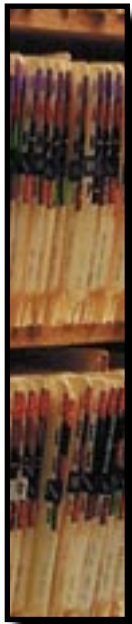


# Productive Provider Newsletter

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## M.P.E.C.S. Medical Professional Education and Consultation Services

Jim Meeks, P.A.-C.

Understanding Today's Healthcare,  
Serving Today's Patients,  
Meeting the Needs of Today's Practice.

**2005** marks the third year for the *Productive Provider Newsletter*. We continue to grow. Welcome to all of our new subscribers. Judging by the E-mail questions and inquiries, the word is getting out *slowly* that it is OK to be profit minded and take care of your patients at the same time. Right on!

This newsletter is a unique publication bringing you timely, thoughtful and valuable information on the confusing topic of Evaluation and Management (E/M) coding. Designed specifically for the busy medical practice and provider seeking no nonsense information on coding E/M services.

Your questions and comments are essential to the success of this publication. Please make comments and suggestions on the content of this newsletter. I'd like to hear what you have to say about these issues.

Thanks, enjoy this newsletter and have an absolutely wonderful NEW YEAR!

### **AT A GLANCE:** In this month's *Productive Provider Newsletter*

- 1. It's just my opinion**  
After all, they often vote with their feet.
- 2. Single Organ System Exams**  
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- 3. It works!**  
"... my gross reimbursement has increased by about 36%."

### **1. Its just my opinion.**

**W**ith the beginning of this new year, we have so much to look forward to. We have new members in the U.S. Congress and Senate and, a new Secretary of Health and Human Services has been nominated. The question I find myself asking is this, Will there be any change in the way healthcare providers are viewed by the Congress, Senate, the administration and the agencies they direct?

Lets face it. Over the past two decades or more, healthcare providers have been blamed for the rising costs of healthcare in this great nation. We have seen increased investigations into our way of providing care to our patients. With that has come the intrusive regulations regarding documentation, billing,

#### **PLEASE SEND THIS ON . .**

If you like what you see here in the *Productive Provider Newsletter*, please recommend and forward this newsletter to anyone that is interested in becoming more productive in his or her medical practice. Providers, billers and office managers alike are enjoying this publication.

If you are receiving this as a forwarded message, and you want your own FREE subscription, visit our web site and sign up on the "Site Mailing List" at [www.mpecs.org](http://www.mpecs.org).

coding, claims processing, information handling and so on. All of this under the threat of criminal prosecution for anyone that appears to step outside the accepted line of behavior.

Now, please don't get me wrong. If a healthcare provider is involved in fraudulent billing practices or running a prescription mill, they should be prosecuted. I am just so uncomfortable with the perception I see portrayed in the media that seems to imply that the healthcare system in general is corrupt. That concept is so far from what my reality is. Nearly every healthcare provider I have ever met is trying to provide the best care he or she can.

From what I have seen and heard in my many conversations is that it is the patients that we care about. Yeah, yeah, yeah, I know, there are crooks out there too. I've even met a couple. But, by far, I think most providers are like me. They like people and they like helping them. That is what motivated me to become an advanced practice clinician in the first place, the people. Plain and simple, I just like helping people.

The unfortunate side of medicine is that it is also a very difficult business to be in, especially for the solo practice providers. Costs continue to go up; malpractice, rent, wages and benefits for employees, equipment and supplies and everything else. That doesn't even include the cost of the education to get there in the first place. At the same time, the so called third party payors, insurance companies and government programs, are cutting back in every way they can to cut costs and increase profits.

Providers are unable to adjust their fees in any significant way because of the power these entities have to dictate their terms. Essentially they say, "If you want to see our patients, you accept our fee schedule. Don't order tests or procedures we don't approve of and by all means, don't rattle our chain, or we'll drop you from our panel."

As I see it, the patients are the ones that suffer. I see examples of restricted access to care all the time. It isn't imposed by the providers, it is imposed by the third parties and their view of what medicine is all about. It appears, too often I fear, to be motivated by profits and margins, not access to care.

Not to long ago, a friend of mine asked me what I thought of "Any Willing Provider" legislation. I hadn't heard of it before. Basically, it is a proposed law that allows patients to see any provider of their choice and requires their insurance company to pay that provider at 95% of the companies regular fee schedule.

It certainly isn't the answer to all that ails the system and probably presents an entirely new class of problems, but it does move things back to the patient having a choice about who they see for their health care. Maybe it is a first step in putting the power of choice and access back in the hands of those that need it, the patient. After all, they often do vote with their feet.

It's just my opinion.

Jim Meeks, PA-C

## 2. Single Organ System Exams

### May I talk about single organ system exams again?

In the past, I have written about Single Organ System Exams (SOSE) in a generic way. Now, I'd like to discuss the exams more specifically. Judging from the feed back I get, there are still a lot of questions and certainly some confusion about these types of exams and who can perform them.

