

**STD EVALUATION AND
MANAGEMENT FOR ADPH
COUNTY HEALTH
DEPARTMENT CLINICS**

Produced by the Alabama Department of Public Health
Distance Learning and Telehealth Division

Faculty

Agnes Oberkor,
MPH, MSN, CRNP, DTM
ADPH, COMMUNICABLE DISEASES,
STD DIVISION

THE ADPH STD PROGRAM

Designed to:

- Test;
- Treat;
- Educate the public about STDs;
- Eliminate syphilis in high morbidity areas;

THE ADPH STD PROGRAM

- Prevent the spread of HIV infection;
- Prevent STD-related infertility;
- Prevent adverse outcomes of pregnancy;
- Prevent STD –related cancers; and
- Reduce STD health disparities in the community.

**BILLING FOR STD
SERVICES**

- Provide quality care to receive accurate and timely payment for services provided.
- Provide a clear and concise medical record documentation.


**BILLING FOR STD
SERVICES**

- Medical records must show a chronological report of the care a patient received.
- Record must include pertinent facts, findings, and observations about the patient's health history.

SELECTING A CODE


Billing Depends On:

1. Patient Type




Patient


2. Setting of Services



3. Level of Services Performed



SELECTING A CODE CONT.




1. Patient Type

- **New Patient:** Has not received any professional services from Clinicians of the same specialty who belongs to the same County within the previous 3 years.
- **Established Patient:** Had received professional services from Clinicians of the same specialty who belongs to the same County within the previous 3 years.

SELECTING A CODE CONT.

2. Setting of Services:

- Office or other outpatient setting
- Hospital inpatient
- Emergency department (ED)
- Nursing facility (NF)

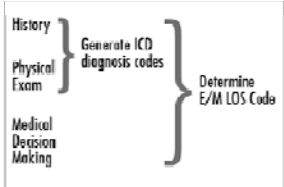


SELECTING A CODE CONT.

3. LEVEL OF E/M SERVICES PERFORMED

- Three key components in selecting appropriate level of E/M Service Performed:

- 1. History
- 2. Examination
- 3. Medical Decision Making



SELECTING A CODE CONT.

- Levels of E/M History & Physical Exam:
 - Problem Focused
 - Expanded Problem Focused
 - Detailed
 - Comprehensive- Complete GU exam

SELECTING A CODE CONT.

- Levels of E/M Medical Decision Making:
 - Straightforward
 - Low Complexity
 - Moderate Complexity
 - High Complexity

HISTORY



- **History Elements:**
 - Chief Complaints (CC)
 - History of Present Illness (HPI)
 - Review of Systems (ROS)
 - Pertinent Past, Family, Social History (PFSH)

HISTORY CONT.

- **CHIEF COMPLAINTS (CC):** A CC is a concise statement that describes the symptom, problem, condition, diagnosis, or reason for the patient encounter in patient’s own words.
- **NOTE:** CC is required at all levels of Services Provided.

HISTORY CONT.

- **History of Present Illness (HPI):** A chronological description of the development of the present illness from the first sign and/or symptom or from the previous encounter to the present.

HISTORY –HPI CONT.

- The HPI must be related to the CC. For example, if the CC is “ I have a discharge,” the HPI could be:
 - Location (example: urethral)
 - Quality (example: large amount, yellow in color)
 - Severity (example: 8 on a scale of 1 to 10)

HISTORY –HPI CONT.

- Duration (example: 10 days)
- Timing (example: worse in the morning)
- Context (example: had a new partner 2 months ago)
- Modifying factors (example: foul smell)
- Associated signs and symptoms (example: enlarged nodes)

HISTORY CONT.

- **Review of System (ROS):**
 - There are three types of ROS Element:
 1. Pertinent
 2. Extended
 3. Complete

HISTORY CONT.

Review of System (ROS): Either Present or Absent

- Constitutional Symptoms
- Eyes
- Ears, nose, mouth, throat
- Cardiovascular
- Respiratory

HISTORY CONT.

- Respiratory
- Gastrointestinal
- Genitourinary (Currently)
- Musculoskeletal
- Integumentary (skin and/or breast) (Currently)
- Neurological

HISTORY CONT.

- Psychiatric
- Endocrine
- Hematologic/lymphatic
- Allergic/immunologic

HISTORY CONT.

