RVU KILLERS

The Most Common Reimbursement Documentation Errors

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Documentation-Why Does It Matter?

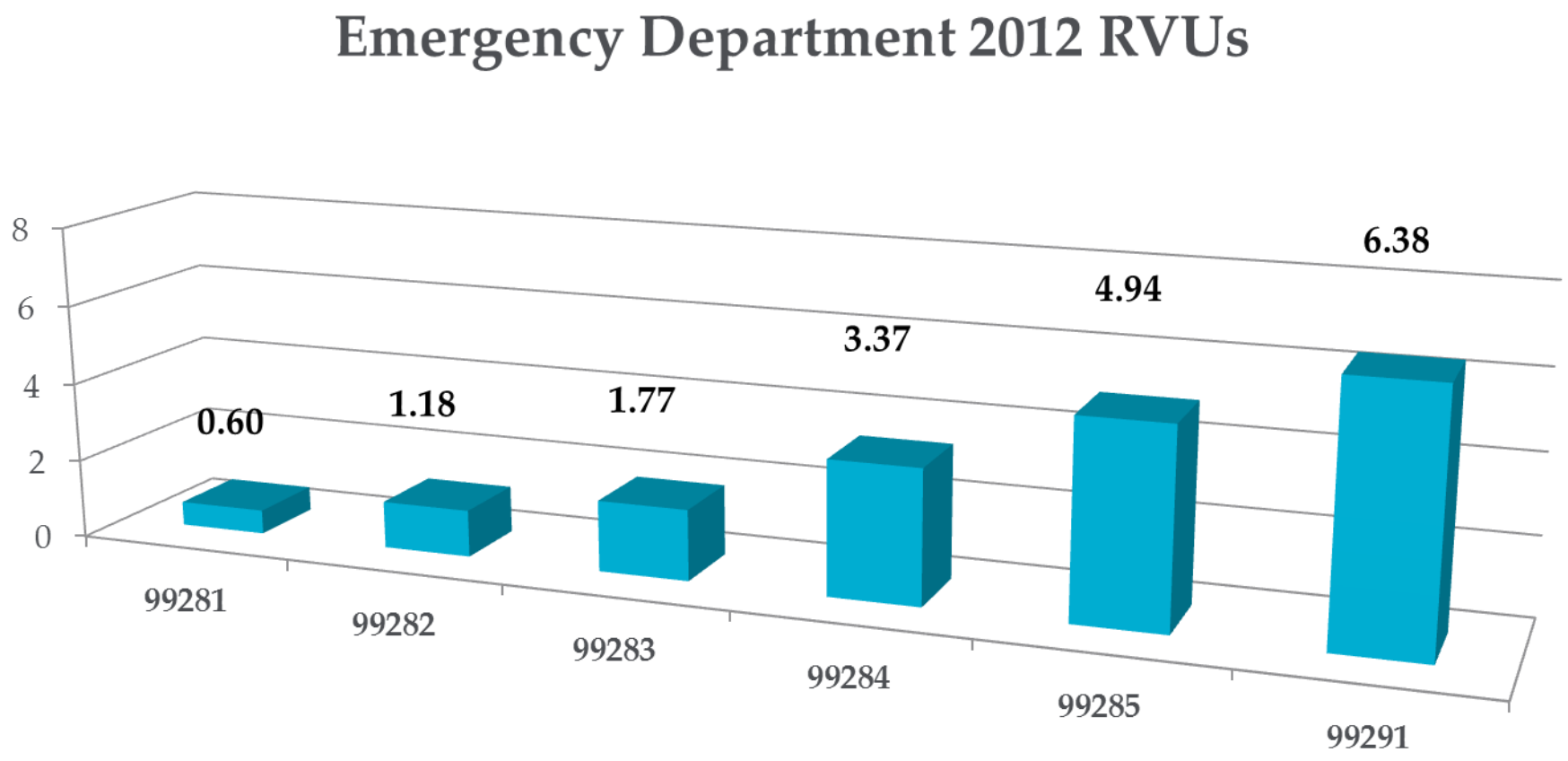
- **Must communicate** to the payer your concerns and thought process
- The payer does not have the following:
  - The chart
  - The patient's perspective on the treatment received
  - The ability to talk to the treating physician
- The payer receives a series of 5 digit codes representing your treatment

Your documentation must empower/allow the coder to accurately report the work performed!