First of all, let me review what a SOSE is. In the Evaluation and Management (E/M) coding system, there are specific elements of exams to be documented. We are all familiar with the "Multi-System Exam" (MSE) and the accompanying so called "bullets" for documentation.

The MSE bullets are adequate for general exams, but there are times when providers are performing focused exams on specific organ systems and the MSE bullets are not specific enough for adequate documentation making it difficult to get full credit for the work you are doing. This is especially true for providers working in specialty practices but applies to primary care too.

For example, doing an annual female physical or "well woman exam" is a **focused exam** since the primary focus is on the pelvic and breast areas. Other organ systems are part of the exam, but are not typically the *focus* of the exam; they still require documentation, but to a less detailed extent than in the MSE. This type of focused exam is called a Single Organ System Exam.

Certainly if you are working in a urology or OB/GYN practice, your exams are more focused with very specific exam elements that just aren't covered by the MSE bullets. Primary care providers must understand that their focused exams qualify as SOSEs as well. Like specialty providers, they need to know what the specifics are for the given exam. Lets look at the female genitourinary SOSE, it is a good place to start.

### MARK YOUR CALENDARS

#### PRACTICE PROFITABILITY WORKSHOPS and LECTURES:

MPECS is dedicated to making your practice of medicine more productive, more profitable and ultimately more enjoyable. The comprehensive MPECS 4-hour **PRACTICE PROFITABILITY** workshop focuses on exactly what you need to know, the specifics of documentation and coding. If you ever find yourself questioning which E/M code you should use, you need this workshop!

**MPECS workshops and lectures** are now being scheduled for 2005.

**UPCOMING MPECS WORKSHOPS;**  
Atlantic City, NJ April 2, 2005  
San Antonio, TX April 23, 2005  
Salt Lake City, UT April 30, 2005

**CONFERENCE LECTURES;**  
NYSSPA New York, NY April 1, 2005

([www.nysspa.org](http://www.nysspa.org))

NJDPA Atlantic City, NJ April 2, 2005

([www.njdpa.org](http://www.njdpa.org))

UAPA Mesquite, NV April 9, 2005

([www.utahapa.org](http://www.utahapa.org))

SUNA Las Vegas, NV October 14, 2005

([www.suna.org](http://www.suna.org))

The MPECS web site lists the details for each **workshop** as it becomes available. Check back often. Register EARLY for significant workshop discounts.

Required elements (bullets) of this SOSE are in **bold text** below. Other areas of exam that only require documentation of a single element (bullet) are listed in regular text. Areas that do not require any exam or documentation are listed in gray text. You will note that “Chest/Breasts” is grayed. That is because breasts are covered in the genitourinary section of this SOSE. The information contained within parentheses is for general guidelines and clarity and is not intended to imply required elements of exam or documentation except in the case of vital signs where three elements are required. Area of exam is on the left, documentation elements are listed on the right. The criteria to determine which level of exam you have performed is below this chart.

Body Area	Required Documentation Elements
<b>Constitutional</b>	<ul style="list-style-type: none"> <li>• <b>Measurement of at least three of the following vital signs</b> (sitting or standing blood pressure, supine blood pressure, pulse rate and regularity, respiration, temperature, height, weight)</li> <li>• <b>General appearance of patient</b> (development, nutrition, body habitus, deformities, grooming)</li> </ul>
Head and Face	no exam required
Eyes	no exam required
ENT, Mouth	no exam required
Neck	<ul style="list-style-type: none"> <li>• Neck (masses, overall appearance, symmetry, tracheal position, crepitus)</li> <li>• Thyroid (enlargement, tenderness, mass)</li> </ul>
Respiratory	<ul style="list-style-type: none"> <li>• Respiratory effort (intercostal retractions, use of accessory muscles, diaphragmatic movement)</li> <li>• Lungs (breath sounds, adventitious sounds, rubs)</li> </ul>
Cardiovascular	<ul style="list-style-type: none"> <li>• Heart: abnormal sounds and murmurs</li> <li>• Peripheral vascular system by observation (swelling, varicosities) and palpation (pulses, temperature, edema, tenderness)</li> </ul>
Chest/Breasts	no exam required
<b>Gastrointestinal</b>	<ul style="list-style-type: none"> <li>• <b>Abdomen, notation of presence of masses or tenderness</b></li> <li>• <b>Presence or absence of hernia</b></li> <li>• <b>Liver and spleen</b></li> <li>• <b>Stool sample for occult blood when indicated</b></li> </ul>
<b>Genitourinary</b>	<p><b>At least seven (7) of the following elements:</b></p> <ul style="list-style-type: none"> <li>• <b>Breasts</b> (masses, lumps, tenderness, symmetry, nipple discharge)</li> <li>• <b>Digital rectal examination including sphincter tone, presence of hemorrhoids, rectal masses</b></li> </ul> <p><b>Pelvic Examination</b> (with or without specimen collection for smears and cultures) <b>including:</b></p> <ul style="list-style-type: none"> <li>• <b>External genitalia</b> (general appearance, hair distribution, lesions)</li> <li>• <b>Urethral meatus</b> (size, location, lesions, prolapse)</li> <li>• <b>Urethra</b> (masses, tenderness, scarring)</li> <li>• <b>Bladder</b> (fullness, masses, tenderness)</li> <li>• <b>Vagina</b> (general appearance, estrogen effect, discharge, lesions, pelvic support, cystocele, rectocele)</li> <li>• <b>Cervix</b> (general appearance, lesions, discharge)</li> <li>• <b>Uterus</b> (size, contour, position, mobility, tenderness, consistency, descent or support)</li> <li>• <b>Adnexa/parametria</b> (masses, tenderness, organomegaly, nodularity)</li> <li>• <b>Anus and perineum</b></li> </ul>
Lymphatic	<ul style="list-style-type: none"> <li>• Lymph nodes in neck, axillae, groin and/or other location</li> </ul>
Musculoskeletal	no exam required
Extremities	no exam required
Skin	<ul style="list-style-type: none"> <li>• Inspection and/or palpation of skin and subcutaneous tissue (rashes, lesions, ulcers)</li> </ul>
Neuro./Psych.	<p>Brief assessment of mental status including;</p> <ul style="list-style-type: none"> <li>• Orientation to person, place and time</li> <li>• Mood and affect (depression, anxiety, agitation)</li> </ul>

