

### DC - DENTAL CARIES

**DC-AP** Anatomy & Physiology  
**DC-C** Complications  
**DC-DP** Disease Process  
**DC-FU** Follow-up  
**DC-HY** Hygiene  
**DC-L** Literature  
**DC-M** Medications  
**DC-MNT** Medical Nutrition  
Therapy  
**DC-N** Nutrition  
**DC-P** Prevention  
**DC-PM** Pain Management  
**DC-PRO** Procedures  
**DC-TE** Tests  
**DC-TO** Tobacco  
**DC-TX** Treatment

### ECC - EARLY CHILDHOOD CARIES

**ECC-AP** Anatomy & Physiology  
**ECC-C** Complications  
**ECC-DP** Disease Process  
**ECC-FU** Follow-up  
**ECC-GD** Growth & Development  
**ECC-L** Literature  
**ECC-LA** Lifestyle Adaptations  
**ECC-M** Medications  
**ECC-MNT** Medical Nutrition  
Therapy  
**ECC-N** Nutrition  
**ECC-P** Prevention  
**ECC-PM** Pain Management  
**ECC-PRO** Procedures  
**ECC-TE** Tests  
**ECC-TX** Treatment

### PD - PERIODONTAL DISEASE

**PD-AP** Anatomy & Physiology  
**PD-C** Complications  
**PD-DP** Disease Process  
**PD-FU** Follow-up  
**PD-HY** Hygiene  
**PD-L** Literature  
**PD-M** Medications  
**PD-MNT** Medical Nutrition Therapy  
**PD-N** Nutrition  
**PD-P** Prevention  
**PD-PM** Pain Management  
**PD-PRO** Procedures  
**PD-TE** Tests  
**PD-TO** Tobacco  
**PD-TX** Treatment

### DM - DIABETES MELLITUS

**DM-AP** Anatomy & Physiology  
**DM-C** Complications  
**DM-CM** Case Management  
**DM-CUL** Cultural/Spiritual  
Aspects of Health  
**DM-DP** Disease Process  
**DM-EQ** Equipment  
**DM-EX** Exercise  
**DM-FTC** Foot Care and  
Examinations  
**DM-FU** Follow-up  
**DM-HM** Home Management  
**DM-KID** Kidney Disease  
**DM-L** Literature  
**DM-LA** Lifestyle Adaptations  
**DM-M** Medications  
**DM-MNT** Medical Nutrition  
Therapy  
**DM-N** Nutrition  
**DM-P** Prevention  
**DM-PD** Periodontal Disease  
**DM-PM** Pain Management  
**DM-S** Safety  
**DM-SCR** Screening  
**DM-SM** Stress Management  
**DM-TE** Tests  
**DM-TX** Treatment  
**DM-WC** Wound Care

### TO - TOBACCO USE

**TO-C** Complications  
**TO-CUL** Cultural/Spiritual  
Aspects of Health  
**TO-DP** Disease Process  
**TO-EX** Exercise  
**TO-FU** Follow-up  
**TO-HY** Hygiene  
**TO-IR** Information & Referral  
**TO-L** Literature  
**TO-LA** Lifestyle Adaptations  
**TO-M** Medications  
**TO-MNT** Medical Nutrition Therapy  
**TO-N** Nutrition  
**TO-P** Prevention  
**TO-QT** Quit  
**TO-S** Safety  
**TO-SHS** Second-Hand Smoke  
**TO-SM** Stress Management



# Patient & Family Education Codes (PEPC)

## Dental Codes

14th Edition  
January 2008



## Use and Documentation of Patient Education codes

Use the Patient Education Protocols when providing education; the education should then be documented using the codes found in this booklet. Correct documentation requires the completion of 6 elements: (\*denotes required documentation)

1. Readiness to Learn (a JCAHO Requirement)
2. \*Disease state, Illness, or Condition
3. \*Education Topic Discussed
4. \*Level of Understanding
5. \*Time (spent providing the education)
6. \*Provider Initials
7. Behavior Goal: Goal Not Set, Goal Set, Goal Met, Goal Not Met
8. Comments

1. **RL-RCPT** (Readiness to Learn—Receptive)
2. **DC** = Dental Caries
3. **HY** = Hygiene
4. **G** = Good Understanding
5. **10** (Minutes ) = Time
6. **XYZ** = Provider Initials
7. **GS:** Pt. to brush 2xdaily/floss
8. **Comments:** Pt. smokes

Patient Education String:  
DC-HY-G-10-XYZ-GS: Pt. to brush 2xdaily/floss.

## Documenting Level of Understanding

### RECORDING THE PATIENT'S RESPONSE TO EDUCATION

The following "Levels of Understanding" can be used in the RPMS 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.

## Behavior Goal

OBJECTIVE	DEFINITION	CODE
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

## Documenting Time

Providers should estimate the amount of Time spent providing the patient education and document that Time using whole numbers.

## Clinical Reporting System (CRS)

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.

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.

For additional information, contact:

Mary Wachacha, at [mary.wachacha@ihs.gov](mailto:mary.wachacha@ihs.gov),

Drs. Michale Ratzlaff or Kelton Oliver at

[mdratzloff@scf.cc](mailto:mdratzloff@scf.cc) or [kholiver@scf.cc](mailto:kholiver@scf.cc) or Dr. Tim Ricks at [Tim.Ricks@ihs.gov](mailto:Tim.Ricks@ihs.gov)