



Medical Billing Compliance
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Will You Be Ready For E & M Changes in 2006?

The Evaluation and Management (E&M) codes for confirmatory consults and inpatient follow up consultations are slated to be deleted in the 2006 CPT. The confirmatory consult codes (99271 – 99275) are utilized when a patient seeks a second opinion. There is no physician request for a consult involved. Chances are the new or established patient office visit codes will be used in place of the confirmatory consult codes in 2006.

The follow-up inpatient consult codes (99261-99263) targeted to be eliminated are typically billed when a physician is unable to complete a consult on a hospital inpatient and returns at a later date to finish the consult OR when the same physician does an initial inpatient consult, opts not to follow the patient, but is then asked to see the patient again later during the hospital stay. Follow-up inpatient consults are rare and many of those coded as such should be subsequent hospital visits (99231 – 99233).

The AMA decided to delete these codes since they were billed incorrectly more than any other E&M codes. These changes should be reflected on your encounter forms and other billing documents for 2006.

Medicare Presentation - The Inside Scoop

Representatives from Medicare came to Yale this summer and did a presentation for our clinical practice specialists and the Compliance Department. Some of the tidbits gleaned from this presentation were:

- Reviews of the documentation for subsequent hospital visits and consults show that these categories have the highest dollar error rates in Connecticut
- If the Medicare reviewer can't read the physician's handwriting, they can't make a payment determination
- All visits must list a chief complaint or reason for the visit to qualify as an E & M visit
- Repetitive fill ins of stored medical record information may not be considered 'medically necessary' information for successive visits
- Neuropsychologists cannot use the 'incident to' rules
- If billing the observation codes and the patient is admitted as an inpatient, a separate H&P note needs to be documented

The following chart was provided for medical decision making and can be used as a guide in determining when billing higher levels of E&Ms may be warranted.

Generally, decision making with respect to a diagnosed problem is easier than with an identified but undiagnosed problem.
The number and types of tests employed may indicate the number of possible diagnoses.
Improving/resolving problems are usually less complex than those worsening or failing to respond.
The need to seek advice from others is an indication of the level of complexity regarding diagnoses and management options.
Discussion of contradictory/unexpected test results with physicians who performed or interpreted the test(s) is an indication of the complexity of data reviewed.
If the physician who ordered the test personally reviews the image, tracing, or specimen to supplement information from the physician who prepared the test report, this is an indication of the complexity of data reviewed.
If the history must be obtained from a source other than the patient, this could indicate the patient is comatose or psychotic, increasing the level of complexity.

If your decision making involves any of the above components and is documented in the medical record, it will help support the higher levels of E&M you may be billing.

Medical Record Corrections

Physicians occasionally have a need to correct notes or include addendums to medical record entries. However, when corrections or addenda frequently occur, it could raise red flags. Use the following tips if a record needs to be corrected:

- Make sure the original entry is legible.
- Write addendums separately.
- Indicate your initials and use a single strike for corrections made on the original sheet.
- Complete and correct notes in a timely fashion.
- Document when and why a physician changed the note.

Compliance Staff Update



Sabrina London has been appointed the new compliance auditor for the following departments: Dermatology, Internal Medicine (Aids, Allergy, Digestive Diseases, Endocrinology, General Medicine, Geriatrics, Hematology, Infectious Disease, PCC, and YIMA), and Ophthalmology. Sabrina previously worked at Oxford Health Plans in a variety

of positions. You can reach Sabrina at 737-5701 or

Sabrina.london@yale.edu.

IN THE NEWS

Medicaid Update

The Government Accountability Office (GAO) released a report last month on federal oversight of the Medicaid program. The report questions the Centers for Medicare and Medicaid Services' (CMS) commitment to fraud and abuse control. The GAO found that the dollar and staff resources allocated to Medicaid oversight suggest that CMS' level of effort was disproportionately small relative to the risk of federal financial loss.

In another matter, the Connecticut Medicaid program may

have overpaid \$1.8 million for home health services already covered by Medicare. In an audit of home health claims for dual-eligible patients, the OIG found more than 3,400 Medicaid claims that overlapped with Medicare-reimbursed services. In addition, the OIG found that patients did not receive the full number of home health visits authorized under physician plans of care.

CT To Receive 1.3 million in Serostim Settlement

Serono, maker of Serostim, an aids wasting drug, will pay 703 million dollars in a national Medicaid fraud settlement. Connecticut is expected to receive 1.3 million under the settlement. According to Attorney General Blumenthal, "Serono flagrantly flouted federal law, costing the Connecticut taxpayers more than \$1 million in unnecessary and unjustified Medicaid payments." The companies aggressive marketing campaign included paying illegal compensation to physicians and kickbacks to pharmacies, providing unapproved diagnostic tools and lavish overseas trips to prescribers.

Training Alert!!

Only Four Seminars Remaining!!!

All billing physicians and non-physician practitioners must complete their one hour of medical billing compliance training by

December 31, 2005

or their billing numbers will be suspended. You can check your training status by using the Training Management System at: <http://www.yale.edu/training/>

The training requirement may be met by attending a compliance session on 11/2, 11/10, 12/7, at at 5:00 pm. or 12/15 at 5:30 pm. All seminars are in Brady Auditorium except the 11/10 session which will be held in Hope 216. The training requirement may also be met by taking the online training at:

<http://learn.caim.yale.edu/cms/default.asp>

Please contact Tony Fusco at Anthony.fusco@yale.edu or 785-3438 to R.S.V.P. for a seminar.

COMPLIANCE PROGRAMS-PREVENTATIVE MEDICINE FOR HEALTH CARE PROVIDERS

Find the Alert at <http://yalemedicalgroup.org/comply>



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Please contact Judy Harris by Email at judy.harris@yale.edu or at 785-3868 with questions