

APS Update

ER Newsletter

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Documentation Marks Successful Pediatric E/M Histories

When providing E/M services for children, always remember children are not small adults. They have different bodies and minds than grown-ups, and the ED physician must treat both as such when providing services.

When documenting the history portion of a child's E/M, you must be specific about who provided this information - mother, father, babysitter, the child, etc. Obtaining the history from a source other than the child adds to the complexity of the evaluation. Noting who the historian is provides you with the documentation as to who provided the information to the physician and it shows that the physician may have been working somewhat "in the dark." For example, a day care provider rushes a child in with shortness of breath and the notes indicate the child is wheezing. The mother then calls the ED and states the child does not have a history of asthma and has never wheezed before. After further interviewing of the day care provider, there is a concern for a foreign body aspiration, which is confirmed by a chest x-ray.

Get quotes from the child, if you can. When taking history, it is best to get quotes directly from the child whenever possible. The physician should not paraphrase for the child or try and "translate" their words. But the physician may want to indicate the child's perceived meaning in brackets in the documentation. This is especially important in potential abuse cases, as the physician needs to be careful not to put words in the child's mouth. If the child is unwilling to talk, make sure to document that in the record.

Steer clear of vague terms. No matter who is giving the child's medical information try to avoid terms that could lead to unclear diagnosis. Lethargic is a great lawyer's word, but a bad medical term. If the historian reports the patient is "lethargic" it could indicate a number of potential medical conditions or it could just mean the child is sitting around watching TV and is not as playful as usual.

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Words like lethargic, sleepy, inconsolable, and irritable may all suggest significant underlying pathology. For example, a child may be irritable because he is hungry or bored but it could also be a sign of meningitis. Using clear terminology such as "fussy and hungry but easily consolable" makes it clear that the child is not particularly ill. Make sure the descriptions in the documentation are clear and unambiguous.

Be complete with past medical history. A child's past medical history would include the following: immunization status, any lack of compliance with past medications and a social history (indicating child's school/daycare and home situations). It could also include any of the following: allergies, surgeries, medical conditions and illnesses, birth history (if pt is infant) and prior hospitalizations. The child's social history should also include any exposure to tobacco, drugs, or alcohol at home or anywhere else.

ICD-10 Change Date Issued

The Department of Health and Human Services has announced a proposed date of October 1, 2011 to begin using the ICD-10 codes, X-12 (Version 5010) transaction standards, and the National Council for Prescription Drug Programs standards Version D.0.

The driver behind this effort is the growing obsolescence of the ICD-9 codes. Internationally, the ICD-10 is the standard which has caused a limited ability to compare disease related research between the U.S. and foreign studies. In addition, the ICD-10 has nearly 10 times the number of codes providing greater specificity in coding diseases. Finally, and perhaps most convincingly, ICD-9 is expected to start running out of codes next year.

The switch to ICD-10 will require expenditures from health care providers, insurance companies, etc. but the greatest impact is expected within the provider community.

Areas to Pay Special Attention for Pediatric PE Documentation

Here are a few tips to make documenting the PE portion of the pediatric E/M easier:

EARS

When documenting an ear exam be sure to indicate the presence or absence of fluid behind the tympanic membrane. If there is fluid, include a description. Example: "Fluid behind tympanic membrane is red-yellow, purulent."

MOUTH

When documenting ENT PE for child, note any tonsillar fullness or uvular deviation.

LUNGS

On the lung PE portion, document any effort and work of breathing. You should also note the quality of any cough. You might describe a cough as a "smoker's hack," or "fry wheezing cough," or a "seal bark." The medical record should also indicate which sounds came from the patient's upper airway, and which ones emanated from the lower airway.

ABDOMEN

Upper abdominal pain accompanied by a cough could indicate diaphragmatic fatigue from bronchospasm, so be sure to note in the medical record when relevant. The record should also include info about any intermittent colicky pain, or the presence (or absence) of an enlarged liver or spleen.

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Medicare's Error Rate Testing Program

Recently, CMS has been issuing requests for documentation of services provided under the Comprehensive Error Rate Testing (CERT) program. The program is being pursued under the authority granted by HIPAA. The stated goal of the program is to determine if Medicare Part B carriers are paying claims correctly.

The requests are typically focused on a small sample of cases and encompass any records required to substantiate the billed CPT's. Based on our experience in other similar compliance oriented programs we have found:

1. "Errors" usually only means overpayment to the provider.
2. Any sample based error rate may be extended to all similar services in a recoupment effort (it is noted that overpayments will be provided to the local Medicare contractor for recoupment).

Given recent efforts by Medicare under the RAC program to determine areas of potential recovery in combination with the CERT raises concerns over the use of the CERT findings. If you do receive a CERT request, comply with the request but closely monitor any actions related to those cases. Failure to comply with the request will result in a finding of overpayment.

2009 EDUCATION CALENDAR Hope to see you there!

Jan 29 - Feb 1: Boyne Mountain
MI College of Emergency Physicians

March 23 : Indianapolis, IN
IN College of Emergency Physicians

July 12 - 15 : Mackinac Island, MI
MI College of Emergency Physicians