LEVEL OF EXAM	PERFORM AND DOCUMENT
Problem Focused	<b>1 to 5</b> bullets
Expanded Problem Focused	<b>6 or more</b> bullets (6-11)
Detailed	<b>12 or more</b> bullets (12-18)
Comprehensive	All bullets in bolded areas, and at least one in each unbolded area (19+)

The majority of the work for this exam is centered in three areas; constitutional, gastrointestinal and genitourinary. In the genitourinary section, there are a total of 11 possible elements, only 7 are required, and you get to pick which ones you need to do. So, to achieve the comprehensive level of exam, all required bullets of the **bold text** and at least one bullet from each of the other areas must be documented. These other areas (six); neck, respiratory, cardiovascular, lymphatic, skin and neuro/psych only require documentation of one element each to achieve the comprehensive level of exam.

You can see where this is an advantage over the more generalized MSE bullets. It allows the provider (primary care or specialty practice) to focus on the specific need of the patient for the given situation. The number of elements are about the same, it is the focus that is different.

## MPECS Forms

### Single Organ System Exam Forms

- Specific Documentation requirements for each exam type
- Modified bullet requirements identified

### Chart Auditing Forms

- Easy to use format
- Step by step, two sided single page form
- Useful for Multi-System or Single Organ System exams
- Primary care or specialty practice friendly

Order Single Organ System Exam or Chart Auditing forms today online at; [www.mpecs.org](http://www.mpecs.org).

One other area of clarification. You will note that of the required elements in the gastrointestinal area, one is stool occult blood determination. Please note that it is required only if indicated. Otherwise, a comment or a check box on a form that states it is not indicated is sufficient. Similarly, the digital rectal exam is only one of the 11 possible elements of the genitourinary exam. Since only 7 are required, the rectal exam only need be performed if indicated and/or appropriate in the given situation.

Single Organ System Exams elements have been determined for 10 systems. These include;

- Cardiovascular
- Ears, Nose, Mouth and Throat
- Eyes
- Genitourinary, Male / Female
- Hematologic/Lymphatic/Immunologic
- Musculoskeletal
- Neurological
- Psychiatric
- Respiratory
- Skin

In the past, finding the specific criteria of each of these SOSEs has been very difficult. I have tried to simplify that search by developing practice and user friendly SOSE reference products. All of the SOSEs are available through MPECS in a complete booklet for easy reference to each exam or as laminated cards available individually or as a complete set. If you would like to order the cards individually, be sure to order several. One for yourself and others for friends or associates. It makes the Priority Mail postage more tolerable. Go to [www.mpecs.org](http://www.mpecs.org).

## 3: It works!

I have been saying it for a long time. Understanding the E/M coding system and using a POCKET CODER© are the best tools I have been able to come up with for increasing you personal and practice profitability. Now, I have outside validation.

This past week, I received the following brief but extremely important e-mail message; ***"I have been using Jim's pocket coder for over a year now and my gross reimbursement has increased by about 36%."***

I am not one to boast (not much) but I was thrilled to get this message. If you would like to read it for yourself, go the MPECS web site ([www.mpecs.org](http://www.mpecs.org)), scroll to the bottom of any page and click on the "View Guest Book" link.

Please, when you visit the Guest Book, take a minute to include your comments and experiences with the POCKET CODER©, SOSE cards, Auditing Forms, MPECS Workshops or what ever else you feel is appropriate.

Thanks for letting me be part of your professional lives. The work goes on.

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