READY. SET. GO.
We’ll get you to ICD-10 in record time.

History: Going the Distance
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Publisher Notice

• Although we have tried to include accurate and comprehensive information in this presentation, please remember it is not intended as legal or other professional advice.
Objectives

• What makes up the history component?
• Who can document it?
• How should it be illustrated?
• When should it be updated?
• Why is it so important?
The History Components

- History of present illness
- Past history
- Social history
- Family history
- Review of systems
Where Can We Get the History?

• Patient:
  – Complete a form
  – Interview
• Family:
  – Interview
• Other practitioners/providers:
  – Chart notes
  – Conversations
  – Past medical record
• Chart records
Patient Information Sheet

• This form can be known as the:
  – Patient information sheet
  – Health history form
  – Intake form
  – New patient form
  – Initial assessment form
  – Health history questionnaire
  – Information questionnaire
Patient Information Sheet—*continued*

- This form should be created with input from all the different areas of the practice:
  - **Coders** can add required coding information (specific systems, information about the current issue, etc.).
  - **Physician**—what is needed to evaluate the patient appropriately?
  - **Front desk**—what insurance information, contact information, etc., would be needed?
Reason for today's visit: ________________________________________________________________
Please describe this problem: _____________________________________________________________________________

Please list all operations, type of anesthesia used and the appropriate date:
(1) General anesthesia (asleep)  (2) Spinal (numb from waist down)  (3) Local (just one area numb)

SURGERY TYPE  ANESTHESIA TYPE  YEAR

PRIOR ILLNESSES  DATE DIAGNOSED  DESCRIPTION

Please list all medications (prescriptions and non-prescription) that you take.
(Include herbal remedies, vitamins, over-the-counter, street drugs, prescriptions, etc.)

NAME OF MEDICATION  DOSAGE  TIME OF LAST DOSE

Do you take any blood thinning products such as Plavix, Coumadin, Aspirin? □No  □Yes ___________

Do you have any food, environmental, or drug allergies? □No  □Yes (please explain below)

ALLERGY  TYPE  REACTION

Past or ROS
### Social History

- **Do you smoke?**
  - □ No, and never have
  - □ Yes (please explain below)

<table>
<thead>
<tr>
<th>TYPE OF SMOKING (cigarette, pipe, marijuana, chew, etc)</th>
<th>HOW MUCH</th>
<th>HOW LONG</th>
</tr>
</thead>
</table>

- **Do you drink alcohol?**
  - □ No, and never have
  - □ Socially only
  - □ Daily
  - □ Beer/Wine
  - □ Hard Liquor

### Family History

Please describe any family health issues below.

<table>
<thead>
<tr>
<th>FAMILY HISTORY</th>
<th>Good/None</th>
<th>Unknown</th>
<th>Illnesses/Reason for Death</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mother</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Father</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Sibling(s)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other hereditary illness</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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**Patient Signature:** ____________________________ **Date:** ______________

**Physician Signature:** ____________________________ **Date reviewed:** ________________

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Important to illustrate the MD review.
**PERSONAL HISTORY FORM**
Do you have or have you had any of the following medical conditions?
(Circle the correct answer)