- Past, Family, and/or Social History (PFSH)
 - Past history includes experiences with illnesses, operations, injuries, and treatments.
 - Family history includes a review of medical events, diseases, and hereditary conditions that may place the patient at risk.

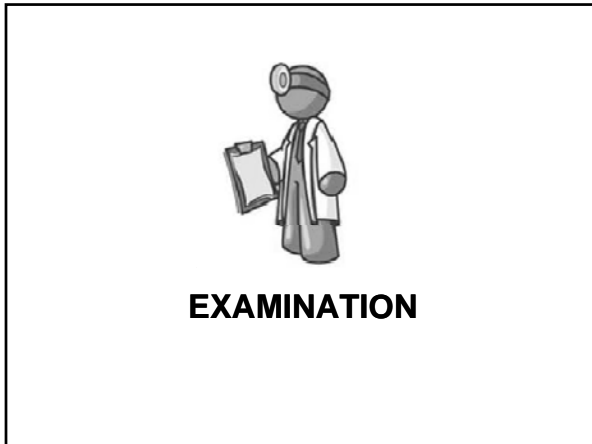
HISTORY CONT.

- Social history includes an age appropriate review of past and current activities.
- Two types of PFSH: Pertinent and Complete

HISTORY CONT.

- Elements Required for Each Type of History

LEVEL OF E/M SERVICES PERFORMED	CHIEF COMPLAINTS (CC)	History of Present Illness (HPI)	Review of System (ROS)	Pertinent Past, Family, Social History (PFSH)
Problem Focused	Required	Brief	N/A	N/A
Expanded Problem Focused	Required	Brief	Problem Pertinent	N/A
Detailed	Required	Extended	Extended	Pertinent
Comprehensive	Required	Extended	Complete	Complete




PHYSICAL EXAMINATION

Physical Examination

Purpose of General Physical Examination

- To confirm an overall state of health
 - Baseline values for vital signs
- To diagnose a medical problem
 - Usually focuses on organ system based on patient's chief complaint



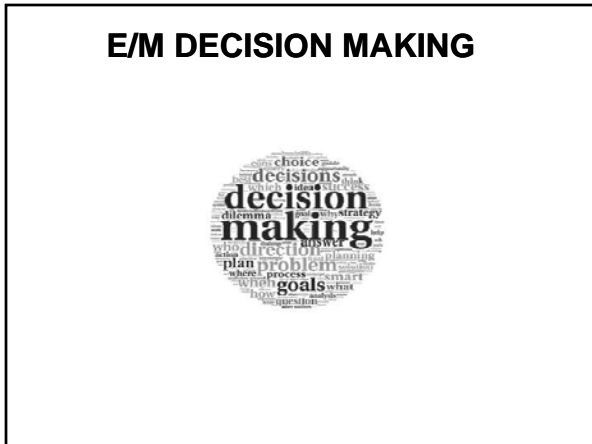
LEVEL OF E/M PHYSICAL EXAMINATION

- **THE FOUR LEVELS OF E/M EXAMINATION**
 - **Problem Focused** - Limited exam of the affected GU system.
 - **Expanded Problem Focused**- Limited exam of the affected GU system, plus any other symptomatic or related GU system.
 - **Detailed**- Extended exam of the affected GU system, plus any other symptomatic or related GU system.
 - **Comprehensive**- Complete GU exam

LEVEL OF E/M PHYSICAL EXAMINATION CONT.

- **Components Required for Each Type of Exam**

TYPES OF EXAMINATION	PHYSICAL EXAMINATION
Problem Focused	1-5 Components
Expanded Problem Focused	6 or More Components
Detailed	12 or More Components
Comprehensive	All Components of GU Exam



E/M DECISION MAKING

Medical Decision Making

- **Depends on:**
 - **Number of diagnosis or management option**
 - **Amount/complexity of data to be reviewed**
 - **Risk of complications/morbidity/mortality**

E/M DECISION MAKING CONT.

