



## Ten Tips for E&M Documentation and Coding

Documenting and coding evaluation and management services (E&Ms) can be complicated business. Even the E&M name given for the visit codes is not always inherently recognized as the name for a consult as well as an office visit or subsequent hospital care service. The following ten tips will help steer you in the right direction when it comes to documenting and billing for these services.

### *“The documentation must be legible”*

1. The documentation must be legible.
2. Every record should contain basic data such as identifying information about the patient, reason for the visit and always have the provider's signature.
3. The record should be organized to facilitate correct coding.
4. The documentation needs to match the billed services.

### *“Medical Decision making must match the service level billed”*

5. Medical decision making (MDM) must match the service level billed.
6. Addendums or alterations are properly documented.
7. Medical record entries should not be cloned from one entry to another.
8. Modifier 25 should be used for those situations where the E&M is a distinct and separately identifiable encounter from the procedure.
9. The necessity of ancillary testing is clear.

### *“When time is documented for time based encounters”*

10. The time is documented for time-based encounters including those where over 50% of the E&M was spent on counseling and coordination of care.

Questions about E&M documentation and coding can be directed to the Compliance Department. The Compliance Department also has the resources to provide faculty with peer related utilization statistics based on United Health Consortium data. Contact Judy Harris, Director of Compliance, at 785-3868 or judy.harris@yale.edu for more information.

Tips courtesy of AAPC Coding Edge February 2008

## Drop in error rate for Medicare claims

The national contractor who performs the Comprehensive Error Rate Test (CERT) which measures the percentage of Medicare claims paid incorrectly has reported that the error rate has dropped for the fourth straight year in a row to 3.9%. The error rate was 4.4% in 2006 and 5.2% in 2005. In Connecticut, consultations, subsequent hospital visits and billing for urinalysis were in the top 5 error rate for services billed incorrectly.

## Medicare moving toward managed care policies

Medicare is continually adding to the list of preventative care services and screenings it will cover for their beneficiaries. The following preventive services and screenings (subject to certain eligibility and other limitations) are now covered:

- Adult Immunizations
- Influenza (Flu), Pneumococcal, Hepatitis B
- Bone Mass Measurements
- Cancer Screenings - Breast (mammogram and clinical breast exam), cervical & vaginal (Pap test & pelvic exam), colorectal, and prostate
- Cardiovascular Disease Screening



## Get paid for counseling your patients to quit smoking

Two new CPT codes were created in 2008 for smoking cessation counseling:

99406 (smoking/tobacco counseling, 3-10 minutes)

99407 (smoking/tobacco counseling, greater than 10 minutes)

These codes replace the temporary G codes that were used since March 2005. The codes are payable up to eight times per year per patient and can be billed in addition to an E&M service that is separately identifiable from the smoking cessation counseling. In this case, modifier 25 should be used for the E&M service. In order to bill these codes, the patient must have a disease caused by smoking such as chronic obstructive pulmonary disease.

- Diabetes Screening
- Diabetes Self-Management Training
- Diabetes Supplies
- Medical Nutrition Therapy (beneficiaries diagnosed with diabetes or renal disease)
- Glaucoma Screening
- Initial Preventive Physical Exam (IPPE) (“Welcome to Medicare” Physical Exam)
- Smoking and Tobacco-Use Cessation Counseling Services
- Ultrasound Screening for Abdominal Aortic Aneurysms (AAA)

## RESEARCH NEWS

### New modifiers for research

Since 2002, modifier QV has been used for billing routine care services in a Medicare qualifying clinical research study. Modifier QV has been replaced with modifier Q1. In addition, the modifiers for billing for pre-approved devices (QA) and implantable cardiac defibrillators (QR) have been eliminated and replaced by modifier Q0. The definition for these modifiers follows.

**Q0** - Investigational clinical service provided in a clinical research study that is in an approved clinical research study

**Q1** - Routine clinical service provided in a clinical research study that is in an approved clinical research study

Clinical departments should update their encounter forms or other billing documents as appropriate and notify staff involved with clinical research and billing.

### NLM Clinical trial number

As of April 1, 2008, the Center for Medicare and Medicaid Services (CMS) has announced a new, voluntary reporting for placing a clinical trial number on claims for items and services provided in clinical trials that meet Medicare's qualifying criteria for coverage. The clinical trial number that the CMS is requesting to be voluntarily reported is the number assigned by the National Library of Medicine (NLM) Clinical Trials Data Bank when a new study is registered by a sponsor or investigator. The instructions sent out by CMS indicate that for the CMS-1500 form to add the numeric, 8-digit clinical trial registry number preceded by the 2 alpha characters "CT" in Field 19 of the paper form CMS-1500. In the

electronic 837p in Loop 2300 REF02 (REF01=P4) the number should be entered WITHOUT the "CT" prefix.

### Off-label use of drugs



Drugs being used in an FDA off-label manner cannot be billed to Medicare without first obtaining pre-authorization. Physicians may request that an off-label drug be approved for payment by Medicare by submitting a request in writing and including data supporting its use. An article was published in December in the Clinical Research Compliance newsletter regarding what compendia may be used and what data needs to be submitted to Medicare for pre-approval before we can bill Medicare for the drug. The newsletter can be found at:

<http://www.yalemedicalgroup.org/comply/ctc/December2007.htm>

The Compliance Department has developed a checklist to assist faculty with compiling the data needed to obtain pre-authorization. The checklist can be found at: <http://yalemedicalgroup.org/comply/alert/OffLabeldrugs.pdf>

In addition, faculty should be aware that Medicare will cover certain drugs used in an off-label manner only if the drugs are being provided as part of a specific approved clinical trial. Questions regarding the pre-approval process can be sent to [judy.harris@yale.edu](mailto:judy.harris@yale.edu)

## IN THE NEWS

### Pulmonary Physician Faces 10 years in Prison

A Fairfield County doctor, Igal Staw, admitted that he misrepresented treatment sessions and as a result collected \$171,226 from several insurance companies over a two-year period. Dr. Staw of Stony Brook Road, Westport, pleaded guilty to one count of health care fraud. Dr. Staw operated Respiratory Associates and Health Extenders, both on East Avenue in Norwalk. He faces up to 10 years in prison and a \$250,000 fine. Dr. Staw billed insurance companies for office visits when they were actually physical therapy, nutritional counseling and massage therapy sessions which were not covered by insurance.

### Probation for Hartford Hospital

Hartford Hospital has been placed on probation after an investigation of the facility discovered 28 complaints over a two-year period based on patient surveys from the Fall. Complaints included improper use of restraints, bed sores, medication ordering and other facilities issues. The Emergency Room, operating rooms and psychiatric departments are the focus of some of the complaints.

Regulators have placed the facility on probation in a push to change some of its practices. Hartford Hospital must now hire an expert clinical care consultant who will make recommendations regarding re-education. The probation period will last for one year.



## Teaching Physician Compliance

**ALERT**

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