

In This Issue

- ROS and PFSH
- Medicare's Five Step Process
- Compliance Discussion Groups for March 2008

Compliance Hotline

Type: info.evms.edu and click on the Compliance icon, then choose HS Compliance. Health Services Compliance concerns may also be sent to the Health Services Compliance Office via phone, mail or e-mail.

Contact Us

EVMS Health Services Compliance Office
4111 Monarch Way, Suite 500
Norfolk, VA 23508
Phone 451-6200

James F. Lind, Jr., MBA
Compliance Officer

Kelly Rodeheaver, CMPE
Privacy Officer
Privacy Line 446-0372

Leanne Smith
Director of Compliance & Internal Audit

Pamela Wheeley, CPC
Compliance & Internal Audit Specialist

Review of Systems (ROS)

For a complete ROS, the examiner inquires about the system(s) directly related to the problem(s) identified in the history of present illness (HPI), plus all additional body systems. At least ten organ systems must be reviewed and **individually** documented to be counted.

"All others negative" is not acceptable.

As a reminder – a complete ROS is required in order to bill:

- levels 2 and 3 initial hospital, observation or nursing facility care and
- levels 4 and 5 consultations and new patient office, domiciliary and home care.

Past, Family, Social History (PFSH)

"Non-contributory" and "negative" are **not** considered adequate documentation for the past, family or social history. It must be clear from the documentation that the provider discussed the past, family and social history with the patient and addressed any issues.

Many offices have developed history forms for the patient to complete. When a patient documents the ROS and/or PFSH, the provider must review, sign and date the form. The physician should also reference the form, by date, in his/her progress note.

"The Five Step Process"

Medicare has developed "The Five Step Process" to aid providers in submitting claims appropriately. These steps are appropriate for all services and all carriers.

The provider must:

1. Determine the service is medically necessary.
2. Provide the service needed in order to properly meet the patient's needs.
3. Document the service provided.
4. Select the most appropriate CPT/HCPCS code for the medically necessary service that was provided and properly documented.
5. Submit the service to Medicare that was medically necessary and documented.

In addition:

- Records must be legible.
- The patient's name and date of service must appear on every page of the record (including the back of double-sided forms).
- The date of service on the record matches the date of service on the claim.
- The medical record clearly indicates the identity and professional credentials of all people who contributed to the service and/or record, and who contributed which portion(s) of the service and/or record.
- Information in the record clearly supports all diagnoses reported on the claim.
- Information in the record clearly demonstrates all of the work described by the code(s) and/or modifiers reported on the claim was performed.
- All procedures reported are clearly documented.

A handout of the complete five step process may be found on the TrailBlazer Health web site at <http://www.trailblazerhealth.com/Publications/Job%20Aid/five-step%20process.pdf>

Compliance Discussion Groups for March 2008

Topic: **IDX Training**
Presented by Natalee Askew & Nina Thomas

Dates: Tuesday, March 18th
Thursday, March 20th

Location: Hofheimer Hall, Room 758

Time: Noon to 1:00 p.m.

RSVP by email or phone to Leanne Smith (451-6207).
Bring your lunch. Snack & drinks will be provided.