Medical Decision Making

Type of Decision	Number of Impressions or Management Options	Amount and/or Complexity of Data to Review	Risk of Complications, Morbidity and/or Mortality
Straightforward	• Minimal	• Minimal or None	• Minimal
Low Complexity	• Limited	• Limited	• Low
Moderate Complexity	• Multiple	• Moderate	• Moderate
High Complexity	• Extensive	• Extensive	• High

DOCUMENTATION OF SERVICES PERFORMED



CODING SERVICES PROVIDED

“If it is not documented, it has not been done.”—E/M Guide 2017

GENERAL PRINCIPLES OF DOCUMENTATION


- **Medical Record:**
 - Complete and legible
- **Documentation of Patient Encounter should include:**
 - Reason for the encounter and relevant history, physical examination findings, and prior diagnostic test results;

GENERAL PRINCIPLES OF DOCUMENTATION

- Assessment, clinical impression, or diagnosis
- Medical plan of care; and
- Date and legible identity of the observer.

GENERAL PRINCIPLES OF DOCUMENTATION CONT.

- Appropriate health risk factors identified
- Document patient’s progress, response to and changes in treatment, and revision of diagnosis
- Diagnosis/impression and treatment codes claim supported by documentation in the medical record.



ALABAMA PUBLIC HEALTH

APPLICATION OF E/M CODING TO STD SERVICES AT ADPH COUNTY CLINICS

STD VISIT STANDARDS

- **INITIAL VISIT**
 - New Patient
 - Established Patient
- **FOLLOW-UP VISIT**
 - Established Patient Only

STD VISIT STANDARDS

- **DEFERRED PHYSICAL EXAM**
 - New Patient
 - Established Patient
- **TELEHEALTH VISIT**
 - Established Patient Only (DIS)

UPDATED STD SERVICES FORM

- **DCS Patient-Self History**
- **Assessment: CHR 12 C-1 or 2 (Female or Male)**
- **Clinical Services Encounter**
- **E/M Coding Guide**

DCS PATIENT SELF HISTORY FORM

GENERAL INFORMATION

If you are unsure about any question, leave it blank and ask the nurse for help.

For office use only: New Patient Established LAREL

Name: _____ DOB: _____ Age: _____ Height: _____
 Cell Phone #: () _____ Work Phone #: () _____ Email Address: _____
 Emergency Contact Name: _____ Phone #: _____
 How do you hear about Health Department: Internet Friend/Family Other _____
 Reason for your visit today (Please give details): _____

Are you currently taking antibiotics? Yes No
 Did you drink alcohol in the last 24 hours? Yes No
 Drug Allergies: Yes No If Yes, please list name of drug(s) _____
 Are you having any of the following problems/areas of that concern?
 Yes No Just want screening/testing - no problems
 Yes No Tired/No get tired Broken Mouth Dry (just, better, best, smell) Pain or
 Yes No Itching (genital area) Chlamydia Trich Gonorrhea Syphilis HIV Other _____
 Yes No Discharge or drip from penis Green Yellow White Clear How long _____
 Yes No Discharge from vagina Green Yellow White Clear How long _____
 Yes No Pain/itching/burning from vagina how long _____
 Yes No Lower abdominal pain Mild Moderate Severe How long _____
 Yes No Skin Rash/Bumps/Sores Where: _____ How long _____
 Yes No Burning when urinating/going None Moderate Severe How long _____
 Yes No Painful during sex Mild Moderate Severe How long _____
 Yes No Pain in testicles/anal area/any/any/any () Mild Moderate Severe How long _____
 Yes No Irregular bleeding Light Moderate Severe How long _____
 Yes No Other _____
 Patient Signature: _____ Date: _____
 Reviewed By: _____ Date: _____
 Comments: _____

**ALABAMA DEPARTMENT OF PUBLIC HEALTH
 STD ASSESSMENT RECORD**

PATIENT INFO: Patient Name: _____ DOB: _____ Sex: _____ Race: _____
 Address: _____ City: _____ State: _____ Zip: _____
 Phone: _____ Email: _____

REASON FOR VISIT: Initial Visit Follow-up Visit New Patient Established Patient

COMPLAINT: _____

PHYSICAL EXAM: Yes No Deferred

LABORATORY TESTS: Yes No Deferred

TEST RESULTS: _____

TREATMENT: _____

GENERAL APPEARANCE: _____

PSYCHOLOGICAL/EMOTIONAL: _____

SEXUAL PRACTICES: _____

ADDITIONAL FINDINGS/CONCERNS: _____

CHR 12 C-1

COUNSELING/GRATER THAN 30 MINUTE TIME SPENT COUNSELING

Initials: _____ Date: _____

CLINICAL SERVICES ENCOUNTER FORM

LOCATION: _____ PROVIDER: _____

DATE: _____ TIME: _____

REASON FOR VISIT: _____

CHIEF COMPLAINT: _____

REVIEW OF SYSTEMS (ROS):

