AHIMA Distance Education

Physician Practice E/M Auditing

Audio Seminar/Webinar

July 16, 2009

Practical Tools for Seminar Learning

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Faculty

Shelley C. Safian, MAOM/HSM, CCS-P, CPC-H, CHA

Shelley C. Safian is an associate professor of medical billing and coding for Herzing University Online. Ms. Safian has published four books on coding, and a fifth book on HIM compliance. She has been a member of AHIMA for many years, and sits on the Clinical Terminology and Classification Practice Council. Ms. Safian is presently working on her PhD in Health Services Administration.

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Objectives

- **Provide best practices for CPT Evaluation and Management (E/M) auditing, including:**
  - **Identifying high risk areas to audit**
  - **Prospective and retrospective reviews**
  - **Selecting effective sampling sizes**
- **Illustrate mechanisms for statistical results**
- **Effective approaches in reporting and implementing audit results**

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Reasons To Audit

- **Provide documentation and coding education**
- **Improve medical record documentation**
- **Promote compliant E/M practices**
- **Ensure appropriate reimbursement**
- **Detect fraudulent activities**

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Benefits of Audits

- Compliance
- Improved quality of care
- Increased productivity
- Proper documentation
- Prevent inappropriate coding
  - Upcoding
  - Downcoding

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Types of Audits

- External
  - Conducted by outside agencies
    - CMS
    - Private insurers
- Internal
  - Component of the practice compliance program
    - Conducted by compliance staff
    - Conducted by consultants

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Best Practices

- The audit must be compliant!
- The auditor must follow CPT coding guidelines!
- The auditor must follow CMS documentation guidelines!
  - 1995
  - 1997

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High-Risk Areas

- Cluster E/M coding
- Incorrect use of Modifier 25
- Inaccurate Global E/M coding
- Fraudulent documentation
  - EHR cut and paste

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Cluster Coding

- **Identified by trending**
- **Virtually all E/M codes used by a specific provider or facility cluster at the same point**
- **Statistically unlikely**
- **Can trigger a fraud investigation**

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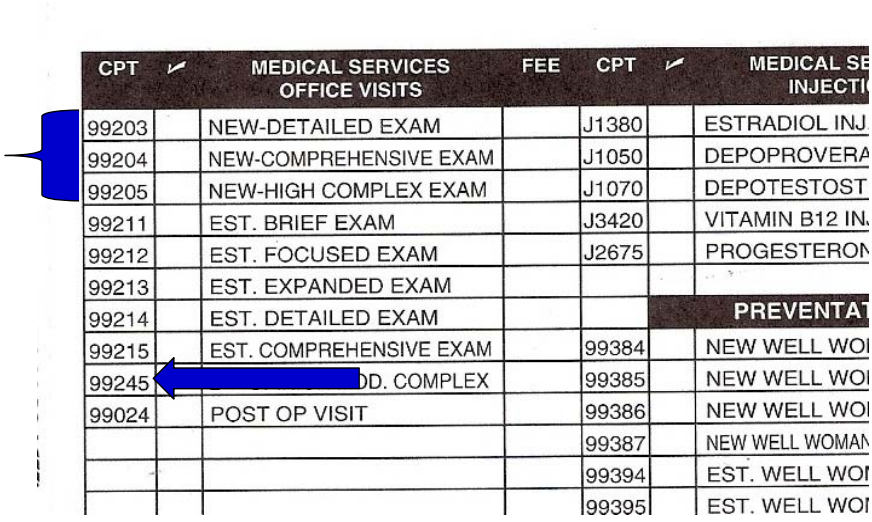
Documentation of Clustering



CPT	MEDICAL SERVICES OFFICE VISITS	FEE
99203	NEW-DETAILED EXAM	
99204	NEW-COMPREHENSIVE EXAM	
99205	NEW-HIGH COMPLEX EXAM	
99211	EST. BRIEF EXAM	
99212	EST. FOCUSED EXAM	
99213	EST. EXPANDED EXAM	
99214	EST. DETAILED EXAM	
99215	EST. COMPREHENSIVE EXAM	
99245	DD. COMPLEX	
99024	POST OP VISIT	