<table>
<thead>
<tr>
<th>General</th>
<th>No</th>
<th>Yes</th>
<th>Don’t know</th>
</tr>
</thead>
<tbody>
<tr>
<td>Difficulty sleeping</td>
<td>N</td>
<td>Y</td>
<td>?</td>
</tr>
<tr>
<td>Change in weight</td>
<td>N</td>
<td>Y</td>
<td>?</td>
</tr>
<tr>
<td>Cancer</td>
<td>N</td>
<td>Y</td>
<td>?</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Skin</th>
<th>No</th>
<th>Yes</th>
<th>Don’t know</th>
</tr>
</thead>
<tbody>
<tr>
<td>Poor healing</td>
<td>N</td>
<td>Y</td>
<td>?</td>
</tr>
<tr>
<td>Leg wounds</td>
<td>N</td>
<td>Y</td>
<td>?</td>
</tr>
<tr>
<td>Easy bruising</td>
<td>N</td>
<td>Y</td>
<td>?</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Eyes</th>
<th>No</th>
<th>Yes</th>
<th>Don’t know</th>
</tr>
</thead>
<tbody>
<tr>
<td>Blurred vision</td>
<td>N</td>
<td>Y</td>
<td>?</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Ears, Nose, Throat</th>
<th>No</th>
<th>Yes</th>
<th>Don’t know</th>
</tr>
</thead>
<tbody>
<tr>
<td>Decreased hearing</td>
<td>N</td>
<td>Y</td>
<td>?</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Endocrine</th>
<th>No</th>
<th>Yes</th>
<th>Don’t know</th>
</tr>
</thead>
<tbody>
<tr>
<td>Diabetes</td>
<td>N</td>
<td>Y</td>
<td>?</td>
</tr>
<tr>
<td>Thyroid problems</td>
<td>N</td>
<td>Y</td>
<td>?</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Kidneys and Bladder</th>
<th>No</th>
<th>Yes</th>
<th>Don’t know</th>
</tr>
</thead>
<tbody>
<tr>
<td>Kidney disease</td>
<td>N</td>
<td>Y</td>
<td>?</td>
</tr>
<tr>
<td>Kidney stones</td>
<td>N</td>
<td>Y</td>
<td>?</td>
</tr>
<tr>
<td>Renal failure</td>
<td>N</td>
<td>Y</td>
<td>?</td>
</tr>
<tr>
<td>Dialysis</td>
<td>N</td>
<td>Y</td>
<td>?</td>
</tr>
<tr>
<td>Bladder problems</td>
<td>N</td>
<td>Y</td>
<td>?</td>
</tr>
<tr>
<td>Bloody urine</td>
<td>N</td>
<td>Y</td>
<td>?</td>
</tr>
<tr>
<td>Urinary infections</td>
<td>N</td>
<td>Y</td>
<td>?</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Gynecologic</th>
<th>No</th>
<th>Yes</th>
<th>Don’t know</th>
</tr>
</thead>
<tbody>
<tr>
<td>Are you pregnant</td>
<td>N</td>
<td>Y</td>
<td>?</td>
</tr>
<tr>
<td>Menstrual problems</td>
<td>N</td>
<td>Y</td>
<td>?</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Neurologic</th>
<th>No</th>
<th>Yes</th>
<th>Don’t know</th>
</tr>
</thead>
<tbody>
<tr>
<td>Numbness</td>
<td>N</td>
<td>Y</td>
<td>?</td>
</tr>
<tr>
<td>Stroke</td>
<td>N</td>
<td>Y</td>
<td>?</td>
</tr>
<tr>
<td>Mini-stroke</td>
<td>N</td>
<td>Y</td>
<td>?</td>
</tr>
<tr>
<td>Headaches</td>
<td>N</td>
<td>Y</td>
<td>?</td>
</tr>
<tr>
<td>Seizures</td>
<td>N</td>
<td>Y</td>
<td>?</td>
</tr>
<tr>
<td>Light-headed</td>
<td>N</td>
<td>Y</td>
<td>?</td>
</tr>
</tbody>
</table>

