

WHAT YOU NEED TO KNOW:

Review of Systems (ROS) is an inventory of body systems obtained by asking a series of questions to identify signs and/or symptoms the patient may be experiencing or has experienced. CMS and Payers have varying documentation audit focal points for clinical validation of services rendered. Points are not synonymous with symptoms.

What are the systems recognized for ROS?	<ol style="list-style-type: none"> 1. Constitutional Symptoms (for example: fever, weight loss) 2. Eyes 3. Ears, nose, mouth, throat 4. Cardiovascular 5. Respiratory 6. Gastrointestinal 7. Genitourinary
What are the three types of ROS?	<ol style="list-style-type: none"> 1. Problem pertinent 2. Extended 3. Complete
What is required for each type ROS?	<ol style="list-style-type: none"> 1. Problem Pertinent ROS inquires about the system directly related to the problem identified in the History of Physical Illness (HPI). 2. Extended ROS inquires about the system directly related to the problem(s) identified in the HPI and a limited number (two to nine) of additional systems. 3. Complete ROS inquires about the system(s) directly related to the problem(s) identified in the HPI plus all additional (minimum of ten) organ systems. You must individually document those systems with positive or pertinent negative responses. For the remaining systems, a notation indicating all other systems are negative is permissible.
Documentation Requirements	<p><u>Documentation within the patient record should support the level of service billed.</u> For every service billed, you must indicate the specific sign, symptom, or patient complaint that makes the service reasonable and medically necessary.</p> <p>It would be inappropriate and likely ruled not medically necessary to bill based on a full review of systems for a problem focused complaint. <u>The question to ask is:</u> did the condition/chief complaint (CC) warrant a full review of systems?</p>
Collecting the ROS	Preprinted forms may be used by the ancillary staff or filled out by the patient. The information collected on these forms MUST be commented on and attested to, by the clinician with an authentic signature, date and time.
If unable to obtain ROS	Documentation is required to indicate why the ROS could not be obtained (e.g., patient arrived unconscious).
<p>THE THREE TYPES OF REVIEW OF SYSTEMS: The following three types of Review of Systems are recognized under CMS's Evaluation and Management Services Guide:</p>	
A <i>problem</i> pertinent ROS inquires about the system directly related to the problem(s) identified in the HPI.	<ul style="list-style-type: none"> • <u>Documentation Guidance:</u> The patient's positive responses and pertinent negatives for the system related to the problem should be documented. <ul style="list-style-type: none"> ○ <u>Example:</u> CC: Earache. ROS: Positive for left ear pain. Denies tinnitus, fullness. <p style="margin-left: 40px;">In this example, one system – the ear- is reviewed.</p>

<p>An <i>extended</i> ROS inquires about the system directly related to the problem(s) identified in the HPI and a limited number of additional systems.</p>	<ul style="list-style-type: none"> • <u>Documentation Guidance</u>: The patient’s positive responses and pertinent negatives for two to nine systems should be documented. <ul style="list-style-type: none"> ○ <u>Example</u>: <p>CC: Follow-up visit in office after cardiac catheterization. Patient states “I feel great.”</p> <p>ROS: Patient states he feels great and denies chest pain, syncope, palpitations, and shortness of breath. Relates occasional unilateral, asymptomatic edema of left leg.</p> <p>In this example, two systems – cardiovascular and respiratory – are reviewed.</p> <p>It is inappropriate to document systems that are not pertinent to the chief complaint. In the example above, it would be over documenting to comment on all remaining systems unrelated to the follow up visit, unless patient is presenting with additional complaints.</p>
<p>A <i>complete</i> ROS inquires about the system(s) directly related to the problem(s) identified in the HPI <u>plus all additional</u> (minimum of ten) organ systems. For the remaining systems, you may note "all other systems are negative."</p>	<ul style="list-style-type: none"> • <u>Documentation Guidance</u>: You must individually document those systems with positive or pertinent negative responses. <i>For the remaining systems, a notation indicating all other systems are negative is permissible. In the absence of such a notation, you must individually document at least ten systems.</i> <ul style="list-style-type: none"> ○ <u>Example</u>: <p>CC: Patient complains of “fainting spell.”</p> <p>ROS: Constitutional: weight stable, fatigue; Eyes: loss of peripheral vision; Ear, nose, mouth, throat: no complaints; Cardiovascular: palpitations, denies chest pain, denies calf pain, pressure, or edema; Respiratory: shortness of breath on exertion; Gastrointestinal: appetite good, denies indigestion, episodes of nausea, BM daily, denies loose stools; Urinary: denies incontinence, frequency, urgency, nocturia, pain, or discomfort; Skin; clammy, moist skin; Neurological: fainting, denies numbness, tingling, and tremors; Psychiatric: denies memory loss or depression, mood pleasant.</p> <p>If All (14) systems were reviewed adding the statement “all other systems were reviewed and are negative” to the ten identified above would be permissible.</p>

References:

- [Centers for Medicare & Medicaid Services, Evaluation and Management Services Manual](#)
- [CMS 1995 E&M Documentation Guidelines](#)
- [CMS 1997 E&M Documentation Guidelines](#)