Coding Methodology

- Medical Decision Making determines the highest possible code
- Your Hx and PE documentation supports the level
- Chest Pain could be a level 5
  - Without appropriate documentation…downcoded
  - Significant revenue loss
- Compliance Issue-
  - Can Not over document an ankle sprain to be a level 5

DOCUMENTATION & CODING
2012 RVUs: Increases With Each E/M Level



History of Present Illness

- Location-left sided chest pain
- Context –while shoveling snow
- Quality –sharp chest pain
- Timing – worse at night
- Severity –moderate chest pain
- Duration-10 minutes
- Modifying Factors –worse with exertion
- Associated Signs and Symptoms-diaphoresis

History of Present Illness

- HPI describes the chief complaint in greater detail.

- 99281-99283: 1-3 elements
- 99284-99285: 4 elements

- Need 4 HPI elements for 99284 and 99285!

The Big One-HPI Pitfalls

- Without 4 HPI elements 99285 downcoded to 99283

47 y.o. male presents with *left sided* abdominal pain *lasting 12 hours*. He reports *nausea, but no diarrhea*. He had a normal colonoscopy years ago, but has had no further evaluation since that time. He was seen by his PMD last week and had a normal exam, and basic lab work, but was told his blood pressure was high.

Loss of 3.17 RVUs!

HPI-Missing Documentation

- Pat. admitted for evaluation of brain mass and malignant Htn…< 4 HPI elements

This patient is a 29 year old female who was sent here from ophthalmologist for papilledema. 29 yo f w/ hx/o malig htn w/ dx papilledema.

- Pat. admitted with COPD exacerbation
  - Lacking 4 HPI elements

HISTORY OF PRESENT ILLNESS: This 71-year-old white female who presents today with complaints of shortness of breath, history of asthma.

HPI Misses- Level V becomes III

Fall leading to acute Hip Fracture

HPI

chief complaint: Fall injury to: ______

onset / duration:
just prior to arrival
today yesterday______
______ min / hrs / days ago

where:
home school neighbor's
park work street
nursing home______

context: tripped / slipped / lost balance alleged assault
became dizzy / fainted bicycle *w/ helmet*______
fell from (*standing position / from height* ______)

severity of pain: mild moderate severe (1/10)______

associated symptoms:
lost consciousness / dazed seizure memory impairment
*duration:*______ *remembers: injury coming to hospital*

location of pain / injuries:
head face mouth
neck chest abdomen
back *upper mid- lower*
radiating to Right / Left thigh / leg

–right–		–left–	
shldr	hip	shldr	hip
arm	thigh	arm	thigh
elbow	knee	elbow	knee
f-arm	leg	f-arm	leg
wrist	ankle	wrist	ankle
hand	foot	hand	foot

HPI-well documented

- Patient admitted for presyncope

This patient is a 85 year old male who complains of N/V ELEVATED TROP. Patient developed nausea and lightheadedness at cardiac rehab. No CP, SOB. Evaluated at outside hospital. Found to have a non diagnostic ECG and a Tr of 0.07. No fever, cough, rash. No leg swelling. No paresthesias, no weakness. Symptom free at present.

Timing: Sudden Onset
Quality: lightheadednes
Severity: Mild
Duration: Minutes
Associated Signs/Symptoms: nausea

4 + HPI elements

Cost of HPI Errors…

- Some basic math:
  - 8 hour shift
  - 2 patients per hour ⟹ 16 patients
  - 3 RVUs per patient ⟹ 48 RVUs
  - **6.0 RVUs per hour**

Or 1 HPI Downcode: 4.94 to 1.77 RVUs

Loss of 3.17 RVUs… ⇩ .4 RVUs/Hr

Down to 5.6 RVUs/Hour!

