

105TH CONGRESS
2D SESSION

H. CON. RES. 264

Expressing the sense of the Congress with respect to documentation requirements for physicians who submit claims to Medicare for office visits and for other evaluation and management services.

IN THE HOUSE OF REPRESENTATIVES

APRIL 28, 1998

Mr. PALLONE (for himself, Mr. PASCRELL, Mr. SANDLIN, Mrs. CUBIN, Mr. KLECZKA, Mr. WELDON of Pennsylvania, and Mr. ROTHMAN) submitted the following concurrent resolution; which was referred to the Committee on Ways and Means

CONCURRENT RESOLUTION

Expressing the sense of the Congress with respect to documentation requirements for physicians who submit claims to Medicare for office visits and for other evaluation and management services.

Whereas adequate documentation is necessary to assure quality and appropriateness of services;

Whereas effective strategies to eliminate waste, fraud, and abuse in the Medicare program should not result in excessive documentation requirements being imposed on physicians that will interfere with patient care;

Whereas if the documentation in the medical record does not meet program requirements, payments for such claims

may be denied and an investigation into potential fraud and abuse may result;

Whereas the administrative complexity of the documentation requirements may increase the risk that physicians will make inadvertent coding errors; and

Whereas inadvertent errors or legitimate differences of opinion on coding and documentation of physician services under current law are not grounds for concluding that fraud has occurred: Now, therefore, be it

1 *Resolved by the House of Representatives (the Senate*
 2 *concurring)*, That it is the sense of the Congress that the
 3 Health Care Financing Administration should—

4 (1) further postpone its plans to implement the
 5 documentation guidelines for evaluation and man-
 6 agement services, as currently constituted;

7 (2) continue consultation with organizations
 8 representing physicians on how to reduce the com-
 9 plexity of any such guidelines prior to their use by
 10 Medicare or its agents in review of claims submitted
 11 to the program;

12 (3) conduct a pilot study of any such docu-
 13 mentation requirements prior to use in audits and
 14 other review activities; and

15 (4) assure that any such documentation guide-
 16 lines, if applied by Medicare or its agents in review
 17 activities, contribute to quality care and do not de-
 18 tract from good patient care by requiring physicians

1 to spend undue time documenting their services—at
2 the expense of spending less time with patients—or
3 lead to sanctions being imposed for unintentional
4 coding and documentation errors.