CPT	MEDICAL SE INJECTI
J1380	ESTRADIOL INJ
J1050	DEPOPROVERA
J1070	DEPOTESTOST
J3420	VITAMIN B12 IN
J2675	PROGESTERON

	PREVENTAT
99384	NEW WELL WO
99385	NEW WELL WO
99386	NEW WELL WO
99387	NEW WELL WOMAN
99394	EST. WELL WO
99395	EST. WELL WO

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"If it isn't documented, it hasn't been done"

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Documentation

The 10 single organ system examinations are:

- Cardiovascular
- Ear, Nose, and Throat
- Eye
- Genitourinary
- Hematologic/Lymphatic/Immunologic
- Musculoskeletal
- Neurological
- Psychiatric
- Respiratory
- Skin

"Non-contributory"

"Unremarkable"

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Documentation

- **Itemized history intake**
- **Itemized exam performed**
- **Time spent [if counseling or critical care]**
- **Itemized elements of MDM**
  - **Number of [potential] diagnoses**
  - **Number of medications**
  - **Number of therapeutic alternatives**

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Modifier 25

"Significant, separately identifiable evaluation and management services by the same physician on the same day of the procedure or other service"

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Components of Modifier 25

- **"Significant"**
- **"Full of meaning; important, momentous"**

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Components of Modifier 25

- **"Separately Identifiable"**
- **Outside of the reasonable content expected to be conducted during the procedure or service that is the primary impetus for this encounter.**

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Modifier 25

- **Same Physician**
- **Same Day**
- **Separately Identifiable**
  - **Evaluation and Management Service**
  - **Procedure or Other Service**

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Modifier 25

- **CPT Guidelines**
  - **Significant, separately identifiable E/M service above and beyond the other service provided or beyond the usual pre- and postoperative care associated with the procedure that was performed**
  - **The E/M service may be prompted by the symptom or condition for which the procedure and/or service was provided**
  - **Different diagnoses are not required**

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Correct Use of Modifier 25

- **Only append to a qualifying E/M code**
- **The E/M service must meet the key elements for reporting**
- **Procedure or service is clearly documented as distinct and significantly identifiable**
- **Significant, separately identifiable E/M service performed at the same session as a preventive care visit**

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Incorrect Use of Modifier 25

- **Do Not append on a surgical CPT code**
- **Do Not append to a qualifying E/M code when the reason for the encounter was for the planned procedure or service performed**
- **Do Not append to an E/M service performed on a different day**
- **Do Not use to identify an E/M service that results in the decision to perform surgery**

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Case Study

- **The patient comes in to have three lesions removed, as planned during her last visit. After the procedure, the patient says, "Oh, doctor, while I am here, could you look at this rash I developed on my arm?"**
- **The physician documents history, exam, and MDM for a problem-focused E/M for the rash.**

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Global Surgery

- **Appropriate E/M services are included in the reimbursement for the surgical procedure**
- **Additional E/M must be fully documented when occurring within the global period, especially when provided for the same diagnosis**

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E/M Global Surgery Investigations

Evaluation and Management Services During Global Surgery Periods

We will review industry practices related to the number of evaluation and management (E&M) services provided by physicians and reimbursed as part of the global surgery fee. CMS's "Medicare Claims Processing Manual," Pub. No. 100-04, ch. 12, § 40, contains the criteria for the global surgery policy. Under the global surgery fee concept, physicians bill a single fee for all of their services usually associated with a surgical procedure and related E&M services provided during the global surgery period. We will determine whether industry practices related to the number of E&M services provided during the global surgery period have changed since the global surgery fee concept was developed in 1992.

(OAS; W-00-07-35207; various reviews; expected issue date: FY 2009 and FY 2010; work in progress)

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Case Study

A patient had a breast biopsy [a 10 day global period], and returns 5 days later for the results of the biopsy [a malignancy].

The physician wants to report 99024 for the check of the incision and to share the results with the patient + 99213 for the time spent discussing treatment options. The physician feels that this is not related to the biopsy procedure.

