Medicare Documentation Guidelines and their Impact on Healthcare Access and Costs

Earle M. Pescatore, Jr., D.O.

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Abstract

In 1989 Medicare adopted documentation guidelines as a tool to use to control spending on physician services. In spite of three revisions, these documentation guidelines have failed to control Medicare costs. Medicare costs were $177 billion in 1995 and will reach $332 billion by 2002. Between 1990 and 2000, the number of patients increased by 9.2%, but costs increased by 300%.

Medicare regulations have grown in scope and complexity; current guidelines contain more than 100,000 pages of regulations, roughly six times the size of the Internal Revenue Service federal tax regulations. The changes in documentation requirements have increased administrative burdens on physicians and have limited patient access by impinging on clinical time. The medical record has become a billing and reimbursement tool rather than a document to communicate health care.

Documentation should *support* the practice of medicine rather than be the main work-product of the doctor-patient visit. I recommend adapting a simplified documentation model in which three levels of decision-making document medical information in a clear, concise, and clinically relevant fashion. Guidelines should provide for portability of information for future digital applications in an electronic medical record. In addition, CMS should provide an opportunity for all concerned parties to participate in revisions.