PROVIDER BULLETIN

Provider information

MN

For the health of all.

April 3, 2012

Blue Cross requirements regarding medical records

Blue Cross and Blue Shield of Minnesota, Blue Plus and BlueLink TPA (Blue Cross) requires providers to maintain medical records in a manner that is current, detailed and organized and that ultimately supports all billed charges on a submitted claim. This Provider Bulletin is a courtesy reminder of the requirements related to maintenance of medical records. Your participating provider agreement with Blue Cross requires providers to supply medical records to Blue Cross upon request for claim adjudication and auditing.

Additional reminders:

- Each page in the medical record must contain the patient's name and/or identification number.
- All entries in the medical records must contain the author's identification. Author identification may be a handwritten signature, a unique electronic identifier, or a stamped signature verified with initials. This signature page must be part of the medical record that is sent to Blue Cross.
- Medical records must be legible to someone unfamiliar with the author's handwriting. In the event that abbreviations are used, a legend must be supplied with the record.
- All encounters/entries must be dated.
- The CPT/HCPCS and ICD-9-CM codes reported on the health insurance claim form or billing statement must be supported by clear documentation in the medical record. Include ALL diagnoses addressed during the encounter. Diagnoses MUST be coded to the highest degree of specificity for accurate risk adjusted quality review.
  Example: If the record reflects that the patient has type II diabetes and diabetic nephropathy, then it is INCORRECT to code 250.00, as is common practice. Correct coding is 250.40 and 583.81.
- Use of the term IBID (same as above) and/or the use of quotation marks to replace or repeat previously documented information is not acceptable. All information must be in date-sequence order.
- Use of question marks (?) or underline (_____) are not considered to be part of a complete medical record. Dictation transcription should be reviewed by the medical practitioner and updated prior to sign-off to ensure complete medical records are maintained.

Evaluation and management documentation

The Centers for Medicare & Medicaid Services (CMS) in conjunction with the American Medical Association (AMA) have developed guidelines for the medical documentation necessary to support a given level of evaluation and management service. Blue Cross adopted these guidelines to ensure that our members receive quality care and that the services are consistent with the health plan coverage provided.

Assistant surgeon documentation

Blue Cross generally follows the CMS recommendations regarding the allowance of assistant at surgery. However, in all cases, the operative report must clearly indicate the surgical work completed by the assistant as well as the surgeon(s).

Impact to the provider

Services not clearly documented are not covered by Blue Cross and will be denied as participating provider liability. Failing to submit requested medical records may result in claims being denied or payment being recouped from a provider. Patients are not financially liable for services that are denied for inadequate documentation.

Questions?

If you have questions, please contact provider services at **(651) 662-5200** or toll free at **1-800-262-0820**.

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