Billing Reports: RVU/Hour

RVUs per Hour Quarterly Bonus
Q2 2012

Review of Systems (14)

- Allergic/Immunologic
- Cardiovascular
- Constitutional Symptoms
- Ears, Nose, Mouth, Throat
- Endocrine
- Eye
- Gastrointestinal
- Genitourinary
- Hematologic/Lymph
- Integumentary
- Musculoskeletal
- Neurological
- Psychiatric
- Respiratory

Review of Systems (ROS)

- 99282/99283 – 1 system
- **99284 : 2-9 systems**
- 99285 - **10** systems
- Need 10 ROS for 99285!

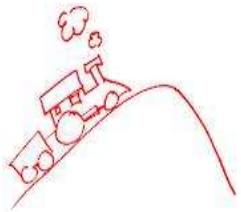
ROS "ALL Others Negative" T#1

"Those systems with positive and negative responses must be individually documented. For the remaining systems, a notation indicating all other systems are negative is permissible." **CMS 1995 Documentation Guidelines**

- All systems negative except as marked

ROS…Not Quite There

- 70 year old admitted with pneumonia and dehydration
- Chart lacks required ROS elements
- Should be 99285…now 99284



Review of Systems
Constitutional: Positive for malaise/fatigue. Negative for fever, chills and diaphoresis.
HENT: Negative for neck pain.
Respiratory: Negative for shortness of breath.
Cardiovascular: Negative for chest pain and leg swelling.
Gastrointestinal: Positive for nausea, vomiting, abdominal pain and diarrhea.
Genitourinary: Negative for dysuria.
Skin: Negative for rash.
Neurological: Negative for sensory change, speech change, focal weakness and headaches.

Loss of 1.57 RVUs!

ROS- EMR Perils

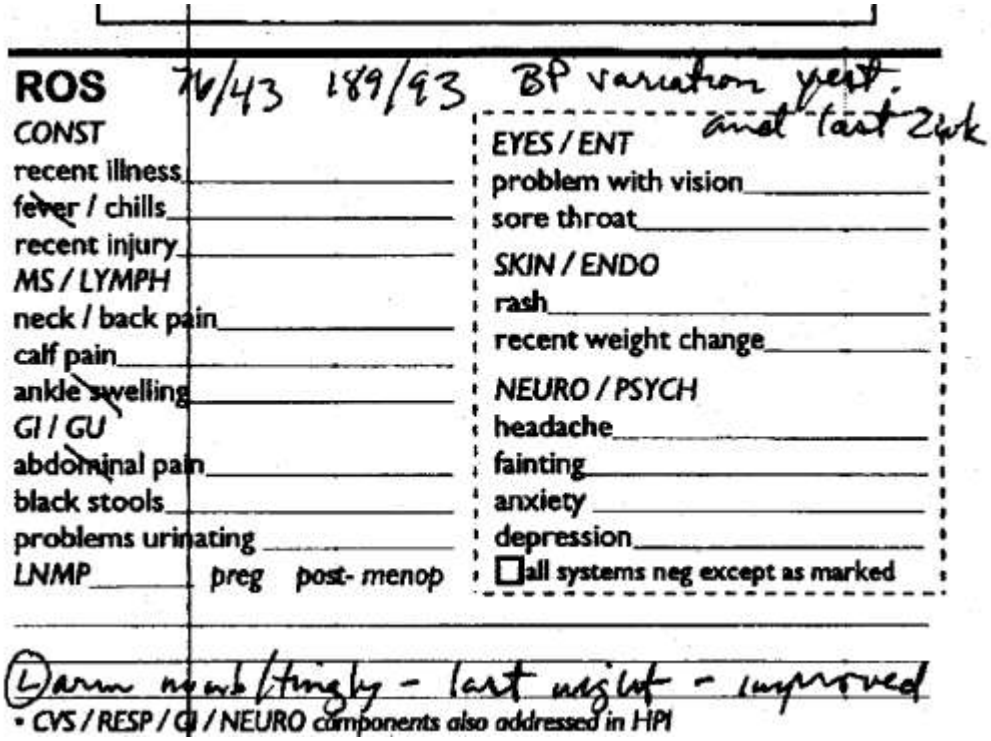
HISTORY OF PRESENT ILLNESS: A 64-year-old male presents complaining of substernal chest pain that woke him from sleep. He denies any associated shortness of breath. He describes it as a dull, heavy pressure that does not radiate. He does not feel weak or lightheaded and has not had diaphoresis. He denies any fever, chills, or productive cough. He took nitroglycerin times three before arrival and had no results or relief of pain.