What would the OIG auditor say?

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Recovery Audit Contractors (RAC)

- RAC reviews of E/M codes
- Only related to global surgery packages
- Currently, cannot question the level of E/M codes
- Subject to change with notice

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Fraudulent Documentation

- There is concern about EHR and the ability to "cut and paste" from previous encounters providing an easy way for physicians to avoid taking the time to fulfill documentation requirements
- Are individual components/elements documented?

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Another Reason To Audit

Components of an Effective Compliance Program

- **This compliance program guidance for individual and small group physician practices contains seven components that provide a solid basis upon which a physician practice can create a voluntary compliance program:**
- **An audit is an excellent way for a physician practice to ascertain what, if any, problem areas exist and focus on the risk areas that are associated with those problems.**

Federal Register / Vol. 65, No. 194 / Thursday, October 5, 2000 / Notices Page 59,434

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United States Sentencing Commission

- **Federal Sentencing Guidelines apply good corporate behavior "credits" to organizational defendants that can prove the existence and implementation of a compliance program designed to detect and deter fraud, waste, and abuse.**
- **Assessed penalties can be cut by as much as 70% against fines required by law**

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Seven Elements – Compliance Program

- **Established compliance policies and procedures**
- **Qualified and empowered compliance officer**
- **Effective education and training**
- **Effective monitoring and auditing**
- **Corrective action plans**
- **Disciplinary enforcement**
- **Effective communication**

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Performing Audits

- **Concurrent**
  - **Examine the system in action**
- **Retrospective**
  - **Examine entire process after it has been completed**

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Concurrent Audits

- **Identify errors while they can be fixed**
- **Identify systems errors**
- **Identify individual work**
  - **Quality**
  - **Efficiency**
  - **Time frames**

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Examples

- **Claims are submitted based on Superbills. Once physician's notes are transcribed, documentation does not support E/M code used.**

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Concurrent Audits

- **Improvement can be implemented with immediate results**
- **Overt signs of fraud can be identified**
- **Some covert signs of fraud can be identified**

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Examples

- **Overt signs of fraud**
  - **Superbills that do not list ALL E/M codes**
- **Covert signs of fraud**
  - **Documentation includes notes such as "Unremarkable"**
  - **EHR with too many copy/paste features**

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Retrospective Audits

- **Examine the process after it has been completed**
- **More detailed and in depth**
- **The scope is wider, providing more insights**
  - **Reimbursement level**
  - **Reimbursement turnaround time**
  - **Rejects and denials**

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Retrospective Audits

- **Statistical data can expand insights of audit**
- **Opportunities for retraining or other therapeutic actions can be identified**
- **Occult signs of fraud can be uncovered**

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Examples

- Review notes vs. codes reported for
  - Missing modifiers
  - Downcoding
  - Upcoding
- Identify unspecified codes
- Tracking back errors identified by RAs

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Sampling

- Use the "Goldilocks" measure
- Statistical sampling calculations
  - Population definition
  - Sampling frame
  - Sampling method
  - Sample size

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Sampling Population

- **Determine the population**
  - **By attending physician**
  - **By insurance carrier**
  - **By staff member (coder, biller, etc.)**
  - **By patient Dx**
  - **By patient Px**
  - **By patient: new/established**

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Sampling Frame

- **Determine the sampling frame**
- **Source of initial data set**
  - **Southside office**
  - **Claims created in May 2009**
  - **Paper claims/electronic claims**

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Sampling Method

- **Determine the sampling method**
  - **Quota method**
  - **Simple random sampling**
  - **Cluster sampling**
  - **Systematic sampling**
  - **Convenience sampling**

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Sampling Size

- **Determine the sample size**
- **The larger the sample the more accurate the results**
  - **Sample size calculators**
  - **Sample too large - reduce the population**

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Example

- **Population: Dr. Madison's patients**
- **Frame: Dates of service: May 2009**
- **Method: Simple random – every 5th**
- **Size: 100 records minimum**

