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Bill Proposes 2010 Raise for Medicare Providers and SGR "Freeze" Until 2014

There's real hope for a more permanent delay to Medicare cuts. Direct from today's MedScape:

May 20, 2010 — Congressional Democrats today unveiled the outline of a bill that would delay a 21% cut in Medicare reimbursement to physicians until 2014 and increase rates for the rest of 2010 as well as 2011.

Reimbursement rates would not decrease in 2012 and 2013, and they could increase even more in those years if the growth of Medicare spending on physician services is "within reasonable limits," according to a summary of the legislation released by Sen. Max Baucus (D-MT) and Rep. Sander Levin (D-MI). Rate increases would be higher for primary and preventive care.

The bill summary states that rates would return to "current law levels" in 2014, meaning that they would be subject to Medicare's sustainable growth rate formula for setting physician reimbursement, which triggered this year's pay cut, set for June 1. Based on the scenario sketched out in the bill summary, when the

proposed law expires in 2014, physicians could see their Medicare reimbursement drop by more than 30%, according to the Congressional Budget Office.

No exact figures for any rate increases before 2014 appeared in the bill summary. Sen. Baucus and Rep. Levin have said they will release the full text of the bill later today. Sen. Baucus chairs the Senate Finance Committee, and Rep. Levin chairs the House Ways and Means Committee.

These provisions on Medicare reimbursement are part of a larger bill that would extend unemployment compensation benefits and a hodgepodge of tax breaks, including tax credits for COBRA health insurance premiums. It also would raise billions of dollars in revenue by closing certain tax loopholes.

-- Medscape Daily News
www.medscape.com



Instant Access to Updates

KLA is on Twitter. Basically we only Tweet when we have published a newsletter or when there is breaking news we think will be of widespread interest. Normally our Tweets will be a link to a site where you can view the newsletter or the breaking news.

If you would like to follow us on Twitter, you may do so by visiting our Twitter site at:
<http://twitter.com/klahealthcare>. There you may sign up for RSS feeds or text alerts.

Shortcuts to Medical Record Documentation

Medical documentation is critically important to support the level of service billed to Medicare.

Visit

https://www.cms.gov/MLNEdWebGuide/25_EMDOC.asp

to access 1995 and 1997 guidelines and to view the Evaluation and Management Services Guide.

The guidelines are long but worth reading because shortcuts are buried throughout.

For example, buried on page 7 of the 1997 Guidelines is this tidbit, "An extended HPI (History of Present Illness) consists of...or the status of at least three chronic or inactive conditions."

Since an Extended HPI is required for both Detailed and Comprehensive histories, documenting this way can save much time.

By writing something such as "history of diabetes type II, hypertension and congestive heart failure all well controlled with current medication," you have satisfied the HPI segment of your history component for higher level services.

You still need to document appropriate levels of Review of Systems and Past, Family, and/or Social History to completely satisfy the history component.

And of course, be sure to note the chief complaint and any relevant information about it.

Another shortcut is to refer to other elements of the chart. For example, "everything as on patient completed history dated xx/xx/xx except..." This pulls in the information on the patient history and review of system into current documentation.

Remember to sign and date the patient completed form the day it is originally reviewed, and re-sign and date whenever comprehensively reviewed. **An unsigned patient completed form is not attributable to the provider.**

Never copy and paste using an EMR unless you substantially edit the information. Any information directly copied and pasted will not be counted during a Medicare audit.

Also remember to sign, date any lab tests. Be sure to note how and when abnormalities are reported to patients.

Is your patient unable to provide a proper history?

Note such and why the patient cannot provide a history. That also satisfies the history requirement. Just leaving it off does not.

Need your charts reviewed for proper coding? KLA's website lists several reasonably priced chart auditors on its website at <http://www.klahealthcare.com/resources/healthcare-professional-business-resources/>.



KLA Healthcare Consultants

6890 Hillshire #9

Memphis, Tennessee 38133

Phone: 888.325.1691 | Fax: 888.325.1692

www.klahealthcare.com

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