Pat. admitted with chest pain, supporting high MDM
ROS does not support 99285

Teaching Physician Issues: ROS

Resident

Disposition: Admit for r/o CVA



ROS 76/43 189/93 BP variation yest. and last 2wk

CONST
recent illness
fever / chills
recent injury
MS / LYMPH
neck / back pain
calf pain
ankle swelling
GI / GU
abdominal pain
black stools
problems urinating
LNMP preg post- menop

EYES / ENT
problem with vision
sore throat
SKIN / ENDO
rash
recent weight change
NEURO / PSYCH
headache
fainting
anxiety
depression
☐ all systems neg except as marked

(L) arm numb/tingly - last night - improved

• CVS / RESP / GI / NEURO components also addressed in HPI

Attending

ROS (17:12 VC)

CONSTITUTIONAL: No fever, No chills.

CARDIOVASCULAR: No chest pain, No syncope.

RESPIRATORY: No Cough, No SOB.

GI: No abdominal pain, No nausea, No vomiting.

Insufficient ROS by Resident…and Attending

The Attending All Alone…Grand Rounds Day

- Pat. admitted with lumbar fracture after fall down stairs…awake and alert in the ED

ROS

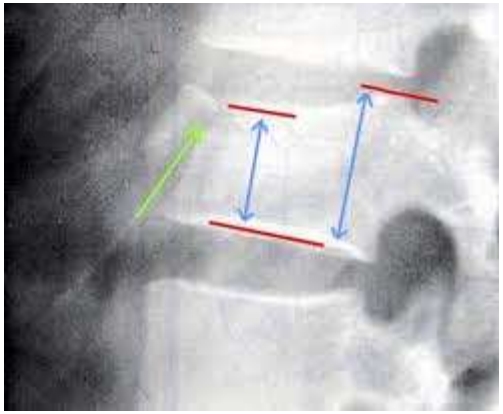
~~recent illness~~
~~fever / chills~~
~~problems with vision~~
~~nasal drainage~~
~~neck / back pain~~
~~chest pain~~
~~shortness of breath~~
~~cough productive~~
LNMP ____ preg post- menop

problems urinating
nausea / vomiting
leg / ankle swelling
rash
headache
anxiety / depression

☐ all systems neg except as marked

Pt states he lost consciousness when he fell, scrapes on face

• MS components also addressed in HPI



ROS well documented

- Pat. admitted with pneumonia
- 10+ elements documented
- Pertinent positives documented

Review of Systems

Constitutional: Positive for Fever/chills
Head / Eyes: Normal
ENT / Neck: Normal
Chest/Respiratory: See History of Present Illness
Cardiovascular: Normal
GI / Abdominal: Normal
GU/Flank: Normal
Musc/Extr/Back: Normal
Skin: Normal
Neuro: Normal
Psych: Positive for Anxiety
Heme/Lymph: Normal

