

OBTAINING CHIEF COMPLAINTS

Medicare stipulates that coverage of services rendered by an ophthalmologist is dependent on the purpose of the (eye) examination rather than on the ultimate diagnosis of the patient's condition. In other words, when a beneficiary goes to his/her ophthalmologist for an eye examination with no specific complaint, the expenses for the examination are not covered even though, as a result of such examination, the doctor discovered a pathologic condition.

It is imperative to obtain a "chief complaint" on a new patient. It should be a concise statement describing the symptom, problem, condition, or other factor that is the reason for the encounter, usually stated in the patient's own words and in quotes. Be aware that translating the patient's statements into formal medical terminology is ill-advised, particularly when supporting the need for cataract or any other potential surgery.

New Patient

Why is the patient here today? A new patient exam should have documented evidence of a complaint, symptom, disease or injury. If you ask new patients if they have experienced any of the following symptoms, you will most likely elicit a chief complaint that will establish the medical justification for today's visit:

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| ■ Change in vision (distant or near) | ■ Sensitivity to light |
| ■ Blurring/cloudy vision | ■ Pain in the eye |
| ■ Double vision | ■ Redness, discharge |
| ■ Distorted vision | ■ Dry, itchy eyes |
| ■ Rainbows | ■ Excessive tearing |
| ■ Flashes of light | ■ Scratchiness |
| ■ Spider-web, or floaters | ■ Headaches |

For a new patient with a complaint of decreased vision, the medical record should indicate more than just "decreased vision." You should also document:

- Which eye, OS/OD/OU?
- When was the onset?
- Is this symptom/problem constant or occasional?
- How does this problem interfere with your work or other activities?
- Have you ever been treated for this complaint?
- Is the symptom/problem getting better or worse?

Established Patient

Why is the patient here today? On established patients, it can be a statement describing the complaint, symptom, or previously diagnosed condition.

If it is a physician-recommended return, the reason for the visit is typically found in the Plan entry of the previous visit, e.g., 3 month IOP check, 6 month cataract check, etc. You should record the patient's reason for return in the Subjective entry of the chart as the "chief complaint," and indicate "no changes" or "new complaint" if appropriate.

If this is an off-cycle visit, you must treat the patient as if it were a new encounter. In other words, there must be an acute complaint to satisfy the medical necessity for the service. Using the questions as shown above for a new patient will usually result in a medical reason for the visit.

Remember, the chief complaint also provides the basis for the nature of the patient's presenting illness. This is one of the most significant issues in documenting E&M services. Without a chief complaint, the exam is considered routine and not billable.

Remember, too, that cataracts, YAGs, and blepharoplasties also require documentation of a lifestyle impairment to support the need for the surgery. This information is best obtained in a patient completed questionnaire—in fact, most Medicare carriers require a formal standardized measure of how the impairment affects the patient's activities of daily living.

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