

Policies and Procedures: WVU Physicians of Charleston
Documentation Guidelines

Section: Compliance
Chapter: Billing
Policy: Documentation Guidelines

I. **Purpose.** This policy is intended to ensure that WVUPC is in compliance with CMS Documentation Guidelines for Evaluation and Management (E&M) Services.

II. **Scope.** This policy is applicable to services rendered in all patient care settings at WVU Physicians of Charleston

III. **Statement of Policy/Procedure**

A. WVUPC Faculty and billing personnel shall follow the guidelines set forth by CMS for physician documentation.

B. The documentation guidelines shall apply to all patient encounters. Although CMS has directed that either the 1995 or 1997 guidelines may be followed to determine the appropriate level of service, WVUPC has adopted a policy favoring the 1995 guidelines for each of its clinical departments. Such guidelines shall be utilized by the Compliance Department for internal auditing purposes.

C. To ensure that WVUPC providers and billing and coding staff receive consistent education relating to all federal payor guidelines and requirements relating to E/M services, the WVUPC corporate compliance office will facilitate a program of mandatory training opportunities to be implemented as follows:

a) All new providers shall, at the commencement of their employment or contractual service to the corporation, be required to attend an educational training session to be provided by a certified professional coder assigned by the Compliance Officer. To assess the effectiveness of such initial education and to identify any E/M issues requiring re-education, documentation and coding performed by or on behalf of such new providers shall be conducted on a pre-claim submission basis for a period of no less than thirty (30) days by the senior billing specialist or his/her

qualified designee from the clinical department to which the new provider has been assigned;

b) All non-CPC billing staff shall be required to attend mandatory E/M training provided by the Compliance Department at the outset of their employment and/or contractual service to the WVUPC corporation. Such individuals shall have their billing/coding services performed on behalf of WVUPC supervised for a period of not less than thirty days on a pre-claim submission basis. The pre-claim submission review shall be conducted by the senior billing specialist of the clinical department to which the billing staff member has been assigned, or by a CPC designee of the senior billing specialist with the approval of the Compliance Officer.

c) Any billing/coding staff member or provider who is found to have not met minimum accuracy rates on any routine internal audits conducted by or at the direction of the Compliance Department shall be required to attend remedial E/M training, and shall be subject to re-audit, all as directed by either the Compliance Officer or corporate compliance policies.

IV. Implementation

Each practice administrator shall assure that the provisions of this policy are communicated to and followed by the staff of their respective departments.

V. Administration and Interpretations

Questions regarding this policy must be addressed with the senior billing specialist of your department, your practice administrator, the WVUPC Billing and Revenue Cycle Committee, or the WVUPC Compliance Officer.

VI. Amendment or Termination of this Policy

This policy may be amended or terminated at any time.

VII. References

For details of 1995 and 1997 documentation guidelines and their requirements please see the CMS web site at <http://cms.hhs.gov/medlearn/emdoc.asp>.

65 Federal Register at page 59440, n. 24 (October 5, 2000).

POLICY/PROCEDURE NO.: B-6

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Palmetto GBA (Ohio/West Virginia Medicare Part B) "Evaluation and Management Documentation Guidelines."