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## Putting some thought to the Mental State Examination

Very few of us have had formal training in psychiatry or mental health. However, two graded elements of the physical exam are directly related to a patient's mental state. Why would the 1997 Documentation Guidelines include a Mental State Examination (MSE) in every specialty's list of graded exam elements? It's because the mental state of the patient directly impacts the patient's health and clinical outcome. In every social interaction, whether in personal or professional life, we are assessing the other person's actions and responses for appropriateness to the situation. If you are at a birthday party on a beautiful day, you expect everyone to be in a good mood and enjoying themselves. If someone is sulking, you may not know why, but you certainly flag the behavior as inconsistent to the situation. In the exam room, you expect patients with no significant complaints to be relatively happy and aware of where they are. However, if a patient is presenting for a follow-up to a blinding eye condition, you expect them to be not so joyous. If the patient is too happy, that may be considered inappropriate for the situation. Or what about the patient who called for a specific complaint but when you question them, they are unclear as to why they are there. These scenarios give insight to the patient's mental state. And if too far out of ordinary, may necessitate intervention with a mental healthcare provider or PCP.

Although we don't typically consider ourselves mental health experts, we are charged with making "brief assessments" of the patient's mental status. These assessments are graded elements of the 99000 codes when we determine the level of physical exam we perform. At every patient interaction, we are naturally observing the patient and should make the appropriate documentation in the chart. By assessing the 'orientation to time, place, and person' and 'mood and affect,' we are determining if they will understand the information they are given, follow the treatment as prescribed, and ultimately have a favorable outcome. It all plays into the patient's ability to fully understand the situation and take personal responsibility for their health once they leave the office.

Why should we document this? From a medical/legal standpoint, you want to make sure you are documenting that the patient was "normal" when they saw you and you had no reason to think they would be unable to care for themselves. Imagine if a mentally altered patient presented to a provider and was given care that could have significant impact if not followed properly. If that patient was not fully capable of understanding or following the treatment plan, an attorney would love to point that out. You may have provided appropriate care, but due to the patient's mental state, the care was useless. However, if you had no reason to question the patient's mental status, the care provided would be considered appropriate and reasonable.

Therefore, not only does documenting the MSE ensure proper care and protect you from medical/legal actions, it also earns you two points on the physical exam. This can ultimately cause the physical exam to be graded at a higher level and affects the final reimbursement. You are always making these assessments, so you may as well document them and be reimbursed appropriately for the care you are already providing.