



American Academy of Otolaryngology—Head and Neck Surgery

Working for the Best Ear, Nose, and Throat Care

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Statement of the Academy of Otolaryngology-Head and Neck Surgery to the Practicing Physicians Advisory Council

March 5, 2007

The American Academy of Otolaryngology-Head and Neck Surgery (AAO-HNS) would like to take this opportunity to comment on the CMS ruling that for an E&M service to be a candidate for a level 4 or 5 E&M CPT code, the Review of Systems (ROS) must include specific documentation supporting negative findings in addition to the positive findings. Prior to this ruling the provider could enumerate the positive findings and then state that the remainder of the ROS was 'negative'. It is our understanding that this will no longer be accepted for level 4 or 5 visits.

The AAO-HNS objects to this ruling for the following reasons:

- This does not represent any added value for the patient by requiring the provider to enumerate the specific negative areas. In fact, this leads to less time available to spend discussing clinically important material.
- This requirement does not add to the efficiency or effectiveness of the healthcare services delivered, and as such, does not necessarily improve the quality of the healthcare being delivered.
- The added time taken for this documentation of negative material lessens the time available to see additional patients and thus could restrict the availability for access for other patients.
- This requirement unnecessarily increases overhead costs.
- Any suggestion by CMS that the providers are not covering the ROS completely yet acting as though they are should require accurate documentation. Failure to ask the questions should not be assumed.

The AAO-HNS would like to request that PPAC formally recommend that CMS allow providers to document the positive ROS findings and state that the remainder of the ROS findings are 'negative', and that the services may be eligible for a level 4 or 5 visit should the service, in accordance with accepted CPT coding standards, substantiate the coding level.

We appreciate the opportunity to provide our comments to the Practicing Physicians Advisory Council on this issue.