



Compliance-Matters!

A Monthly Newsletter from the Morehouse School of Medicine Office of Compliance
AUGUST 2006

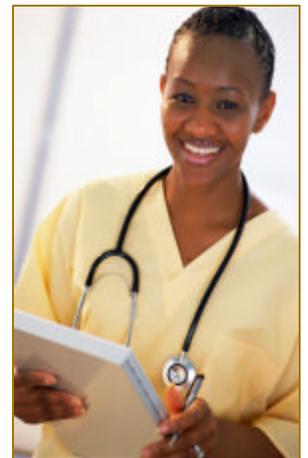
The 20 Warning Signs of Poor Documentation

Patients travel along the continuum of care with their medical records. Today as never before, numerous caregivers depend on the accuracy of physician documentation to provide appropriate treatment.

Your Care May Be Judged by Quality of Documentation.

A patient's visit is not complete until the medical record accurately reflects documentation of services rendered and the medical necessity of the treatment. Furthermore, an encounter should not be submitted without medical record documentation. Remember, not documented, not done!

1. Records that are illegible
2. Entries that are not dated and timed (include the M/D/Y)
3. Obliterated entries – when an error is made or detected in a chart, use the slide method for correction. Never remove a page from a chart.
 - a. SLIDE method: Single Line, Initials, Date, Entry
4. Entries are not signed, or are signed or countersigned without having been read first
5. Entries for care not performed by the writer; Injection administered by Nurse Duncan. Don't write, "Injection given."
6. Insufficient information regarding prescriptions; "Seldane prescribed" is incomplete; instead drug, dosage, quantity and number of refills should be written.
7. No date noted for follow-up
8. Notes written more than 24 hours after care was provided
9. Failure to document patient noncompliance
10. No documentation of telephone calls
11. No documentation of patient education offered or provided
12. Charting only the abnormal
13. Lots of blank spaces on the page
14. Use of subjective, rather than objective language
15. No composite list of medications taken by the patient
16. Critical remarks about other providers
17. Egotistical remarks
18. Test results that have no indication of physician review and/or patient notification
19. Pages in the record that do not have the patient's name and an identifying number on them
20. Use of self-made or unapproved abbreviations



Ref: *American Medical News*

**CONFIDENTIAL
DISCLOSURE LINE**

1-888-756-1364

**MMA/MSM COMPLIANCE
LINE**

**Report suspected
non-compliance in the
workplace.**

**It's your responsibility to
maintain a culture of
" DO THE RIGHT THING"**

**COMPLIANCE
EDUCATION**

**Compliance On-Line
Training**

Tuesday, August 15, 2006

Corporate and Professional
Compliance Training

www.msm.edu

"More Events at MSM"

**Documentation Series
(Chart Auditing)**

4 sessions (August) TBA

**FOR MORE
INFORMATION
PLEASE CONTACT**



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Understand When To Use 99211

The requirements for most evaluation and management (E/M) codes have gotten more precise over the years. However, one notable exception to this is CPT's level –I established patient encounter code, 99211. CPT defines this code as an "office or other outpatient visit for the evaluation and management of an established patient that may not require the presence of a physician." CPT code, 99211, describes a service that is a face-to-face encounter with a patient consisting of elements of both evaluation and management. A physician must be in the office when billing CPT 99211. DO NOT bill MEDICARE / MEDICAID for 99211:

- For phone calls
- Solely for the writing of prescriptions (new or refill) when no other E/M is necessary or performed;
- For blood pressure checks when the information obtained does not lead to management of a condition or illness;
- When drawing blood for laboratory analysis or when performing other diagnostic tests whether or not a venipuncture or other diagnostic study test is submitted separately;
- Routinely when administering medication whether or not an injection (or infusion) code is submitted separately. You may bill for the injection and medicine but not the E/M!
- 99211 is billable in **POS 11** only for MMA Claims.



Reminder: New Patient vs Established Patient

A new patient is defined as a patient who has not received any professional service within the past three years from the billing physician or by another physician in the **same group practice of the same specialty**. Therefore, in a multi-specialty group practice, a patient referred to a different physician with a different specialty would be considered a new patient. When a physician is covering for another physician, the patient's encounter will be classified as if it were performed by the *physician who is not available*. Also remember that New or Established patients are physician driven; not practice site driven. *Caveat*: Dr. Doe, a community physician joins a MSM group practice. His patients follow him to the new location. Are these new patients or established patients? They are established patients to Dr. Doe, but new to the MSM group practice. *Message from the Medical Director, Dr. Earl Berman, Carrier Medical Director-CMS*
Ref: Georgia Medicare News, Dec. 2005

Plugging Leaks Protecting Privacy

Reprint: Boston Herald, February 8, 2006

Labor pains are bad enough. Imagine waking up after giving birth to discover that private details about your health – and the keys to your financial security – have been sent God-knows-where. Brigham and Women's Hospital took six months to stop erroneously faxing confidential information about new moms to a Boston investment bank. Extra care should have been a no-brainer given the sensitivity of the data at hand (including Social Security numbers and home addresses – not to mention the test results for sexually transmitted diseases). The bank manager called the hospital a dozen times. It wasn't until the Herald began asking questions that the weekly faxes stopped. Thanks to the conscientious bank manager who shredded the data, the 30 affected hospital patients are unlikely to become victims of Identity theft.