



January 9, 1998

John Lindberg, MD  
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Dear John:

The purpose of this letter is to gain clarification on the Medicare rules for coding the history component, specifically the HPI and ROS sections, of evaluation and management services. On December 16, 1997 our manager of QI and Education, Candace Shaeffer, had the opportunity to attend your presentation on Fraud and Abuse and HCFA Documentation Guidelines at Northwest Hospital. In response to a question about coding the History component she understood you to say that "information for coding the ROS may be pulled from the HPI but a single statement cannot be used for credit in both areas."

This statement is contrary to my understanding, namely, that a single statement *may* be used in both areas negating the need for a physician to repeat himself or herself. In addition, if a notation is made in the HPI section it follows logically that the system relating to the HPI question was reviewed and should be given credit in the ROS. For example, in documenting an ED encounter for a patient presenting with abdominal pain: documentation of the patient's nausea could be used as an "Associated Sign and Symptom" for credit in the HPI section and also in "Gastrointestinal" for credit in the ROS section.

Your clarification on this issue will be much appreciated. Thanks in advance for your attention to this question.

Sincerely,

*Mason A. Smith* LH

Mason A. Smith, MD, FACEP  
President/CEO

LH  
cc:

LYNX  
Candace Shaeffer, RN, MBA, Manager of Coding Quality Improvement/Education  
Christy A. Martin, Vice President of Coding Operations

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# Medicare

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January 29, 1998

Mason A. Smith, MD, FACEP  
President/CEO  
Lynx Medical Systems, Inc.  
15325 SE 30<sup>th</sup> Place, Suite 200  
Bellevue, WA 98007-6595

Dear Mason,

Thank you for your letter of January 9, 1998, regarding documentation of E&M services.

You are correct. It is not necessary to mention an item of history twice in order to meet the guidelines for Review of Systems. Repetition of information or data is not required as long as it is appropriately referred to. Once should be enough.

Sincerely,

  
John H. Lindberg, MD  
Medical Director

JHL:mpk



## DEPARTMENT OF HEALTH &amp; HUMAN SERVICES

Health Care Financing Administration

Refer to: FARD-042

7500 SECURITY BOULEVARD  
BALTIMORE, MD 21244-1850

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Mason A. Smith, M.D., FACEP  
President/CEO  
Lynx Medical Systems, Inc.  
15325 SE 30th Place, Suite 200  
Bellevue, Washington 98007-6595

Dear Dr. Smith:

I am responding to your letter asking for clarification to the history component of the Evaluation and Management (E/M) Documentation Guidelines. You ask if a single statement may be used in the history of present illness (HPI) and still be counted in the review of systems (ROS) without actually being written twice, i.e., in both areas. You copied a letter from Dr. John Lindberg, our Part B Medicare Medical Director in Washington which clarifies this for you.

We agree with Dr. Lindberg that it is not necessary to mention an item of history twice in order to meet the Documentation Guidelines requirement for the ROS. It is important that the information which is provided can be inferred accurately and appropriately by a reviewer to determine level of service and medical necessity. The Documentation Guidelines are meant to help identify which elements constitute an E/M service and not to be perceived as a burden to the physician.

I hope this information is helpful to you. Thank you for addressing your concern to me.

Sincerely,

Barton C. McCann, M.D.  
Executive Medical Officer