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January 29, 2009

Dear Billing and Support Clients:

Well, here we are in a new year and with a new Medicare MAC carrier. I'm not sure if all of you are aware of the changes Highmark has made to their auditing process, so I would like to take this opportunity to review a few issues:

Physical Exam for E/M coding:

For a detailed exam Highmark will be looking for documentation to support what they are calling 4X4. What this means is to bill a detailed exam as part of the HEM (History, Exam, Medical Decision Making) you MUST document 4 elements in 4 body areas or organ systems (14 organs systems) Remember that constitutional counts as an organ system (general appearance or 3 vitals). All the other levels remain the same. To achieve a 99203 or 99243 on new patient or consultation you must have this new 4X4 exam. To bill a level 4 or 5 (99204,99205,99244,99245) a comprehensive exam of 8 or more ORGANS (not areas) must be documented.

History:

Highmark on ROS (Review of systems) now requires that at least 2 elements be documented as related to the chief compliant, while as long as the physician reviews at least a minimum of 10 you can still document, all other pertinent systems negative without listing all the negatives individually.

Consultations:

To bill an office consultation (99241-45) CPT codes Highmark requires a written request from the referring physician, the reason fro the consultation and a letter back to the referring physician.

Now lets take this more specify per Highmark.

- Written request is NOT a referral slip for reimbursement purposes from Aetna, Horizon, Amerihealth etc. UNLESS if says request for consultation, the reason. It can NOT say evaluation and treat, that doesn't count.
- Your letter back to the referring physician needs to say, "Thank you for allowing me to see Glenda Hamilton today in consultation for xxxxxxxx". Do not write, thank you for referring Glenda, or allowing me to see Glenda etc.
- Verbal request between Physicians (not office staff) are acceptable BUT NOT the norm. This should be rare to have a note that, I Dr. X had a verbal request to consult on Glenda Today from Dr. Y.

Now are you asking yourself why is she telling us all this. Well, New Jersey is the worst state in the continental United States on audit for CMS. The CERT (Comprehensive error rate testing) audits that CMS conducts randomly, the physicians are failing audits largely in the consultations and MILLIONS

of dollars are and will be recovered by RAC (Recovery Audit Contractors). They are independent audits that might be knocking on your door sooner than you think.

Since this is the job I do at Cooper Hospital, Physician audit /education, you may want to look at a few things in your practice.

- Do you have a comprehensive template in place for both new and established patients for documentation to support the levels of CPT codes that you are billing?
- Do you have a compliance plan in place?
- Do you understand the coding levels and how to get the most out of your patient encounters?
- Do you ever bill on time? Do you know how to bill on time?
- Are you aware of new codes that could enhance you practice that you are not billing for?

If you need any help or have questions, please email me or set up an appointment for me explain.

Have a Happy and Healthy New Year.

Regards,

Glenda L. Hamilton, CPC, CPC-H, CPC-P, CEMC, MCS-P, CCP, PCS, FCS, CSP