

## Level of Understanding

### RECORDING THE PATIENT'S RESPONSE TO EDUCATION

The following "Levels of Understanding" can be used in the PCC system:

- Good (G): Verbalizes understanding  
Able to return demonstration or teach-back correctly
- Fair (F): Verbalizes need for more education  
Incomplete return demonstration or teach-back indicates partial understanding
- Poor (P) Does not verbalize understanding  
Unable to return demonstration or teach-back
- Refuse (R): Refuses education
- Group (GP): Education provided in group. Unable to evaluate individual response

The PCC Coders can only select "Good, Fair, Poor, Group, or Refused" for the level of understanding. Remember, this section is meant for speedy documentation of brief educational encounters. If you want to write a more lengthy narrative, please do so, on a separate PCC form using the codes to simply summarize your note. On inpatient PCCs each entry must be prefaced by a date.

## Behavioral Goals

OBJECTIVE	DEFINITION	MNEMONIC
Goal Set	This is the preparation phase defined as "patient ready to change" (patient is active)	GS
Goal Not Set	This is the pre-contemplation phase defined as "patient is not thinking about change"	GNS
Goal Met	This is the action phase defined as "patient activity making the change" or maintenance phase defined as "patient is sustaining the behavior change"	GM
Goal Not Met	This is the contemplation phase defined as "patient is unsure about the change" or relapse when the patient started making the change and did not succeed due to ambivalence or other factors.	GNM

To view the complete Patient Education Protocols and Codes Manual, visit:

[www.ihs.gov](http://www.ihs.gov)

Click on Nationwide Programs and Initiatives, look in the upper right-hand corner, and then click on link to the Patient Education Protocols and Code Manual. You can download this pamphlet from the link.

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# Patient & Family Education Codes (PEPC)

## for the Clinical Reporting System (CRS)

Version 7.0  
FY 2007 Clinical  
Indicators

13th Edition

January 2007



## Clinical Reporting System (CRS) Tracking CRS through Patient Education

This brochure is intended to explain the importance of documentation and coding of patient education in the IHS and to raise awareness of how GPRA/CRS searches the RPMS system looking for data to populate GPRA/CRS statistics.

The documentation and tracking of Patient Education is an integral part of the IHS Clinical Reporting System. Go to [www.ihs.gov](http://www.ihs.gov) under Nationwide Programs and Initiatives and look in the upper right-hand corner; there you will see the link to the IHS Patient Education Protocols and Codes (PEPC).

The CRS Clinical Reporting system is an RPMS (Resource and Patient Management System) software application designed for national reporting as well as local and Area monitoring of Clinical GPRA and developmental indicators.

The Government Performance and Results Act (GPRA) require federal agencies to report annually on how the agency measured up against the performance targets set in its annual plan. IHS GPRA indicators include measures for clinical prevention and treatment, quality of care, infrastructure, and administrative efficiency functions. The CRS Clinical Reporting System is the reporting tool used by the IHS Office of Planning and Evaluation to collect and report clinical performance results annually to the Department of Health and Human Services (DHHS) and to Congress.

Each year, an updated version of CRS software is released to reflect changes in the logic descriptions of the different denominators and numerators. CRS is intended to eliminate the need for manual chart audits for evaluating and reporting clinical indicators. Administrative and clinical users will be able to review individual or all indicators at any time, and can:

- Identify potential data issues in their RPMS, e.g., missing or incorrect data;
- Monitor their site's performance against past national performance and upcoming goals;
- Identify specific areas where the facility is not meeting the indicator in order to initiate business process or other changes;
- Quickly measure impact of process changes on indicators;
- Identify areas meeting or exceeding indicators to provide lessons learned.

- Patient Education codes containing "HIV-" or "-HIV"
  - HIV-CUL Cultural/Spiritual Aspects of Health
  - HIV-DP Disease Process
  - HIV-EX Exercise
  - HIV-FU Follow-up
  - HIV-HPDP Health Promotion, Disease Prevention
  - HIV-IR Information and Referral
  - HIV-L Literature
  - HIV-M Medications
  - HIV-MNT Medical Nutrition Therapy
  - HIV-PSY Psychotherapy
  - HIV-SCR Screening
  - HIV-SM Stress Management

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## Comprehensive CVD-Related Assessment

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**Objective:** Comprehensive Assessment of cardiovascular disease.

