



MPECS PRODUCTIVE PROVIDER Newsletter

By Jim Meeks, PA-C
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My most sincere apologies!

I recently was diagnosed with "Highgrade spindle cell sarcoma."

Because of this diagnosis, I have neglected this newsletter for some months. I apologize to one in all. I have also been forced to cancel a number of workshops and conferences that I was scheduled for. I know that this has been a huge inconvenience for those that were counting on me. Everyone has been most gracious and kind. I hope that in the near future, I will recover so that I can get back on track doing workshops and conference lectures.

In the mean time, if anyone is interested, I have a blog page with all the details of my current health situation. That is accessible at the following link on the internet: jimmeekshealth.blogspot.com

So, I will continue to try to produce these newsletters and I will try to be a little more prolific with them.

I appreciate questions and comments. I often use the questions I receive as the basis for the newsletter, so your questions are appreciated by me.

Again, thanks to all for your kindness and understanding.

Jim Meeks, PA-C

Question?

"I work in primary care medicine. When can I use the single organ system exams, or should I even be using them at all?"

What an excellent question. The simplest answer is that you can use the single organ system exam (SOSE) anytime you are performing an exam that is focused on one of the recognized organ systems. The advantage to doing so is that you can achieve a comprehensive level exam without doing a lot of unnecessary exams of other systems not related to the system you are focusing on.

There are 10 organ systems (11 if you separate male and female genitourinary exams) that have been identified for use in the clinical setting. They are;

Eyes
Respiratory
Musculoskeletal
Neurological
Hematology/Lymphatics

Ear, nose and throat
Cardiovascular
Integumentary
Psychiatric
Male and Female Genitourinary

Deciding when to use the SOSE instead of using the standard multi-system exam depends largely upon what you are trying to accomplish for your patient. Clearly, if you work in a specialty such as cardiology, the cardiovascular SOSE would make sense for most of your patients. Equally, if you work in a dermatology practice, then the integumentary SOSE would be more logical in your setting, and so on.

The question today is when would it be appropriate to use any of the SOSEs in a primary care setting? I would further expand that question to the urgent care setting or even the emergency department.

To answer this question, we have to understand the intent of the SOSE. In the early 1990s, standards for documentation were mandated that were based on a general multi-system exam of 12 organ systems. The more "bullets" documented, the higher the level of exam is achieved. Not long after these standards were established, it became apparent that something had to be done for those practices that don't do general exams.

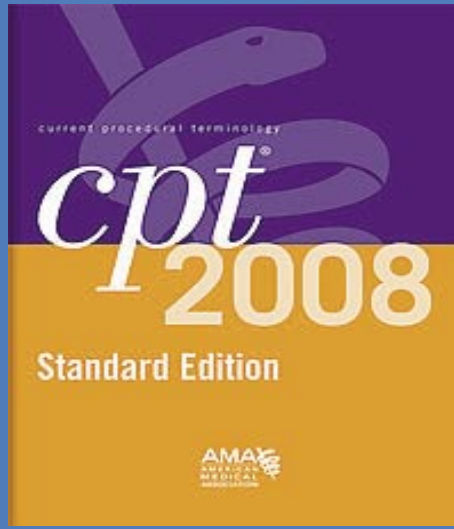
All of this is focused on the exam portion of the evaluation and management (E/M) coding system. Counting bullets (elements of exam) determines the level of complexity of the exam performed. The more organ systems examined, the higher the complexity of the exam. This represents to some extent, the complexity of the exam and of the patient encounter.

Without development of the SOSE for skin for example, the only way that a dermatology practice clinician could achieve a high level of exam would be to perform a lot of unnecessary exam tasks. Unnecessary because they don't particularly assist with the dermatology assessment or treatment. Without the SOSE, clinicians would be limited to very low levels of exam or forced to perform a lot of unnecessary exam elements, just to achieve a higher level of acuity based on the established elements of the multi-system exam.

Remember, the physical exam is only one of the three key components of documentation for E/M coding. The other two are history (past medical, family and social history or PMFSHx) and medical decision making (MDM). You have to document those elements as well and consider them when making a final determination of the level of care.