**Notice the need for an answer on each line**
<table>
<thead>
<tr>
<th>System</th>
<th>Condition</th>
<th>Y</th>
<th>N</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Lungs</strong></td>
<td>Short of breath</td>
<td>Y</td>
<td>N</td>
</tr>
<tr>
<td></td>
<td>Cough</td>
<td>Y</td>
<td>N</td>
</tr>
<tr>
<td></td>
<td>Asthma</td>
<td>Y</td>
<td>N</td>
</tr>
<tr>
<td></td>
<td>Emphysema</td>
<td>Y</td>
<td>N</td>
</tr>
<tr>
<td></td>
<td>Blood clots in lung</td>
<td>Y</td>
<td>N</td>
</tr>
<tr>
<td><strong>Musculo-skeletal</strong></td>
<td>Back pain</td>
<td>Y</td>
<td>N</td>
</tr>
<tr>
<td></td>
<td>Arthritis</td>
<td>Y</td>
<td>N</td>
</tr>
<tr>
<td></td>
<td>Leg cramps</td>
<td>Y</td>
<td>N</td>
</tr>
<tr>
<td><strong>Vascular</strong></td>
<td>Blood clots in legs</td>
<td>Y</td>
<td>N</td>
</tr>
<tr>
<td></td>
<td>Circulation problem</td>
<td>Y</td>
<td>N</td>
</tr>
<tr>
<td></td>
<td>Varicose veins</td>
<td>Y</td>
<td>N</td>
</tr>
<tr>
<td></td>
<td>Hardening arteries</td>
<td>Y</td>
<td>N</td>
</tr>
<tr>
<td></td>
<td>Phlebitis</td>
<td>Y</td>
<td>N</td>
</tr>
<tr>
<td></td>
<td>Pain with walking</td>
<td>Y</td>
<td>N</td>
</tr>
<tr>
<td><strong>Heart</strong></td>
<td>Chest pain</td>
<td>Y</td>
<td>N</td>
</tr>
<tr>
<td></td>
<td>High cholesterol</td>
<td>Y</td>
<td>N</td>
</tr>
<tr>
<td></td>
<td>High blood pressure</td>
<td>Y</td>
<td>N</td>
</tr>
<tr>
<td></td>
<td>Irregular heart beat</td>
<td>Y</td>
<td>N</td>
</tr>
<tr>
<td></td>
<td>Pacemaker</td>
<td>Y</td>
<td>N</td>
</tr>
<tr>
<td></td>
<td>Heart attack</td>
<td>Y</td>
<td>N</td>
</tr>
<tr>
<td></td>
<td>Congestive heart failure</td>
<td>Y</td>
<td>N</td>
</tr>
<tr>
<td><strong>Psychologic</strong></td>
<td>Stress</td>
<td>Y</td>
<td>N</td>
</tr>
<tr>
<td></td>
<td>Anxiety</td>
<td>Y</td>
<td>N</td>
</tr>
<tr>
<td></td>
<td>Depression</td>
<td>Y</td>
<td>N</td>
</tr>
<tr>
<td><strong>Gastro-intestinal</strong></td>
<td>Abdominal pain</td>
<td>Y</td>
<td>N</td>
</tr>
<tr>
<td></td>
<td>Stomach ulcer</td>
<td>Y</td>
<td>N</td>
</tr>
<tr>
<td></td>
<td>Gallstones</td>
<td>Y</td>
<td>N</td>
</tr>
<tr>
<td></td>
<td>Hepatitis</td>
<td>Y</td>
<td>N</td>
</tr>
<tr>
<td></td>
<td>Nutrition problems</td>
<td>Y</td>
<td>N</td>
</tr>
<tr>
<td><strong>Coagulation</strong></td>
<td>Clotting problems</td>
<td>Y</td>
<td>N</td>
</tr>
<tr>
<td></td>
<td>Bleeding problems</td>
<td>Y</td>
<td>N</td>
</tr>
<tr>
<td><strong>Other problems:</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Reviewed by: ______________________________
Signature:_____________________
Date: _________________

All recognized systems should be illustrated on the form.

Important to illustrate the MD review.
Chief Complaint

- Can be in the patient’s own words
- Should be symptoms or actual physical conditions, not the mechanism of injury
- Will probably not be a defined diagnosis
- Must be documented by the physician
How do these work?

- “I just don’t feel right”
- Car accident
- Patient is here for follow-up
- Mrs. Caesar says her wound is still open
- Patient is here to establish
- No complaints
- Patient presents for follow-up after hernia surgery
Better Chief Complaints

• “Patient is complaining of low-grade fever for three days”
• “My stomach hurts”
• “Patient is here for follow-up of her new diagnosis of IDDM”
• Sore throat
HPI Elements

- Location
- Duration
- Timing
- Quality

- Severity
- Modifying factor
- Context
- Signs/symptoms
Sample HPI

• She is a 68-year-old lady who is being followed by you for a left upper lobe mass *(location)* *(chief complaint is now established)* as well as a 2 cm lymph node *(severity?)* in her AP window. During her evaluation, *(context)* there was some question regarding a history of aortic stenosis.