**Target:** Patients 22 years of age and older, diagnosed with ischemic heart disease.

1. Patient with Blood Pressure value documented at least twice.
2. With LDL completed in past five years, regardless of result.
3. Screen for tobacco use during the Report Period.
  - TO-C Tobacco Complications
  - TO-CUL Tobacco and Cultural/Spiritual Aspects and Health
  - TO-DP Tobacco and the Disease Process
  - TO-EX Tobacco and Exercise
  - TO-FU Tobacco and Follow-up
  - TO-HPDP Tobacco Health Promotion, Disease Prevention
  - TO-IR Tobacco Information and Referral
  - TO-L Tobacco Literature
  - TO-LA Tobacco Lifestyle Adaptations
  - TO-M Tobacco Medications
  - TO-QT Tobacco Quit
  - TO-SCR Tobacco Screening
  - TO-SHS Tobacco Second Hand Smoke
  - TO-SM Tobacco and Stress Management
4. For whom a BMI could be calculated.
5. Who have received any patient education on:
  - Lifestyle adaptation education (LA)
    - CPT 97802-97804
    - G0270
    - G0271
    - or provider codes 07, 29, 97, or 99
    - or clinic codes 67 (dietary) or 36 (WIC)
  - Nutrition Education (N)
    - POV 65.3
  - Exercise Education (EX)
    - V65.41
6. Patients with ALL assessments above.

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## Nutrition and Exercise Education for At Risk Patients

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**Objective:** All patients ages 6 and over provided with nutrition and/or exercise education.

**Target:** All patients ages 6 and older considered overweight (including obese BMI  $\geq 30$ ), defined as adults with BMI  $\geq 25$ , ages 18 and under based on standard tables, and all diabetic patients.

Patients provided with nutrition education

- Nutrition Education (N)
- POV 65.3

Patients provided with exercise education

- Exercise Education (EX)
- V65.41

Other Related Patient Education:

- Patient Education codes ending:
  - ◆ Lifestyle Adaptations “-LA”
  - ◆ or Obesity “OBS-”

Patients provided with other related education:

- Medical Nutrition Counseling:
  - ◆ CPT 97802-97804
  - ◆ G0270
  - ◆ G0271
  - ◆ or provider codes 07, 29, 97, or 99
  - ◆ or clinic codes 67 or 36

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## Prenatal HIV Testing and Education

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**Objective:** Maintain the 2006 target rate of 55.0% as the proportion of pregnant female patients who are screened for HIV.

**Target:** All pregnant females who received counseling and/or patient education about HIV and testing, including refusals.

Patient provided with HIV Counseling/Patient Education:

- POV: V65.44
- Diagnosis 042.0-044.9
- V08, 795.71
- HIV Test: CPT: 86689, 86701-85703, 87390, 87391, 87534-87539, LOINC taxonomy

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## Healthy People 2010

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HP 2010 presents a comprehensive, nationwide health promotion disease prevention agenda under the direction of the U.S. Department of Health and Human Services (DHHS). HP 2010 performance indicator definitions and related targets are used by many healthcare organizations, including the IHS, as the basis for its own clinical performance measures.

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### HEDIS:

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Health Plan Employer Data and Information Set (HEDIS®) HEDIS is a set of standardized performance measures originally designed to ensure that purchasers and consumers have the information they need to reliably compare the performance of managed healthcare plans. HEDIS has evolved into focusing on healthcare prevention standards.

