



UEI Coding Alert # 39

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What is the difference between the "Review Of Systems / Symptom" (ROS) levels for the E/M codes?

Four ROS levels exist that contribute to the level of history selected for an E/M service. ROS progresses from "non-available" to "problem-pertinent" to "extended" and "complete."

CPT has identified 14 elements of a system review: constitutional systems (e.g., fever, weight loss); eyes; ears, nose, mouth and throat; cardiovascular; respiratory; gastrointestinal; genitourinary; musculoskeletal; integumentary (i.e., skin or breast); neurological; psychiatric; endocrine; hematologic/lymphatic; and allergic/immunologic.

In a problem-pertinent ROS, the optometrist asks questions about the system directly related to the problem identified in the history of present illness (HPI).

ROS for "eyes" includes symptoms such as eye discharge, excessive tearing, pain, visual disturbances, redness, photophobia, scotoma, Diplopia, blurring, and visual disturbances or spots/floaters. Some of these symptoms may be part of the presenting problem.

When the optometrist asks about a limited number of additional systems, he meets the criteria for an extended ROS. Important: Documentation must include positive responses and pertinent negatives for two to nine systems, according to Documentation Guidelines for E/M Services.

A complete ROS requires inquiring about the system(s) directly related to the problem(s), plus all other body systems. The optometrist must review at least 10 organ systems and individually document those systems with positive responses and pertinent negatives. *Tip:* For the remaining systems, the optometrist can use a notation to indicate that all other systems are negative. Without such a notation, the optometrist must individually document at least 10 systems.