Helpful Hints: Documenting Level 4 Visits for the Ongoing CMS Audit

For those of you from whom documentation has been requested to support billing Medicare for a 99214 visit, the following will be useful:

1. Obviously, **full documentation** in the first place is crucial.

2. If you are not using EHR make certain that the **chart entries are legible**... if not, then submit an annotated note with the photocopy of the submitted encounter note “translating” the chart entries so the nurse reviewer can decipher the handwriting.

3. Along with the copy of the patient encounter note, submit **copies of materials that support the billed level of service**; for example, a copy of an ECG performed that date and reviewed as part of the visit; copies of radiologic, ultrasound, and laboratory reports reviewed incident to that day’s service; etc.

4. If the signature is illegible, submit an attestation that the billing provider indeed performed the billed service that day.

5. You can also submit **documentation of follow-up phone calls attributable to the service date under review**; if you chart subsequent interactions with a patient or their family, and that interaction is related to the billed service (e.g. reviewing laboratory results over the phone), then that interaction counts toward the time and complexity for the initial billed visit.
A Message from our President
Michael E. Ring, M.D., FACC

Having assumed the governorship of the Washington Chapter of the American College of Cardiology this past April, I have attempted to prioritize the goals of the chapter for the next year. One of the fortunate aspects of being an ACC governor is that the College does an excellent job of preparing and supporting each governor. Prior to assuming the governorship, I had the great fortune over the past one and years of working with and learning from our past governor Dan Fishbein and our chapter executive Lianna Collinge, both of whom have been tremendous assets to our organization. In addition, I can attest to the competency and passion of our national leadership and staff as they support our specialty in what is clearly a challenging time for medicine and cardiology in particular.

Over the next year, I hope we can make progress in the following areas:

• Increase the communication and participation between our membership and the national ACC organization but especially at our state level. During his term, Dr. Fishbein formed a chapter council drawing from cardiologists throughout Washington. I hope that each of you will make efforts to communicate your concerns and priorities either to myself or a council member. My goal to you is to provide relevant and timely updates regarding important ACC issues.

• Foster initiatives to document and improve the quality of cardiovascular care in Washington State. Obviously, all of us are champions of high quality care for our patients. However, as health care reform goes forward, it is clear that the winners of this process will be those who can PROVE they are delivering high quality, evidence-based care. Fortunately, through the efforts of the ACC and the various NCDR registries, our society is ahead of the rest of medicine in defining and measuring quality which is already paying major dividends on the national level. Thus far, the registries have mainly focused on hospital based procedures and/or admissions but the majority of cardiovascular care is delivered in out-patient locations. I would hope each of you will consider participating in the PINNACLE Registry which tracks ambulatory care. This registry will likely play an increasingly important role and already currently interfaces with most EMRs and allows practices to qualify for increased Medicare payments for the Physician Quality Reporting System (PQRS) as well as benchmark your practice’s performance.

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President’s Message, continued . . .

• Increase our influence on the political process that is shaping our profession for the next several decades. We all know change in health care is inevitable, but as our past ACC President Ralph Brindis frequently remarked, “We need to be at the table, not on the menu”. In Washington D.C. and Olympia, the political process is shaped disproportionately by those who chose to participate. That means both money and developing relationships with elected national and state lawmakers, both which are tied together. Compared to others jockeying for the shrinking health care dollar (i.e. malpractice attorneys and hospitals), doctors do a poor job of contributing to political action committees. Compared to other specialties such as radiology, cardiology lags far behind. Did this impact the College’s ability to fight the recent cuts for CV imaging? You bet! Going forward, I hope each of you will join me and make a modest contribution to the ACC PAC, even a $100 per year will be a great help. Currently, less than 5% of our chapter contributes to the ACC PAC; we should and can do much, much better! Finally, when the call comes out from us or the national ACC to contact your legislators regarding a particular bill or issue relevant to our practice, please take the time to do so and encourage your colleagues to do the same. You may mail donations to:
Heart House at 2400 N Street NW Washington DC, 20037.
The purpose of this travel award program is to ensure that the entire cardiovascular care team has an opportunity to become more informed about the important work the ACC is doing in the areas of Medicare reform, health system reform, and research and prevention. Additionally, CCAs are invited to participate in a special breakout session hosted by the Cardiovascular Team Section’s Advocacy Work Group, which provides novice advocates with important skills to prepare them for their visit with the state representatives.

Awardees will be selected via a random drawing and will be reimbursed up to $1,000 for travel related expenses (food, hotel, and transportation) after the conference. Awardees will be expected to document their use of the funds by providing original receipts. For more information or to apply for this award, interested applicants should send their name and contact information to Kelli Bohannon at kbohanno@acc.org by Friday, July 15, 2011. Eligibility is exclusively for Cardiac Care Associate members of the American College of Cardiology.