The interesting fact about SOSEs is that so few clinicians seem to know a lot about them. Those that do, seem to be confused about what the elements of exam are and what they need to document in order to qualify for the given levels of exam acuity.

The problem is that the information is difficult to find. It is available on the Centers for Medicare and Medicaid Services web site, but it takes some effort to find it. When you do, the information is contained in a document of about 50 pages. Then, you have to sift through all the information and figure out what is useful to you in your practice. A challenge to say the least.



SOSEs . . .

In primary care, urgent care, emergency medicine practices and so forth, it may well be that you would find the SOSE to be more appropriate to use if the presenting patient complaint is specifically focused on one of these areas. By concentrating on that area of concern and performing a focused single organs system exam, the ability to achieve a higher level of exam acuity is enhanced and time and effort is focused on the need of the presenting problem of the patient, not on unnecessary exam elements being performed just to achieve a higher level of care.

Since many of us do female well woman exams, let me use that as an example of how to use the SOSE in the clinical setting. I'll attach a sample sheet as a third page of this newsletter for your reference. The use of any of the other SOSEs would be done in a similar fashion.

If you will look at the Female GU SOSE, you will notice that it is arranged with body areas (similar to the multi-system exam) down the left side and documentation elements down the right side. There are several sections (or boxes) that are shaded; constitutional, gastrointestinal and genitourinary. These shaded boxes are the required elements of this exam meaning that every bullet in each of those boxes needs to be performed and documented.

The simple part of the SOSE is that everything in a gray box needs to be done and only one element from each unshaded box needs to be done.

So in the "Constitutional" box, three vital signs need to be documented and some assessment/statement of the general appearance of the patient needs to be made.

The next three boxes, "Head and Face," "Eyes" and "Ears, Nose, Mouth, Throat," require no documentation of any kind. See how useful this is.

The next three boxes are not shaded, but do contain elements of exam. These are "Neck," "Respiratory" and "Cardiovascular." Within each of these are two elements of exam. The clinician need only document one element (one bullet) of each of those.

For example, in the box for "Neck," any exam and documentation of the neck (masses, overall appearance, symmetry, tracheal position, crepitus for example) would meet that requirement, but you have the option of checking the thyroid if that is more appropriate in your given circumstance.

In the "Respiratory" box, documentation of either the respiratory effort or examination findings of auscultation of the lungs is sufficient. It is not necessary to do both. And in the "Cardiovascular" box heart sounds and murmurs or observation of the peripheral vascular system may be documented. Again, whatever is most appropriate for your patient and the presenting problem at the time of your exam is what should be documented.

Next we encounter the "Gastrointestinal" box. There are four elements that need to be part of your exam and documentation. However, if a stool sample is not indicated in your patient's particular situation, a statement that a "stool sample is not indicated" is sufficient.

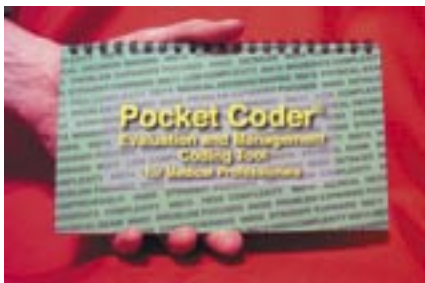
The last shaded box is "Genitourinary." The first statement in the box states that "At least seven (7) of the following elements" need to be done. You'll notice that I skipped the "Chest/Breasts" box. That is because it is included here. So, once you perform your genitourinary exam and document all of the findings, you should have at least 7 elements, meeting the criteria for this shaded box.

Now you will notice that there are five boxes left, none of which are shaded. "Musculoskeletal" and "Extremities" require no examination. "Lymphatics" and "Skin" list only one bullet each which makes them very easy to do. Finally, the last box lists elements of exam for "Neurological/Psychiatric" findings. Again, whichever is most appropriate for your patient or exam purpose should be documented.