### Documenting Patient Education

After using the Patient Education Protocols and providing education, the education should be documented using the codes found in this booklet. Correct documentation requires the completion of 6 elements:

1. Disease state, Illness, or Condition
  2. Education Topic Discussed
  3. Level of Understanding
  4. Time
  5. Provider Initials
  6. Behavior Goal: Goal Set, Goal Met, Goal Not Met
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1. **ASM** = Asthma
  2. **HM** = Home Management
  3. **G** = Good Understanding
  4. **10** (Minutes) = Time
  5. **XYZ** = Provider Initials
  6. **GS:** Pt. to avoid indoor triggers (tobacco smoke) = Behavior Goal

Patient Education String:

ASM-HM-G-10-XYZ-GS: Pt. to avoid indoor triggers (tobacco smoke).

### Version 7.0 CRS 2007 Patient Education Documentation/

Patient education is tracked in the Clinical Reporting System by 1) Disease, 2) Education Topic discussed, 3) Level of Understanding, 4) Provider, 5) Time, and 6) Behavior Goal.

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## **Tobacco Use and Exposure Assessment**

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**Target:** Screen for tobacco use for all patients ages 5 and older as well as pregnant women.

**Screen** using: Any Health Factors for Tobacco:

- Current Tobacco Users: smoker or smokeless
- Patients exposed to environmental tobacco smoke (ETS)
- Smoker in Home
- Former Tobacco User: Cessation-Smoke or Cessation-Smokeless

**Screen** using POV or Current PCC Problem List:

- 305.1, 305.10-305.12
- V15.82 (tobacco-related diagnosis)
- Dental code 1320

**Document** using any Tobacco Patient Education codes:

### TO - TOBACCO

C - Complications  
CUL - Cultural/Spiritual Aspects of Health  
DP - Disease Process  
EX - Exercise  
FU - Follow-Up  
HPDP - Health Promotion, Disease Prevention  
IR - Information and Referral  
L - Literature  
LA - Lifestyle Adaptations  
M - Medication  
QT - Quit  
SCR - Screening  
SHS - Second-Hand Smoke  
SM - Stress Management

PLC - Placement  
RI - Patient Rights and Responsibilities  
SM - Stress Management  
TE - Tests  
TH - Therapy  
TLM - Tele-Health  
TR - Transportation

### SB - Suicidal Behavior

CUL - Cultural/Spiritual Aspects of Health  
FU - Follow-up  
L - Literature  
M - Medications  
PSY - Psychotherapy  
SCR - Screening  
SM - Stress Management  
TX - Treatment

### PDEP - Postpartum Depression

DP - Disease Process  
FU - Follow-up  
L - Literature  
LA - Lifestyle Adaptation  
M - Medications  
MNT - Medical Nutrition Therapy  
N - Nutrition  
SM - Stress Management  
TX - Treatment

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## Depression Screening

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**Objective:** Maintain the 2006 rate of annual screening for depression in adults ages 18 and over.

**Target:** Patients ages 18 or older, diagnosed with: diabetes, or ischemic heart disease (IHD), or a mood disorder who are screened for depression, including refusals.

Refusal = patients who refuse the depression screen

Screen: Patients screened for depression

- Exam Code 36
- POV V79.0
- BHS Problem code 14.1 (screening for depression)

**Patients with Mood Disorders diagnosis:**

- Major Depressive Disorder
- Dysthymic Disorder
- Depressive Disorder NOS
- Bipolar I or II Disorder
- Cyclothymic Disorder
- Bipolar Disorder NOS
- Mood Disorder Due to a General Medical Condition
- Substance-induced Mood Disorder
- Mood Disorder NOS
- POV: 296.\*, 291.89, 292.84, 293.83, 300.4, 301.13, or 311 or BHS POV 14 or 15

**Depression-related Patient Education:**

**DEP - Depression, Major**

CUL - Cultural/Spiritual Aspects of Health

DP - Disease Process

EX - Exercise

FU - Follow-up

HPDP - Health Promotion, Disease Prevention

IR - Information and Referral

L - Literature

M - Medications

MNT - Medical Nutrition Literature

PSY - Psychotherapy

SCR - Screening

SM - Stress Management

**BH - Behavioral and Social Health**

ADL - Activities of Daily Living

ANA - Abuse and Neglect, Adult

ANC - Abuse and Neglect, Child

CM - Case Management

CUL - Cultural/Spiritual Aspects of Health

DP - Disease Process

EX - Exercise

FU - Follow-up

HOU - Housing

HPDP - Health Promotion, Disease Prevention

IR - Information and Referral

L - Literature

M - Medications

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## Tobacco Cessation

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**Objective:** Maintain the 12% rate of tobacco-using patients who receive tobacco cessation intervention.

