The HPI of the '95 EMDGs

From: [redacted]
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Cc: [redacted]

When folks have questions they should contact their local carrier. Central office can intervene if there is a controversy.

Carrier discretion does exist with many areas where national policy is silent. Please adhere to my disclaimer notice at the end of this email pertaining to listserves and publications.

A CMS official states the following:

Re the EXAM:
The '95 and '97 guidelines for the exams cannot be mixed. The '95 guidelines are very generic. If you use the '97 guidelines you must adhere to the bulleted elements and requirements of both the single organ system exam and the general multi-system exam.

Re the HISTORY:
It is correct that the status of at least 3 chronic or inactive illnesses may be considered in the HPI regardless of which set of E/M guidelines are applied. This is one of the few instances where this may be done. The '97 Documentation Guidelines state this but it was not included in the '95 guidelines. The '97 guidelines were an outgrowth of the '95 guidelines to improve and incorporate information not included in the '95 guidelines. The '95 guidelines were meant to be discarded once the '97 guidelines were implemented. However, this was not accomplished. Therefore, we do permit the status of at least 3 chronic or inactive illnesses in the HPI of BOTH '95 and '97 guidelines.

The following statement should be highlighted:
However, it should be the "status". Status of a chronic or inactive problem should include facts and not a statement such as "improving" or similar simple statement and follow the same requirement for information regarding the HPI elements for an acute problem. Documentation should supply enough information so that any other clinician understands the health picture of the patient.