- 1. Constitutional
- 2. Eyes
- 3. Ears, Nose & Throat
- 4. Cardiorespiratory
- 5. Gastrointestinal
- 6. Genitourinary
- 7. Hematologic
- 8. Endocrine
- 9. Musculoskeletal
- 10. Neurologic
- 11. Psychiatric
- 12. Skin
- 13. Allergic/Immunologic
- 14. Infections

PHYSICAL EXAM: _____

DIAGNOSIS: _____

TREATMENT: _____

PROGNOSIS: _____

DISPOSITION: _____

DATE: _____ TIME: _____

E/M Coding Sheet

REVIEW OF SYSTEMS (ROS)

LEVEL OF COMPLAINT	CHIEF COMPLAINT	HISTORY OF PRESENT ILLNESS (HPI)	REVIEW OF SYSTEMS (ROS)	PAST, FAMILY, SOCIAL HISTORY (PFSH)
Problem Focused	Required	Brief: 1-3 Elements	N/A	N/A
Expanded Problem Focused	Required	Brief: 1-3 Elements	Problem Pertinent: (Related to Signs and Symptoms)	N/A
Detailed	Required	Extended: 4 or more Elements	Extended: 2-9 Elements	Problem Pertinent: (Related to Signs and Symptoms)
Comprehensive	Required	Extended	Complete	Complete

CLINICAL SERVICES ENCOUNTER FORM

LOCATION: _____ PROVIDER: _____

DATE: _____ TIME: _____

REASON FOR VISIT: _____

CHIEF COMPLAINT: _____

REVIEW OF SYSTEMS (ROS):

- 1. Constitutional
- 2. Eyes
- 3. Ears, Nose & Throat
- 4. Cardiorespiratory
- 5. Gastrointestinal
- 6. Genitourinary
- 7. Hematologic
- 8. Endocrine
- 9. Musculoskeletal
- 10. Neurologic
- 11. Psychiatric
- 12. Skin
- 13. Allergic/Immunologic
- 14. Infections

PHYSICAL EXAM: _____

DIAGNOSIS: _____

TREATMENT: _____

PROGNOSIS: _____

DISPOSITION: _____

DATE: _____ TIME: _____

E/M LEVELS OF HISTORY/EXAM AT A GLANCE

Level of Service (New or Established)	Chief Complaints	History of Present Illness (HPI)	Review of Systems (ROS)	Past, Family, and/or Social History (PFSH)	Physical Exam
Problem Focused	Required	Brief: 1-3 Elements	N/A	N/A	Exam Components: 1-5
Expanded Problem Focused	Required	Brief: 1-3 Elements	Problem Pertinent: (Related to Signs and Symptoms)	N/A	Exam Components: 6 or More
Detailed	Required	Extended: 4 or more Elements	Extended: 2-9 Elements	Problem Pertinent: (Related to Signs and Symptoms)	Exam Components: 12 or More
Comprehensive	Required	Extended	Complete	Complete	All Components of GU Exam

EXAMPLES

STD/HIV VISIT	LEVEL OF HISTORY/EXAM	MEDICAL DECISION MAKING
<ul style="list-style-type: none"> Asymptomatic Patient or Contact: <ul style="list-style-type: none"> Testing Only Treatment for a Positive Test 	Problem Focused	<ul style="list-style-type: none"> Straightforward
<ul style="list-style-type: none"> Symptomatic Patient or Contact, and Symptomatic Follow-Up Patient: <ul style="list-style-type: none"> Follow-up (Example: Syphilis, PID, etc.) Repeat Exam Repeat Treatment Asymptomatic Syphilis Contact 	Expanded Problem Focused	<ul style="list-style-type: none"> Low Complexity
<ul style="list-style-type: none"> Symptomatic Patient or Contact <ul style="list-style-type: none"> Multiple impressions; and/or Multiple Treatment; and/or Requires In-house Stat lab 	Detailed	<ul style="list-style-type: none"> Moderate Complexity

Protocol-Related?: Agnes Oberkor-334-206-5350 or 206-3913

Billing-Related?: Mary Scisney -334-206-5350 or 206-5487