



Category: Medicare Advantage

Title: Medical record reviews are mandatory

Start Date: April 3, 2009 End Date: April 17, 2009

Medical record reviews; a necessary step

Thousands of diagnoses documented in medical records but not included on claims have been found by our vendor, MedAssurant, while conducting medical record reviews. Primary care physicians and specialists should submit all diagnoses and report all chronic conditions that were addressed or treated during a visit. Claims submitted to us must be complete, accurate and depict a complete picture of our member's health.

Reviews scheduled after April 1, 2009 are considered mandatory based on the acceptance of the terms and conditions.

Medical record reviews verify that we have the appropriate risk score on record for our members and allow members to benefit from case and disease management programs. These programs support members with complex health issues and help to keep medical costs in check by encouraging healthy life choices. These programs also help to keep the member's premium as low as possible by obtaining the correct reimbursement from Centers for Medicare & Medicaid Services for each member.

You can reduce or eliminate the need for case reviews by taking the following steps:

- List all diagnoses treated or otherwise managed during that visit on every claim
- Address and submit claims for all chronic conditions at least once a year
- Include complete signatures on each note (see related web-DENIS message *Are your medical record signatures complete?*)

Reporting *all* applicable conditions addressed during a single visit may support a higher evaluation and management code, which ensures you receive proper payment.



Excerpted from web-DENIS

Our terms and conditions detail providers' responsibility to make records available upon request and allow us to verify billed information. Members do not need to sign a release of information authorizing you to release their medical records to us.

For guidelines on submitting additional conditions go to cdc.gov/nchs/dataawh/ftpser/ftp9/ftp9.htm*, Page 102, section K.

For more information on medical record tips for improving claim submissions see the May 2008 Record, Page 42 and to learn how correct coding minimizes requests for medical reviews see the September 2008 Record, Page 25.

To review our terms and conditions and the deemed provider concept please visit bcbsm.com/ma.

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