**Target:** All patients identified as current tobacco users who have received tobacco cessation counseling or former tobacco users who have quit tobacco use.

**Refusals** = patients who refused cessation counseling/education. Refusals are patients who refused the cessation intervention; e.g., counseling or education. (Refusal is not those patients who refused to quit smoking.)

Quit tobacco use = Not smoked or used smokeless in past 6 months. Document using Health Factors:

- Previous Smoker
- Previous Smokeless

**What constitutes a tobacco cessation intervention? Intervention:**

**Tobacco Cessation Education:**

**TO - TOBACCO**

C - Complications

CUL - Cultural/Spiritual Aspects of Health

DP - Disease Process

EX - Exercise

FU - Follow-Up

HPDP - Health Promotion, Disease Prevention

IR - Information and Referral

L - Literature

LA - Lifestyle Adaptations

M - Medications

QT - Quit

SCR - Screening

SHS - Second-Hand Smoke

SM - Stress Management

**Tobacco Cessation Counseling: CPT codes**

- G0375
- G0376

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## Alcohol Screening - Fetal Alcohol Syndrome (FAS) Prevention

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**Objective:** Increase to 13% the screening rate for alcohol use in female patients ages 15 to 44.

**Target:** Female patients 15 to 44 years of age (child-bearing age) screened for alcohol use, including refusals. Refusals = refused to be screened or educated; not refusal = to quit alcohol and other drugs.

**Screen Exams:**

- Patients with PCC exam code 35
- Alcohol Health Factor: CAGE 1, 2, 3, 4
- Other Screening diagnosis: V11.3, V79.1, BHS Problem Code 29.1

Patients with alcohol-related diagnosis or procedure:

- POV
- Current PCC Problem List:
  - ◆ 303
  - ◆ 305.0
  - ◆ 291
  - ◆ 357.5
- BHS POV 10, 27, 29

Alcohol-related Procedure (V Procedure):

- 94.46
- 94.53
- 94.61-94.63
- 94.67-94.69

### AOD - Alcohol and Other Drugs

C - Complications  
CCA - Continuum of Care  
CM - Case Management  
CUL - Cultural/Spiritual Aspects of Health  
DP - Disease Process  
EX - Exercise  
HPDP - Health Promotion, Disease Prevention  
IR - Information and Referral  
L - Literature  
M - Medications  
MNT - Medical Nutrition Therapy  
N - Nutrition  
P - Prevention  
PLC - Placement  
SCR - Screening  
SM - Stress Management  
TE - Tests

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## Intimate Partner (Domestic) Violence Screening

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**Objective:** Increase to 15% the screening rate for domestic violence in female patients ages 15 to 40.

**Target:** Females patients 13 or older screened for, or diagnosed with, intimate partner (domestic) violence, including refusals. Refusal = refusal of exam/screening or education.

**Screen Exams:** Patients with documented (IPV = Intimate Personal Violence)

- PCC Exam Code 34
- BHS IPV/DV exam

Patients with IPV/DV related Diagnoses:

- POV
- Current PCC
- BHS Problem List:
  - ◆ 995.80-83
  - ◆ 995.85
  - ◆ V15.41
  - ◆ V15.42
  - ◆ V15.49
  - ◆ BHS POV 43., 44

IPV/DV Counseling: POV V61.11

Patients provided with IPV/DV patient education or counseling

### DV - Domestic Violence

CUL - Cultural/Spiritual Aspects of Health  
DP - Disease Process  
FU - Follow-Up  
IR - Information and Referral  
HPDP - Health Promotion, Disease Prevention  
L - Literature  
P - Prevention  
PSY - Psychology  
S - Safety  
SCR - Screening  
SM - Stress Management  
TX - Treatment