

History of Present Illness (HPI)

The History of Present Illness frequently drives the treatment options.

Depending on the source you are citing, there are seven or eight HPI elements.

In Medicare, the eight elements are:

- Location
- Quality
- Severity

- Duration
- Timing context
- Modifying factors
- Associated signs and symptoms

CPT only lists seven HPI elements, however; duration did not make the CPT list. ■

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Level 5—Past, Family, Social History

After calculating the history of present illness, physicians need to look at—and document—past medical, family and social history. Keep in mind that all past medical conditions, surgeries, allergies and medications qualify for this section. **Remember a Level of Service 99285** requires two of the three. Omitting any portion, such as social or family history factors, will effect your reimbursement.

According to CMS guidelines, you need to make only one specific comment for each category. Here are some examples:

Past medical: No known allergies

Family: Mother died of breast cancer

Social: Doesn't smoke

Physicians have gotten in the habit of referring to one of these elements as “non-contributory.” Auditors are increasingly frowning on that practice. It doesn't clearly state whether the question was asked or whether the response was non-contributory. Also, stating “social history negative” does not really meet the requirement of “specific” for social history.

Saying, for instance, that family history is “non-contributory” doesn't tell an auditor whether you've actually reviewed the history. A better option would be to say, “Family history reviewed and is non-contributory to patient's illness.” That removes any doubt that you re-

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viewed the element and took it into account.

When documenting social history, the following items are acceptable: current employment; occupational history; marital status/living arrangement; use

of drugs/alcohol/ tobacco; level of education; and sexual history. Some physicians stumble over what to include for pediatric cases. For these patients, you can put in the history of immunizations as well as living arrangements with parents or school history..

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Avoiding Hierarchical Coding Errors

With ICD10 around the corner, specific documentation will be imperative.

Vascular Disease

When documenting vascular disease, physicians should be as specific as possible and document any pertinent signs or symptoms (pain; cramping or fatigue in the legs, buttocks or feet; cold feet, etc) and/or radiological findings (X-rays, ultrasound/Doppler studies etc.) which may further support the condition.

Coding from the vascular disease category includes peripheral vascular disease (PVD), peripheral artery

disease, intermittent claudication, abdominal aortic aneurysm and deep vein thrombosis. Physicians must document as legibly as possible; PVD may be mistaken for PUD leading to incorrect coding as well as clinical issues.

Specified Heart Arrhythmias

If the physician is unable to specify the type of heart arrhythmia (e.g., atrial fibrillation, atrial flutter, sick sinus syndrome, severe or persistent sinus bradycardia, etc.) the patient will be coded as cardiac (heart) dysrhythmia unspecified. ■