



Update

October 2016

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Affected Programs: BadgerCare Plus, Medicaid

To: Adult Mental Health Day Treatment Providers, End-Stage Renal Disease Service Providers, Family Planning Clinics, HealthCheck Providers, HealthCheck "Other Services" Providers, Intensive In-Home Mental Health and Substance Abuse Treatment Services for Children Providers, Narcotic Treatment Services Providers, Nurse Midwives, Nurse Practitioners, Nurses in Independent Practice, Outpatient Substance Abuse Clinics, Physician Assistants, Physician Clinics, Physicians, Podiatrists, Substance Abuse Day Treatment Providers, HMOs and Other Managed Care Programs

Documentation Requirements for Evaluation and Management Procedure Codes

This *ForwardHealth Update* announces documentation requirements for evaluation and management procedure codes.

Documentation Requirements

Effective for dates of service on and after November 1, 2016, ForwardHealth will require providers to adhere to the following documentation requirements for the submission of evaluation and management (E&M) procedure codes on professional claims:

- The documentation must accurately reflect the services rendered and support the level of service submitted on the claim.
- Providers are required to document the E&M service at the time the service is provided or as soon as reasonably possible after the service is provided in order to maintain an accurate medical record. All documentation must be complete prior to submission of claims. Before a service is reimbursed, the provider is required to meet all recordkeeping requirements, according to Wis. Admin. Code § DHS 106.02(9)(f).
- Providers should only consider medically relevant documentation in determining the appropriate procedure code to bill. The E&M level of service chosen by the provider should not be solely based on the amount of documentation recorded.

All providers who receive reimbursement from Wisconsin Medicaid are required to maintain records that fully document the basis of charges upon which all claims for payment are made, according to Wis. Admin. Code § DHS 106.02(9)(a).

ForwardHealth recognizes certain corrections or changes to a member's medical record when amended legally to accurately reflect the member's medical history. However, if these corrections or changes appear in the medical record following reimbursement determination, only the original medical record will be considered when determining if the reimbursement of services billed was appropriate.

No documentation iterations or section of iterations may be destroyed, deleted, whited-out, or rendered illegible. When using a medical electronic health record (EHR) or medical paper record, the provider must be able to generate an unadulterated audit trail that can verify the information and indicate which actions occurred, when they occurred, and by whom. The date, time, member identification, and user identification must be recorded when information within the record is created, modified, or accessed. Paper-based records must redact previous entries by putting a line through the notation and having it initialed and dated by the user.

Pre-Loaded Text for Electronic Health Records

When using EHR, it is acceptable for the provider to use pre-loaded text or other pre-generated text as long as the required personal documentation is in a secured (password-protected) system and the documentation reflects the actual service rendered. For any pre-loaded or other pre-generated text, the documentation must support that the provider verified the information as part of the professional service rendered.

Personal changes to the pre-loaded or pre-generated text made by the provider generally supports that the information has been verified as part of the professional service billed. Phrases that cannot be verified are not acceptable. Examples of non-verifiable types of phrases include the following:

- The complete Review of Systems (ROS) was performed in detail and was negative.
- The 14-point ROS was performed in detail with the member and was negative.
- All other 14 systems are negative.

Furthermore, only medically necessary elements in the pre-loaded or other pre-generated text should be used to determine the level of service reported (i.e., pertinent to the presenting complaint).

The EHR record must be signed by the renderer of the service. Providers can refer to the Policy Requirements for Use of Electronic Signatures on Electronic Health Records topic (topic #16157) of the Documentation chapter of the Provider Enrollment and Ongoing Responsibilities section of the ForwardHealth Online Handbook at www.forwardhealth.wi.gov/ for additional information.

When Time Is Considered the Key or Controlling Factor to Select the Evaluation and Management Level

When time is considered the key or controlling factor to qualify for a particular level of E&M services, the extent of the counseling and or coordination of care must be documented in the medical record. ForwardHealth follows guidelines as outlined in *Current Procedural Terminology* (CPT)

Evaluation and Management Services Guidelines. The following are ForwardHealth documentation requirements for counseling and/or coordination of care when time is considered the key or controlling factor:

- When counseling and/or coordination of care is the key factor to determining the level of service, documentation needs to support the amount of time spent in discussion **and** detail the context of the conversation and any decisions made or actions that will result based on this counseling.
- When documentation supports that counseling dominated more than 50 percent of the total visit, time may be used to qualify for a particular level of E&M services. However, the use of time with counseling as the key controlling factor for the level of service should be infrequent.
- Documentation must support counseling as above and beyond the usual discussion of the assessment and plan.

Medical Necessity

Wisconsin Medicaid reimburses only for services that are medically necessary as defined under Wis. Admin. Code § DHS 101.03(96m). Wisconsin Medicaid may deny or recoup payment if a service fails to meet Medicaid medical necessity requirements.

It is not medically necessary or appropriate to bill a higher level of E&M service when a lower level of service is warranted.

Federal Documentation Guidelines

BadgerCare Plus and Wisconsin Medicaid follow the federal Centers for Medicare and Medicaid Services 1995 and 1997 Documentation Guidelines for Evaluation and Management Services, except when otherwise described in BadgerCare Plus and Wisconsin Medicaid policy.

Claims

Established Patient and New Patient Definitions

For the purpose of selecting the appropriate E&M code for claim submission, providers are required to follow

Evaluation and Management Services Guidelines as defined by CPT for new and established patients.

Reimbursement

Ancillary Providers

For E&M services, the provider performing the service must be listed as the rendering provider on the claim. The exception to this is outlined in the Ancillary Providers topic (topic #647) in the Amounts chapter of the Reimbursement section of the Physician service area of the Online Handbook. Certain E&M services listed in the Online Handbook performed by ancillary staff who are not Medicaid-eligible providers may be reimbursed using the lowest level office or outpatient visit procedure code or other appropriate CPT code for the service performed. Refer to the Ancillary Providers topic (topic #647) for complete information.

Information Regarding Managed Care Organizations

This *ForwardHealth Update* contains fee-for-service policy and applies to services members receive on a fee-for-service basis only. For managed care policy, contact the appropriate managed care organization. Managed care organizations are required to provide at least the same benefits as those provided under fee-for-service arrangements.

The *ForwardHealth Update* is the first source of program policy and billing information for providers.

Wisconsin Medicaid, BadgerCare Plus, SeniorCare, and Wisconsin Chronic Disease Program are administered by the Division of Health Care Access and Accountability, Wisconsin Department of Health Services (DHS). The Wisconsin AIDS Drug Assistance Program and the Wisconsin Well Woman Program are administered by the Division of Public Health, Wisconsin DHS.

For questions, call Provider Services at 800-947-9627 or visit our website at www.forwardhealth.wi.gov/.

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