

PHYSICIAN PROFILE INTRO LETTER – E/M only CA



MMMM DD, YYYY

[Type Addressee Company here]
[Type Addressee Street Address 1 here]
[Type Addressee City, State, Zip+4 here]

Dear <Provider Name>:

Anthem Blue Cross has contracted with EquiClaim to review the use of the Evaluation and Management (E/M) codes for all physicians participating in the network as part of ongoing claim review activities. EquiClaim analyzed the E/M claims paid between May 2011 and April 2012 for the purpose of identifying those physicians who are billing level 4 & 5 codes significantly more often than other physicians within the same specialty.

As demonstrated in the attached E/M Profile Report(s), the percentage of level 4 & 5 codes billed by your office is considerably higher than the expected billing distribution as determined by the average billing behavior of other physicians within your specialty.

EquiClaim will continue to monitor your billing practices, and will send updated E/M Profile Report(s) periodically. If subsequent analysis reveals that the proportion of level 4 & 5 codes continues to exceed the expected distribution, EquiClaim may contact your practice to request medical records of members with the intention of identifying any improper coding and recovering associated overpayments.

EquiClaim is aware that many factors may impact the coding of your practice's office visits; however, it is required that your practice comply with the E/M coding criteria in the attached policy when submitting claims for reimbursement. The goal of this program is to ensure that the appropriate E/M code is billed for the clinical services provided to members.

Per Anthem Blue Cross policy on Documentation and Reporting Guidelines for Evaluation and Management Services, the physician may use either the 1995 or 1997 Centers for Medicare & Medicaid Services (CMS) E/M documentation guidelines, as interpreted by Anthem Blue Cross. Criteria for submitting a Level 4 or 5 E/M code reimbursement include:

- A detailed or comprehensive history of the patient is taken and documented.
- A detailed or comprehensive examination is performed and documented.
- Medical decision making of moderate or high complexity is conducted and documented.

A copy of the Documentation and Reporting Guidelines for Evaluation and Management Services Policy has been attached. For an electronic copy please refer to: <https://provider2.anthem.com/wps/portal/ebpmybcc>

If you have questions regarding E/M Profile Report(s), please contact the EquiClaim Customer Service Line at 866-481-1479, Option 4.

Sincerely,

Signature

EquiClaim Representative
(Title)

Attachments:
E/M Profile Report(s)
Documentation and Reporting Guidelines for Evaluation and Management Services Policy

****CONFIDENTIALITY NOTICE****

NOTICE: This communication is confidential and is intended only for the person or organization named above. No one other than the named recipient is authorized to use the information contained herein in any manner. If you have received this communication in error, please contact us as soon as possible at 866-481-1479, Option 4.