• The HPI above can help to satisfy only code levels up to a 99202 or a 99242 for new/consultation.
Another HPI Sample

- I am seeing Greg Storm for a three-day history of stabbing stomach pain that is not relieved with Tums. He first noticed this when finishing dinner at The Mexican Hat Restaurant.
Let’s Discuss

- The patient’s wound is open, oozing, odorous, and red. It’s been like this for two days. She denies pain in this area.

- Location?
- Quality?
- Severity?
- Duration or timing?
- Signs/symptoms?
Another HPI Scenario

- Patient is feeling well today. Mr. Dodson has CAD, hyperlipidemia, S/P CABG. His lab work showed cholesterol of 250. He had an ultrasound performed that showed no changes from Sept. 2003. He is able to walk a block without stopping.

- 1995 vs. 1997?
- Location?
- Duration?
- Severity?
- Modifying factor?
- Context?
- Signs/symptoms
Past History

- Allergies
- Current medications
- Immunizations
- Previous trauma
- Surgeries
- Previous illness
- Previous hospitalizations
Could this be a past medical history?

- Patient denies any prior illnesses.
- Patient is a vegetarian.
- Patient is on OTC vitamins.
- Mr. Frank is on no medications.
- Previous illnesses?
- Dietary status?
- Medications?
- Medications?
Social History

- Drug use
- Alcohol consumption
- Tobacco use
- Employment
- Sexual history
- Marital status
- Education
- Occupational history
Can a patient deny social history?

- Patient has 2 dogs and 1 cat.
- G10 P8 A2
- Patient is a retired coal miner.
- Living arrangements?
- Sexual history?
- Occupational history? Employment?
Family History

• Health of parents or cause and age of death
• Health of siblings and children
• Family members with disease related to the chief complaint
Who’s family?

• Noncontributory
• Unremarkable
• Patient is adopted
• Patient has dementia and doesn’t recall having a mother

• What does this mean?
• What does this mean?
• Immediate family?
• Parents?
Example of History Documentation

- The patient’s past medical history is notable for hyperlipidemia (past history—illness) and a bicuspid aortic valve. He does have known coronary artery disease and previously underwent a PTCA of the circumflex artery in 1996. He has no prior surgical history (past history—surgery), and HAS NO KNOWN DRUG ALLERGIES (past history—allergies or ROS—allergy/immunology). His medications include Lopressor (past history—meds)…. The patient is a former 20-pack-year smoker (social history—tobacco use) and does not drink regularly (social history—alcohol use). Family history is noncontributory (noncontributory is not advised—a better statement could have been that the patient’s family history is negative for any cardiac issues).

- With a better family history, this documentation could support a higher level of service. (99204, 99205, 99244, 99245)
Review of Systems

- Constitutional
- Eyes
- Ears, nose, mouth/throat
- Cardiovascular
- Respiratory
- Gastrointestinal
- Genitourinary
- Allergic/immunologic

- Integumentary
- Neurological
- Endocrine
- Psychiatric
- Hematologic/lymphatic
- Musculoskeletal
- All others reviewed and negative
That’s a lot of information?

• Review of systems is noncontributory.

• ROS was unobtainable.

• All systems are negative.

• See as above in HPI, ROS unremarkable.

• How can that be?

• Why?

• What brought the patient to the office?

• What does this mean?
What if the history components are unobtainable?

• To get the proper credit for the history retrieval, you must document the following:
  – Any attempts you made to get the history:
    • “I spoke with the resident/nurse/family to gather the patient’s medications.”
  – Why weren’t these details obtainable?
    • “The patient’s condition was of an urgent nature. Gathering the social history was not warranted at this time.”
    • “Gathering the patient’s family history was not pertinent to the patient’s emergent condition.”
    • “Patient suffers from dementia and is a poor historian.”
Thank You.