You will see at the bottom of the page, there is a box that outlines the application of the SOSE in determining the level of care for the exam portion of your encounter. You still have to consider history, medical decision making and the nature of the presenting problem.

In order to achieve a comprehensive level of exam for this SOSE, you are required to have performed the examination and documentation of findings of "All bullets in shaded areas, and at least one in each unshaded area." To achieve a comprehensive level of exam in the multi-system exam we are all so familiar with, you are required to document exam findings with two bullets in nine organ system areas.

I hope that with this example, you can see the advantage of the SOSE. This is a discussion of only one of 10 possible SOSE exams. You should become familiar with the SOSE system and determine for yourself if they are to your advantage. Please visit the MPECS web site where you can purchase any one or all of the SOSE exams in this simple format.



If you are unsure of what constitutes history, exam and medical decision making (you are not alone), you should consider getting the **POCKET CODER** which outlines the specific elements of a patient encounter in an easy to understand matrix format.

Every **SOSE exam** is available now, and you can download them in PDF format for your perpetual use.

See information on the **PRODUCTS** page of this web site.

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Single Organ System **FEMALE GENITOURINARY** Exam:

Body Area	Documentation Elements
Constitutional	<ul style="list-style-type: none"> • Measurement of at least three of the following vital signs (sitting or standing blood pressure, supine blood pressure, pulse rate and regularity, respiration, temperature, height, weight) • General appearance of patient (development, nutrition, body habitus, deformities, grooming)
Head and Face	
Eyes	
Ears, Nose, Mouth, Throat	
Neck	<ul style="list-style-type: none"> • Neck (masses, overall appearance, symmetry, tracheal position, crepitus) • Thyroid (enlargement, tenderness, mass)
Respiratory	<ul style="list-style-type: none"> • Respiratory effort (intercostal retractions, use of accessory muscles, diaphragmatic movement) • Lungs (breath sounds, adventitious sounds, rubs)
Cardiovascular	<ul style="list-style-type: none"> • Heart: abnormal sounds and murmurs • Peripheral vascular system by observation (swelling, varicosities) and palpation (pulses, temperature, edema, tenderness)
Chest/Breasts	
Gastrointestinal	<ul style="list-style-type: none"> • Abdomen, notation of presence of masses or tenderness • Presence or absence of hernia • Liver and spleen • Stool sample for occult blood when indicated
Genitourinary	<p>At least seven (7) of the following elements:</p> <ul style="list-style-type: none"> • Breasts (masses, lumps, tenderness, symmetry, nipple discharge) • Digital rectal examination including sphincter tone, presence of hemorrhoids, rectal masses <p>Pelvic Examination (with or without specimen collection for smears and cultures) including:</p> <ul style="list-style-type: none"> • External genitalia (general appearance, hair distribution, lesions) • Urethral meatus (size, location, lesions, prolapse) • Urethra (masses, tenderness, scarring) • Bladder (fullness, masses, tenderness) • Vagina (general appearance, estrogen effect, discharge, lesions, pelvic support, cystocele, rectocele) • Cervix (general appearance, lesions, discharge) • Uterus (size, contour, position, mobility, tenderness, consistency, descent or support) • Adnexa/parametria (masses, tenderness, organomegaly, nodularity) • Anus and perineum
Lymphatic	<ul style="list-style-type: none"> • Lymph nodes in neck, axillae, groin and/or other location
Musculoskeletal	
Extremities	
Skin	<ul style="list-style-type: none"> • Inspection and/or palpation of skin and subcutaneous tissue (rashes, lesions, ulcers)
Neurological/Psychiatric	<p>Brief assessment of mental status including;</p> <ul style="list-style-type: none"> • Orientation to person, place and time • Mood and affect (depression, anxiety, agitation)

LEVEL OF EXAM	PERFORM AND DOCUMENT
Problem Focused	1 to 5 bullets
Expanded Problem Focused	6 or more bullets (6-11)
Detailed	12 or more bullets (12-18)
Comprehensive	All bullets in shaded areas, and at least one in each unshaded area (19)