

**Prepare for ICD-10: Webinar**

**May 28, 2015**  
**12:00 - 1:00 p.m.**



Physician's documentation will need to withstand another test in October 2015. The transition to ICD-10-CM requires specificity in diagnostic coding but the entire record must reflect the care given and coded for the patient encounter.

How is your office documentation today? What changes can you start to implement that will put you on the path to success when the October 2015 switch occurs? This one hour online course will cover what physicians need to know for ICD-10 implementation.

[Details & Registration >>](#)

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**ICD-10 Coding: How Confident Are You?**

**June 4, 2015**  
**9:00 a.m. - 4:00 p.m.**  
**MSMS Headquarters - East Lansing**



Do you think you can code ICD-10 but haven't had any formal training yet? This session is geared toward the experienced biller/coder that thinks they may have a handle on ICD-10 coding. The first half of this session will discuss the ICD-10 guidelines and where they may differ from ICD-9. The second half of this session will be hands-on coding exercises to get you comfortable with the ICD-10 codebook layout and the specificity of ICD-10 codes. We ask that each attendee bring 5 de-identified chart notes to use for the coding exercise. This will help identify any documentation gaps you may have in your office that may impact being able to code in ICD-10. Also, you will need to bring your ICD-10 book to use for the coding exercise. Come join us to confirm what you do know and learn what you don't know.

*If a physician registers for this class, he/she may bring one office staff for free! Simply use the coupon code **ICD10-Office-Staff-Free** when the Office Staff purchases the course and checks out.*

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**ICD-10 Summit**

**June 11, 2015**  
**9:00 a.m. - 4:00 p.m.**  
**Lansing Community College - West Campus - Lansing**



If you are concerned about getting paid after the October 1, 2015 implementation of ICD-10, come hear what Michigan health plans have to say about their readiness, testing efforts and outcomes.

The first half of the day will provide a basic overview of ICD-10 guidelines and how they may differ from ICD-9, resources available to you for implementing ICD-10 in your practice and educational resources for proper training.

The second half of the day will be presentations from Michigan health plans on their readiness for ICD-10,

what their testing process is and what they have found with any testing that has already been done. The health plans will also provide additional resources available to you through the various health plans.

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## BCBSM Updates

### Documentation guidelines for anesthesia services updated

Effective April 1, 2015, we updated the medical-record documentation requirements for anesthesia services.

For detailed information, please see the "Documentation Guidelines for Physicians and Other Professional Providers" chapter of your online provider manual. To view the provider manual:

1. From web-DENIS, click on BCBSM Provider Publications and Resources.
  2. Click on Provider Manual.
  3. Click on Provider Type and select yours from the "Make a Selection" box.
  4. Click on the Search button and then on the Documentation Guidelines for Physicians and Other Professional Providers chapter.
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### Reminder: Document requirements for physician office infusion therapy medication orders

It's important that all orders for medication, including physician office infusion therapy, are documented in a patient's record and signed by the physician.

During recent POIT audits, many of providers overlooked the necessity of rewriting orders or co-signing verbal orders. Medication changes, which are calculated based on either the patient's weight or condition that can result in an increase or decrease in the dosage, require an order.

Medications requiring rounding the dose up or down to the next whole unit also require an order. All medications orders must be documented in the patient's chart with the ordering physician's dated signature. Verbal orders must be co-signed promptly to confirm the dosage change.

Physicians' offices referencing drug protocols or standing orders must maintain the order, with a yearly physician review, confirmed by a physician's dated signature. When drug protocols or standing orders are used for the treatment of a patient, the document should be placed in patient's chart and include the patient's name.

If the document can't be placed in the patient's chart, a physician-signed order referencing the drug protocol or standing order must be documented in the chart. The person administering the drug must document the name of the protocol or standing order referenced in the administration record.

As specified in BCBSM Documentation Guidelines for Physicians and Other Professional Providers, "For all diagnostic and therapeutic services, the performing physician must: Document the required procedure details for each diagnostic and therapeutic service." It also states: "The documentation for diagnostic and therapeutic services must be sufficiently detailed so that another health care professional can review the patient's medical record and clearly understand the nature and extent of the service."

Follow these guidelines to help avoid a potential audit recovery.

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### Here's how an onsite physician office infusion therapy audit works

Blue Cross Blue Shield of Michigan conducts physician office infusion therapy audits to verify if paid claims are appropriate by reviewing medical records onsite at a provider's office. To ensure minimal disruption to your practice and help you prepare for an audit, BCBSM is outlining the following steps in the auditing process:

1. An auditor will contact your office to schedule a start date for the audit. This contact will be followed by a fax confirmation appointment letter, which will include a questionnaire and a partial patient list.
2. Upon arrival, the auditor will ask for a brief meeting, referred to as the entrance conference, with the practice representative. During this meeting, the auditor may request additional records or a "direct pull list." A questionnaire, sent with the appointment letter, should be completed and available for review by the auditor during the entrance conference. Any questions you have regarding this questionnaire can be addressed by the auditor during this conference.
3. It's important that a staff member familiar with your office charting system is available to explain your office's charting format and any other important information that could assist the auditor's chart review.
4. The auditor will scan all your office's records into their secure laptop. But if your records are stored in an electronic medical record system, they must all be printed before the auditor arrives. It's important that the auditor is provided with documentation that supports the paid claims, such as physician orders, administration sheets, progress notes, etc.
5. When the audit is done, the auditor will ask for a brief exit conference with the practice representative to discuss preliminary audit findings. The auditor will also provide a missing documentation list that identifies records that weren't available during the audit. This report requires the practice representative's signature confirming the report was submitted to the practice.
6. A second review of the scanned documentation will be performed by the auditor before the mailing of the provider's initial result reporting letter. When the second review is done, the initial results reporting letter is sent via certified mail. This letter contains additional reports and an explanation of the appeal process that a provider can use to dispute audit results. It also includes the name and contact information for auditor and the manager in case you need to call with questions.

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