

adds. He cautions that he's seen OIG auditors essentially cross off information in a physician's narrative as it's counted for HPI elements, and pick through whatever's left to score for the ROS. A very conservative approach probably is your best bet until there are firmer guidelines, he says.

Often, part of the problem is that people don't understand the difference between a sign/symptom and *investigating* an organ system, adds Riva Lee Asbell, Riva Lee Asbell Associates, Philadelphia. The ROS is an inventory and it's quantitative. The HPI is qualitative. It's eight elements of trying to describe the reason for the encounter, she explains. "A sign/symptom is not *investigating* an organ system. If dizziness is the associated sign/symptom, that symptom might prompt me to investigate further within the history." But that's not necessarily a review of systems, she points out. ♦

Background check: How "double dipping" confusion was born

The great fear over auditor's reprisals for "double dipping" when scoring for E/M visits first arose back in late 1997, when then-HCFA executive medical officer Bart McCann, MD, coined the term during a train-the-trainer seminar, explains Jim Blakeman, Healthcare Business Resources, Bala Cynwyd, Pa.

"One of the seminar attendees asked, 'Can associated signs and symptoms come from the system review?' McCann did *not* say you cannot take an associated sign/symptom from the system review. What he said is that you cannot double dip, and his example was a context statement," says Blakeman. "He was talking about HPI [history of present illness] elements to explain, for instance, that you're not to use the same comment as a modifying factor and context. That's the way patient care works, so it makes sense. The extent of the system review a physician decides to do depends on the HPI details he discovers."

However, many people mistook McCann's words, and confusion was compounded by the gray area that lets individual carriers set their own policies regarding what constitutes "further development" in the ROS (See Signs/Symptoms, page 1).

But in an April 1998 letter to Lynx Medical Systems, Bellevue, Wash., McCann explains:

"You ask if a single statement may be used in the history of present illness and still be counted in the review of systems without actually being written twice, i.e., in both ar-

eas. 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."

The larger problem is trying to decide what determines the correct interpretation of the documentation guidelines, Blakeman points out. "I believe it should be good patient care. But, some coders take an IRS-type approach where all they do is find one associated sign/symptom, then count the rest in system review," he says. Instead, he believes that how you count the elements should depend on how and why the physician asks his questions.

Example: A patient presents with shortness of breath. The physician asks questions which lead him to ask, in further discovery, "How about chest pain?" A positive answer then prompts the physician to ROS-type questions about that chest pain. The chest pain is no more than an associated sign/symptom if the patient simply presents and says, "I have shortness of breath and some chest pain," says Blakeman. It depends on how the physician asks the question and why. "The way information is discovered makes a difference in how you count elements. The HPI determines the extent of the system review the physician chooses to do," he says. Ask yourself, "Why did the physician do that piece of the exam?" to determine where to place the element, he suggests. ♦