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Analyzing the Results

- **Begin with the original question**
- **Rank the results**
  - **Seriousness**
  - **Financial impact**
  - **Easy to fix**
- **Identify opportunities for improvement**

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Using the Results

- Start small
- Implement 1 or 2 things at a time
- Remember “fear of change”
- Reinforce the value of change
- Try to negotiate compromise

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Using the Results

- Perform interval evaluations
- Listen to everyone
- Reward even small accomplishments
- Adjust changes when appropriate
  - Remember sometimes things look better on paper than they do in action

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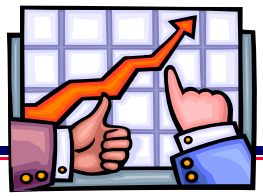
Identify Trends



- **Keep a running track of results**
- **Monthly, quarterly, semi-annually**
- **Compare and contrast when applicable**
- **Share data…**
  - **Good = praise the group**
  - **Bad = investigate additional changes**

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Educating the Staff

- **Both physicians and coders may need to be re-educated**
- **Be gentle**
- **Use new terms or descriptors**
- **Reinforce with CMS & AMA guidance**

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Educational Examples

- **What is a Detailed Patient History?**
  - **Chief complaint**
  - **Extended HPI**
  - **Problem pertinent system review + review of a limited number of additional systems**
  - **Pertinent/relevant PFSH**

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Educational Examples

- **What is a Detailed Physical Exam?**
  - **Extended exam of affected body areas:**

    Head – Neck – Chest – Abdomen – Genitalia – Back – Each extremity

  + Exam of other symptomatic or related organ systems:

  Eyes – ENT – Cardiovascular – Respiratory – GI – Musculoskeletal – Skin – Neurologic – Psychiatric – Hematolgic/lymphatic/immuno

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Educational Examples

- **What is Medical Decision Making (MDM) Complexity?**
  - **# of possible diagnoses**
  - **# of possible management options**
  - **How much data has to be reviewed**
  - **Level of risk**
    - **Complications**
    - **Co-morbidities**
    - **Mortality**

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Query Process

- **As a part of the educational process, assure an effective and efficient query process is established so coders can get physicians to augment documentation when it is found to be:**
  - **Unclear or ambiguous**
  - **Missing documentation specifics**
  - **Illegible (if handwritten)**

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Audit the Query Process

- **Assure questions are not leading**
- **Assure physician responds in writing**
- **Assure physician responds within a reasonable amount of time**

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E/M Coding

- **E/M coding can be difficult because we are trying to get the physician reimbursed accurately for his or her expertise**
- **Expertise is intangible!**

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Resource/Reference List

- **Sample Size Calculator**
  www.surveysystem.com/sscalc
- **Recovery Audit Contractors (re: E/M codes)**
  - **www.cms.hhs.gov**
  - **CMS response to question #7738**
- **1995 CMS Documentation Guidelines**
  www.cms.hhs.gov/MLNEdWebGuide/25_EMDOC.asp
- **1997 CMS Documentation Guidelines**
  www.cms.hhs.gov/MLNProducts/Downloads/MASTER1.pdf

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Resource/Reference List

- **Documentation Guidelines for E&M Services Centers for Medicare & Medicaid Services**
  www.cms.hhs.gov/MLNEdWebGuide/25_EMDOC.asp
- **Medicare Claims Processing Manual (Pub. 100-4)**
  www.cms.hhs.gov/Manuals/
- **Levinson, Stephen, MD. Practical E/M : Documentation and Coding Solutions for Quality Patient Care. Chicago: American Medical Association, 2006.**
- **Understanding Modifiers. Ingenix, 2008**

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July 23, 2009

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August 6, 2009

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Appendix

Appendix

Resource / Reference List

www.cms.hhs.gov/MLNEdWebGuide/25_EMDOC.asp

www.cms.hhs.gov/Manuals/

www.cms.hhs.gov

www.cms.hhs.gov/MLNProducts/Downloads/MASTER1.pdf

www.cms.hhs.gov/MLNEdWebGuide/25_EMDOC.asp

www.surveysystem.com/sscalc

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