22222222
DATE OF ENCOUNTER: 07/31/2011
ATTENDING PHYSICIAN: xxxxxxxx M.D.

The patient is a 15-year-old female status post falling off a horse and kicked in the face with right facial swelling including her eye; brought in through Trauma.

CURRENT MEDICATIONS: None.

PAST MEDICAL HISTORY: Kidney stones. No prior surgeries. No prior hospitalizations.

ALLERGIES: NO KNOWN DRUG ALLERGIES.

SOCIAL HISTORY: Lives with mom and siblings.

The patient is being admitted to the Trauma Service.

Issue: No documented ROS
Acuity: Trauma Admission
Is the exam sufficient?
Refer to current medications, allergies, past medical history

PHYSICAL EXAMINATION:
VITAL SIGNS: Temperature 36.3, heart rate 81, blood pressure 154/80, respirations 13, saturating 100% on room air.
GENERAL: **This is a combative, 15-year-old female** initially brought in on a board with a C collar. The board was able to be removed and there was no lumbar, thoracic or sacral tenderness. No abrasions noted. Pelvis was intact.
NECK: Initial with C1-C2 tenderness.
EYES: Right eye with cellular edema upon opening of the eyelids. Pupils are equal, round and reactive to light. 2 mm bilaterally.
HEAD: **Traumatic with right face and lip and eye all to be edematous.** No hemotympanum noted. Teeth: Dentition intact with one bracket loose; per patient this was before.
CHEST: No retractions. Ribs and sternum normal. Chest wall normal.
LUNGS: Clear to auscultation bilaterally. No wheezes, rales or rhonchi.
CARDIOVASCULAR: Regular rate and rhythm, normal S1, S2; no murmurs or gallops.
ABDOMEN: Nondistended, normal bowel sounds, nontender, no masses noted.
MUSCULOSKELETAL: Full range of motion, 5/5 strength, no bony point tenderness.
NEUROLOGIC: **The patient appears to be altere**d. Given her history of ______ unable to fully assess gait and neurological status.

Procedural Documentation

- **ALT 5. E & M with procedure(s)**
- I saw and examined the patient and discussed with the resident, agree with the resident’s note and I was present for the critical and key portions of the procedure(s) and I was immediately available to provide assistance.
- **Attending Differential Diagnosis**

Styles of Procedural Documentation

- HISTORY OF PRESENT ILLNESS: This patient is a 54-year-old male who comes to the emergency department to be evaluated for a laceration to his left hand. The patient states that he was using a chisel to fix a door when he slipped and had the chisel go through the web space between his pointer finger and his middle finger on his left hand.
- ATTENDING DOCUMENTATION
- TP Attestation + Differential Diagnosis +
- "*I was present for and supervised the key portions of the laceration repair (1.5cm, hand, simple).*"

Styles of Procedural Documentation

- PROCEDURE NOTE:
- Indication: Acute respiratory failure and respiratory acidosis.
- The patient was preoxygenated with 100% oxygen with nonrebreather.
- Dr. Attending administered 20 mg of etomidate and 120 mg of succinylcholine.
- I intubated using direct laryngoscopy, and a 7.5 ET tube was passed on the first attempt with visualization of his vocal cords.
- Tube placement confirmation was performed using end-tidal capnography, assessment of chest movement, auscultation of bilateral breath sounds, and a chest x-ray.
- The patient was placed on the ventilator. He tolerated the procedure well with no known complications.
- I, Dr. Attending, MD 2111, was present for the key portion of the procedure.
- I was present for the key and critical portion of the following procedures and I was immediately available to provide assistance.
- **See above**

Styles of Procedural Documentation

- DESCRIPTION: The patient was given fentanyl 100 mg and small dose of Ativan for anxiolysis. Axial traction was then placed on the thumb and after 2 attempts, we were able to reduce the thumb into anatomic alignment. There was significant laxity of the joint; however, this was held in place and a thumb spica splint was placed with good padding. Post splinting, the patient had capillary refill less than 2 seconds and sensation over the splinted digit.

- COMPLICATIONS: None.

- I, Dr. xxxxxx 21111, was present for the key portion of the reduction.

Styles of Procedural Documentation Critical Care + Procedure

ATTENDING DOCUMENTATION

- I saw and evaluated this patient and agree with the resident's notes. I personally provided 45 minutes of critical care time to the patient excluding billable procedures (please note my Attending Differential Diagnosis) and directly and personally provided the following treatment for critical care management:
  - Treatment, consultation, and discussion with patient regarding angioedema, respiratory distress, and allergic reaction.
- I was present for the key and critical portion of the following procedures and I was immediately available to provide assistance
- Fiberoptic intubation.

Chart Lag?

- The number of days between the date of service and the date that the charge is entered into BAR (Billing System)

  - 07/18/11 07/11/11 99291 CC E/M CRITICALLY ILL

Chart Lag Delay

How to prevent chart lag

- Resident dictates real-time with correct visit # and MRN (correct identification of Attending)
- Resident provides complete description of billable procedure(s)
- Attending signs immediately with presence statement.
- Sufficient time for Coding
- Sufficient time for Insurance Verification and release of claim

Date of Service 8.5. 2011
Electronically signed on 08/06/201 23:44:41

ATTENDING DOCUMENTATION

- I have reviewed the patient's history. I have personally, etc.
- Attending Differential Diagnosis:
  - Vertebral fracture:
    - T 12: vertebral body fracture with extension to the posterior
      elements, bilateral fractures of the inferior articular processe
    - L1: anterior wedge fracture
- *Attending, MD Professor, Emergency Medicine*
- Dictated by: *xxxxx, Resident, Emergency Medicine*
  - **D: 08/05/2011; T: 07:28:49 D: 08/06/2011 T: 07:36:15**
- This document was electronically signed by Terence D. Valenzuela,
- M.D., ID# 2088, on 08/06/2011 23:44:41.

CHART LAG DELAY

- EMERGENCY MED - ADMIN HOLDS 38 EDAH 07/16/2010 3 N N
- EMERGENCY MED - CODING 5 EMC 08/05/2011 457 N N
- EMERGENCY MED - ROUTE TO CODER 60 EDRT 07/16/2010 2 N N
- EMERGENCY MED - TOGGLE/ENCOUNTER 66 EMT 07/16/2010 1 N N
- **EMERGENCY MED - UMC CODING PEND RS 88 EMUCPR N N**
- EMERGENCY MED - UPHK CODING PEND R 123 EMKCPR 07/16/2010 2 N N

Chart Lag Delayed Charges 07/2011

- Write off = X Factor
- UMC not billed $199,651.00 -
- UPHH not billed $70,969.00 +
- Reimbursement
  - Team not billed $101,000.00 ++

- **Total = $371,620.00**

Chart Lag Delayed Charges 07/2011

- Reimbursement Team
  - Weekend close:
    - 3M Issues
    - Medicare eligibility systems
    - AHCCCS eligibility systems
    - Interface issues
    - Issues associated with pushing the multiple systems and applications beyond their capacity without IT support/RIM/etc.

On-Going Chart Lag Issues

- Off-Service Residents

QUESTIONS?