



# OXFORD

## HEALTH PLANS®

A UnitedHealthcare Company

Date: 04/14/2009

Dr. [REDACTED]

Dear Dr. [REDACTED]

As part of Oxford Health Plans' practice of evaluating and understanding the provision of care provided to our Members, we periodically conduct medical record audits. We know that providing us with information can be time consuming, and we appreciate your cooperation.

A random sample of your Oxford patient files have been reviewed by Parses, Inc., a professional documentation review company. The certified, professional coder at Parses who reviewed the sample records has been performing audits for facilities, providers and insurers for many years, and has extensive training and experience in this area. Oxford's agreement with Parses, Inc. is fully HIPAA compliant and contains a confidentiality provision protecting Member records from disclosure.

Enclosed is a copy of the audit report Oxford received from Parses detailing the Current Procedural Terminology (CPT) codes you submitted for the Oxford patients reviewed and their findings as to the CPT codes that were appropriate. Please note that all medical records submitted were audited using an Evaluation and Management (E&M) coding tool to assure compliance and consistency with Centers for Medicare & Medicaid Services (CMS) Rules, as well as with both the 1995 and 1997 CMS Documentation Guidelines for E&M. The auditors use whichever guidelines are most favorable to the individual physician and specific medical record and claims under review. For your convenience, you can find the 1995 and 1997 CMS Guidelines at: <http://www.cms.hhs.gov/medlearn/emdoc.asp>.

During this review, Parses identified [REDACTED] instances (out of [REDACTED] total instances reviewed) of incorrect Evaluation and Management (E&M) Current Procedural Terminology (CPT) codes submitted by your office. Based on our calculations, this represents an overpayment of \$[REDACTED] for all in-office, sick E&M services you rendered to Oxford Members from February 2002 through October 2007.

To assist you in understanding these results, we have enclosed documents showing the statistical methodology followed, the appropriate codes and an audit report detailing Parses' findings. The audit report provides full details for each of the [REDACTED] claims reviewed, including information that supports what was used to determine a proper code.

The results of your audit can also be viewed by logging onto <https://securelogin.codexact.com/v2/login.do>. This secure website will permit you to view electronic images of the medical records together with the detailed audit results for each patient encounter. You will need to enter your provider identification number as your User Name and a password that can be obtained by calling Parses at 1-866-572-7737.

If you believe you have additional pertinent records, please contact Parses at 1-866-572-7737.

Please take time to review the enclosed materials carefully. If you are in agreement with these findings, we are available to work with you to facilitate the return of the excess payment you received. If there are any unique aspects of your practice that were not revealed during the audit, we would be happy to discuss them with you. In order to have a full discussion of any of these findings, it is important that you provide us a detailed written explanation of the following in advance of any scheduled discussion for any specific dates of service you believe were coded incorrectly by Parses:

1. The elements within each medical record corresponding to the history of present illness, past medical history and review of systems that you believe were not captured in the audit.
2. The elements within each medical record corresponding to the physical exam that you believe were not captured in the audit.
3. The elements within each medical record corresponding to medical decision-making, including presenting diagnosis, data reviewed and risk of treatment, that you believe were not captured in the audit.

We will delay any action on this matter for 45 days from the date of this letter, to provide you with the opportunity to review the audit findings and prepare any response you deem appropriate. Once you have had a chance to review the above material, please contact us so we can discuss it. If you would like, we can arrange for a medical director to be included in that conversation. If I can be of any assistance to make this process easier or if you would like more information to help you understand coding practices, please feel free to contact me at 1-800-889-7658, extension 7886. We appreciate your cooperation and responsiveness.

Sincerely,



Maria Pilarinos  
Provider Compliance Analyst