WSI
North Dakota Workforce Safety & Insurance

E/M Documentation Guidelines

The following outlines information WSI reviews when auditing medical documentation for an Evaluation and Management (E/M) visit. WSI structured these guidelines based on the *1997 Documentation Guidelines for Evaluation and Management Services*.

Chief Complaint (CC)

CC is the reason the patient is meeting with the practitioner. Documentation of each visit should include a concise statement describing the symptom, problem, or condition, as stated in the patient's own words e.g. patient complains of upset stomach, aching joints, and fatigue.

History of Present Illness (HPI)

HPI describes the patient's symptoms, evolution of illness and present status of condition. There are two types of HPI:

- **Brief:** 1-3 elements
- **Extended:** at least 4 elements **or** at least three chronic conditions

  The visit must necessitate evaluation of the chronic condition(s) and supporting documentation must identify each condition reviewed.

Review of Systems (ROS)

ROS is an inventory of body systems obtained by asking a series of questions to identify signs and/or symptoms the patient may be experiencing or has experienced. There are three types of ROS:

- **Problem pertinent:** system directly related to the presenting problem
- **Extended:** system directly related to the presenting problem and a limited number (2-9) of additional related systems
- **Complete:** system directly related to the presenting problem and at least ten additional related systems

For an initial visit, WSI allows a provider to reference a ROS form and it must accompany the medical note. In addition, the provider must document they verified the ROS form (if self-reported by the patient) and the date of review.

For a subsequent visit, documentation must include the ROS within the body of the note; WSI does not accept reference to a separate ROS form.

WSI does not accept the following as documentation of a negative finding: negative, un-remarkable, non-remarkable, or noncontributory. A descriptive response is required for any system.

Past, Family, & Social History (PFSH)

PFSH is a review of the history area directly related to the problem(s) identified in the HPI. For each area reviewed, a descriptive response is required; WSI does not accept documenting negative, not on file or noncontributory.

Documentation of the PFSH must represent the current visit; WSI does not accept reference to past visits.

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Examination

Examination includes assessment of the patient's presenting problem(s) and history based on the provider's clinical judgment. The presenting problem should drive the level of the examination required.

A descriptive response is required for any area or organ system examined. WSI does not accept documenting abnormal, negative, un-remarkable, non-remarkable, or noncontributory for negative responses.

Documentation also needs to reflect clear correlation between outcomes of the exam and diagnostic tests ordered.

Components for the multi-system exams types include:

- **Problem Focused Exam:** identification of 1-5 elements per a minimum of 1 organ system
- **Expanded Problem Focused Exam:** identification of 6 or more elements per a minimum of 1 organ system
- **Detailed Exam:** identification of at least 2 elements per a minimum of 6 organ systems; or a total of 12 elements in 2 or more organ systems
- **Comprehensive Exam:** identification of at least 2 elements per a minimum of 9 organ systems

Medical Decision Making (MDM)

MDM refers to the complexity of establishing a diagnosis and selecting management options as measured by:

- **Number of Diagnoses/Treatment Options:** Diagnostic impressions, tentative diagnoses, confirmed diagnoses and therapeutic options
- **Data Reviewed or Ordered:** Amount and complexity of medical records and diagnostic tests ordered and/or reviewed;
- **Risk of Complications and/or Morbidity or Mortality:** level of risk related to the patient's presenting problem(s), diagnostic procedures and possible management options between present visit and next visit

  WSI adopted the following criteria for medication management:
  - **Low Level of Risk:** Over-the-counter medication or refill of a single medication regimen
  - **Moderate Level of Risk:** Newly ordered prescription of a single medication regimen or management of multiple prescription medications