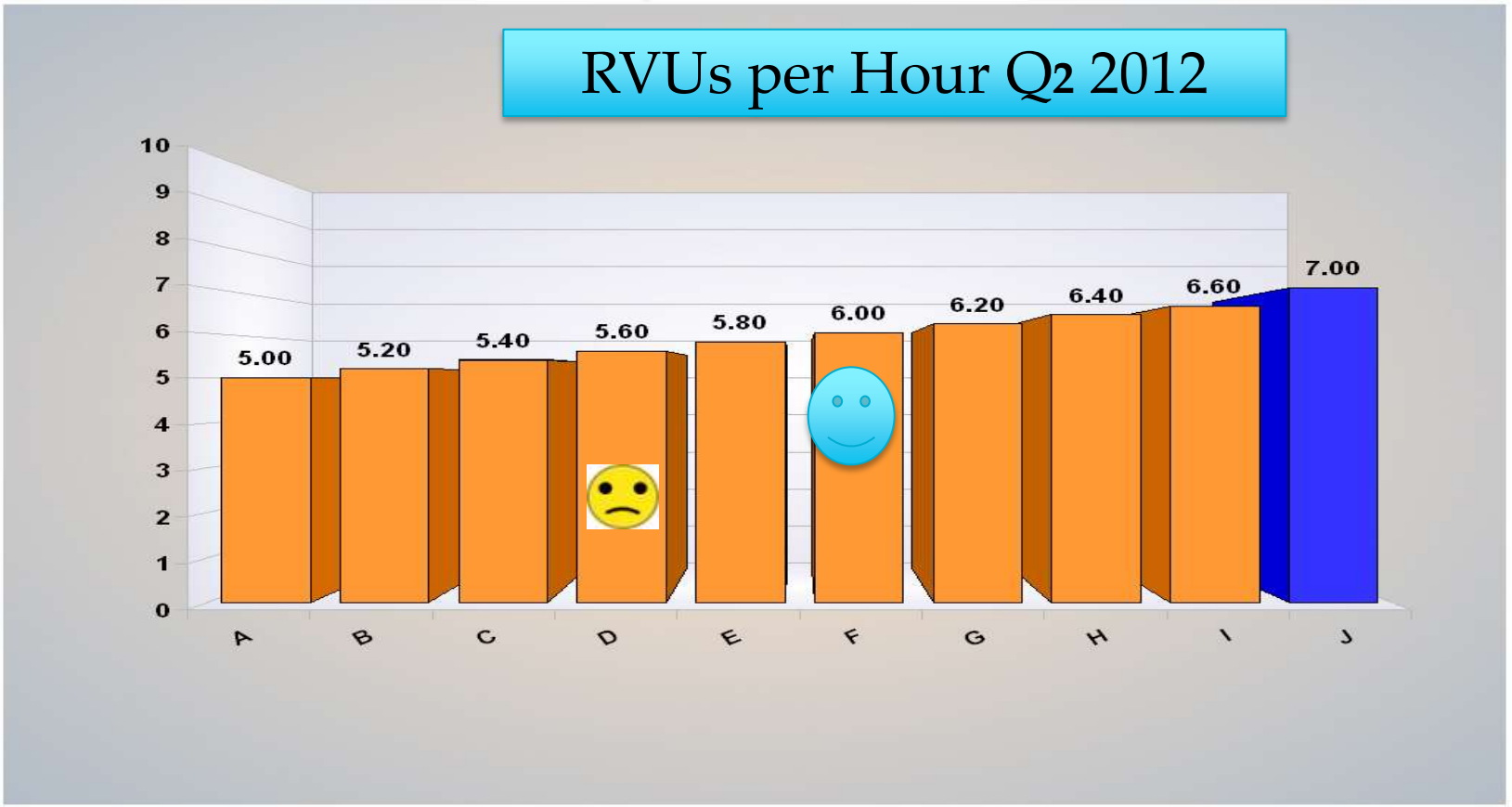
Well documented ROS

Review of Systems
Constitutional no symptoms reported
Skin no symptoms reported
Head no headache
EENTM no symptoms reported
Genitourinary no symptoms reported
Neurological no symptoms reported
Hematologic/Lymphatic no symptoms reported
All Other Systems reviewed and negative

Patient with dyspnea admitted after full cardiac work up

ROS Impact on RVUs

- 8 Hour 48 RVU shift…2 ROS downcodes
  - Loose ~3.2 RVUs: ↓.4 RVUs /Hr.



Past, Family, Social History (PFSHx)

- 99281-99284 require 1 PFSHx element
- 99285 – requires 2 PFSHx elements

Incomplete PFSHx costs you 1.57 RVUs!

PFSHx: The Nurse's Notes T#2

- "The ROS and/or PFSHx may be recorded by ancillary staff or on a form completed by the patient. To document that the physician reviewed the information, there must be a notation supplementing or confirming the information recorded by others."

