

HOT TOPICS FAX SERVICE



By Inga C. Ellzey, MPA, RHIA, CDC

INGA ELLZEY PRACTICES, GROUP, INC.

April 2009 Edition

Page 1

1. *Bad News from Cigna*

Starting April 20, 2009, Cigna will implement ClaimCheck 8.5 Knowledge Base Version 42. What that means to dermatologists is that for all claims on or after April 20th, Cigna *will start requesting office notes for any claims that have modifier 25 attached on an E/M visit or modifier 59 attached to a procedure.* According to the memo we received, Cigna will allow an E/M visit to be billed in addition to a procedure, but they will require "supporting documentation" before they pay for the E/M visit appended with modifier 25.

Worse yet, any claims billed with modifier 59 will also require supporting documentation before that procedure is paid.

As far as I am concerned, this is just a way for Cigna to delay payments to providers. Having to send manual claims with office notes and/or op notes attached will unnecessarily clog up the system and delay speedy payment by months and months. If I were a provider, I would terminate the contract as this new edit is contrary to fair and timely payment for services provided to their members. The extra time spent on submitting paper claims, attaching notes and waiting months for payment cannot balance the benefit of any payments you receive. I would advise your patients who are covered by this plan why you are dropping them and maybe they can put some pressure on the carrier. Cigna surely could not provide their members with quality services if they do not have providers to see their patients. However, it does not seem like they care about providers or patients, but only about their bottom line.

2. *The RACs are Coming! The RACs are Coming!*

If you do not know who the RACs are, you better get acquainted. RAC stands for Recovery Audit Contractors and these are the people that are hired by Medicare local Part B carriers to do audits on physician claims. They are looking for money and the audits will go into full swing starting late May and early June.

You need to start looking for letters from these Contractors and make sure that your billing staff does not ignore the requests for medical records or worse, demand letter for overpayments. Do not file 13 these or let them get lost on a large pile to "to do" correspondence. Here are some tips.

- a. Let your staff know that any requests from Medicare or a company representing Medicare for chart notes or paybacks should be forwarded directly to the Office Manager, Office Administrator or Physician Owner.
- b. Answer their request for medical information immediately.
- c. Have the provider review any and all chart notes sent out so he/she is aware that there is an audit in progress.
- d. Keep a separate file for these requests so you can reference them quickly if you get a call or request for additional information.
- e. Make sure that all information sent (especially medical record requests) is legible and complete. If the handwriting is illegible, you can transcribe the note and put the transcribed note on top of the written chart note. You cannot add anything that does not appear in the chart note. That is fraud. If your provider remembers something he should have added, he can add an addendum, but the addendum must be dated the date the addendum was written or dictated.

**If you want to continue to get our Free Hot Topics,
use the enclosed form and sign up for FREE!**