



# Compliance-MATTERS!

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

## Welcome to the Medicare Physical Examination Initial Preventive Physical Exam (IPPE)

The 2006 OIG work plan includes monitoring the **Medicare G0344**. Patients who were eligible for Medicare on or after January 1, 2005 are eligible for a new Medicare benefit, the “Welcome to Medicare” **screening physical visit**. Beneficiaries have six months after they become Medicare-eligible to obtain this benefit. The visit is reimbursed by Medicare, and is deductible with coinsurance applying. CMS is monitoring physicians’ practices for rendering this service. While obtaining history, providers should note patients’ birthdays.

A screening EKG **must be done** at this visit. Except for this one-time covered physical, and the pelvic/breast exam that accompanies a woman’s Pap smear, Medicare does not cover other preventive or “routine physical” type visits. Remember, G0344 is now included within the *Primary Care Exception* codes for residents.

The HCPCS/CPT code for the IPPE is G0344; EKG for IPPE is G03666; EKG tracing for IPPE is G0367; EKG Interpretation and Report is G0368.

Medicare covers other screening services, such as mammograms and screenings for prostate and colon cancer. These can be ordered on the same day as the “Welcome to Medicare” physical.

### Make What YOU EARN - Five Steps to Fixing Your Coding

Most practices walk away from thousands of dollars a year in uncollected revenue because they fail to code properly for the services physicians perform. As a provider, be sure to:

1. Use add-on codes correctly.
2. Know your modifiers, especially modifier-25.
3. Understand the value of time. When you spend more than half your visit on counseling, choose a Level of Service (LOS) based on your time rather than the three components of history, exam and medical decision-making.
4. Remember preventive services, i.e., for smoking cessation.
5. Don’t rely too heavily on your super bill or charge ticket. It’s not designed to replace the CPT book. Code what you do and not what’s listed on the encounter that resembles what you do.

### Doctor Admits Medicare Fraud



A Lithonia physician could go to prison for up to 10 years and pay a \$250,000 fine after pleading guilty to Medicare fraud. U.S. District Judge Marvin Shoob sentenced Etiowo Archibong Obot, 45, on Aug. 31. Obot, owner of Specialist Medical Supplies in Mableton, admitted to bilking \$120,000 from the federal government through fraudulent Medicare claims and forging another physician’s signature on wheelchair prescriptions.

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MMA/MSM COMPLIANCE  
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Report suspected  
non-compliance in the  
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It's your responsibility to  
maintain a culture of  
Doing the Right Thing!

### COMPLIANCE EDUCATION

#### Compliance On-Line Training

Corporate and Professional  
Compliance Training

[www.msm.edu](http://www.msm.edu)

#### More Events at MSM

#### Documentation Series (Chart auditing)

September 11, 13-15, 18,  
20-22, 2006

### FOR MORE INFORMATION PLEASE CONTACT:

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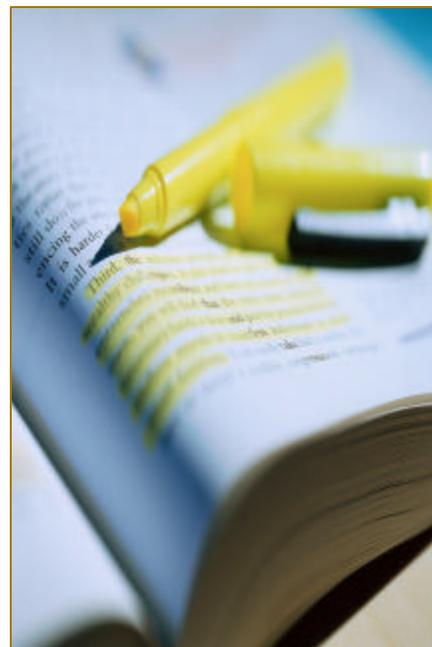
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## Recipe for an Effective Compliance Department

### Ingredients:

- Patient and family
- Quality healthcare services
- Caring
- Compliance standards and policies
- Compliance Officer
- Leadership with high ethical standards
- Values: Respect, Integrity, Compassion, Collaboration, Stewardship and Quality



### Directions:

Put patient and family in center of everything. Stir in several cups of quality healthcare services from all clinical departments. Mix with equal cups of caring (from Medicine, Nursing, and all clinical divisions). Simmer until patient and family feel warm. Next, surround with several compliance standards and policies. Stir, using a knowledgeable and personable compliance officer.

Monitor and audit to make sure patient and family feel warm. Next, season with a heaping tablespoon of respect, integrity, compassion, collaboration, stewardship and quality. Monitor to make sure patient and family are still in the center!

On top of this well-seasoned mixture, sift leadership with high ethical standards. Continue stirring until all ingredients are well-blended.

Serve on a warm platter, making sure patient and family are still in the center. There you have it: an effective compliance department. Remember, each time this mixture occurs it is different because every patient is a unique individual.

Ref: *American Medical News*; Susan Baker

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