

# ***Network Notification***

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Date: May 6, 2015

To: Ohio Health Partners

From: CareSource<sup>®</sup>

Subject: Revised Clinical Supporting Documentation Policy

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This outlines CareSource's requirements for acceptable supporting medical record documentation used to determine reimbursement.

These standards are designed to ensure that all providers are responsible for the maintenance and integrity of all medical documentation. Accurate, complete,

- h. A description of observations made by the clinical provider
- i. Orders for diagnostic tests including labs
- j. Written interpretations of tests including documentation that the patient was notified of the results
- k. Records of medication prescribed including strength, dosage and quantity
- l. Patient responses to or outcomes from prescribed medications
- m. Patient-centered plan of care
- n. Provider signature (see requirements below)

In accordance with CMS requirements, a valid signature and/or acceptable method of signing medical record documentation is as follows:

Paper:

Handwritten

- a. Legible name and signature of prescribing and/or referring physician
- b. Per CMS transmittal 248, stamped signatures will not be accepted

***P3(i)5.9/t sPer:***

Pathology and Laboratory providers must provide the ordering physician's documentation.

**Unlisted Codes:**

Claims that are billed with unlisted CPT codes always require a signed copy of the chart notes/medical record/operative notes in order to determine what procedure was actually performed on the patient. Providers may choose to submit a letter of justification along with the signed copy of chart notes/medical record/operative notes to clarify the use of any unlisted CPT codes.

Claims that are billed with unlisted HCPCS codes always require a signed copy of the chart notes/medical records or a manufacturer's invoice to determine what service or DME item was provided to the patient.

**Appeals:**

Any time a claim is appealed, the provider must submit supporting signed documentation such as chart notes, operative report, radiology reports, history and physical.

**Modifiers:**

Based on the modifier billed, the appropriate signed documentation (chart notes/medical records or operative notes) should be submitted with the claim. The documentation must support the usage of the modifier in question.

Table Key			
CH – chart notes/med records			OP – op notes

  

Modifiers			
• 22 – OP	• 24 - CH	• 25 - CH	• 57 - CH
• 58 – OP	• 59 - OP	• 62 - OP	• 77 – OP/CH
• 78 – OP/CH	• 79 – OP/CH	• 80 - OP	• 82 - OP

CareSource applies the 1995 and 1997 “Documentation Guidelines for Evaluation and Management Services” to all medical record documentation reviews.

CareSource’s general principles are offered as reference information only and are not intended to serve as legal advice. CareSource recommends you obtain a legal opinion from a qualified attorney for any specific application to your practice.