  CMS 1995 Documentation Guidelines

Past/Family/Social Hx Problems

- Patient admitted with CHF
  - Should be level 5 4.94 RVUs
- No Social or Family History documented
  - Coded as level 4 3.37 RVUs ⇩ 1.57 RVUs

Past Medical History
Allergies
Coded Allergies:
NO KNOWN DRUG ALLERGY (

Asthma/Emphysema/COPD: No
Bleeding Disorders/Anemia: No
Cancer/Leukemia: No

Social History

Family History

PFSH-Missing documentation

- Pat. admitted with CP and pneumonia

All Past Medical Hx
Need Social Hx or Family Hx

ALLERGIES: Can be noted on the chart.

MEDICATIONS: Can be noted on the chart.

PAST MEDICAL HISTORY: CHF, diabetes mellitus, prior hypertension, dialysis status.

PFSHx…Sparse

- Pat. admitted with CHF exacerbation

PAST HX

cardiac disease_____
A-Fib angina CHF AMI
hypertension_____
renal disease_____
kidney stones_____
asthma / COPD_____
hepatitis / HIV_____
pancreatitis / peptic ulcer_____
diabetes *Type 1 Type 2*_____
diet / oral / insulin _____
CVA / TIA *deficit*_____
seizure disorder_____
__old records ordered / summary:_____

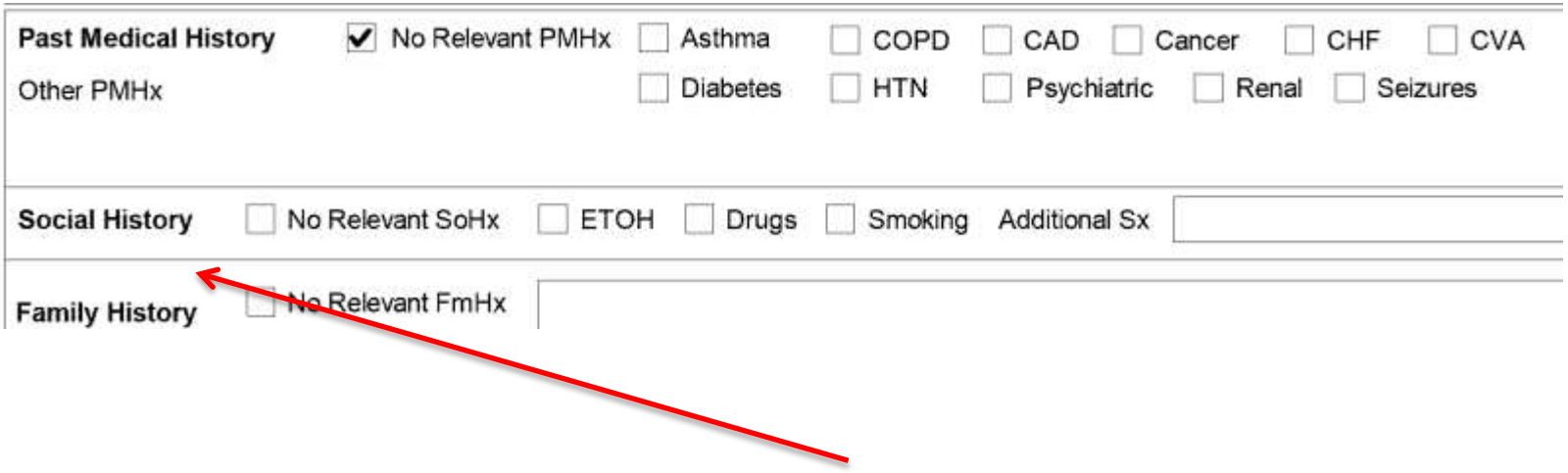
CHx

SOCIAL HX smoker_____ drugs_____
alcohol *(recent / heavy / occasional)*____ occupation_____

FAMILY HX __negative_____

PFSH-missing documentation

- Pat. admitted with small bowel obstruction
- No Social or Family History documented



PAST- FAMILY-SOCIAL- Hx
Beware The Nurse's Notes

The Electronic Medical Record (EMR) was referenced for past medical history, medications, allergies, family and social history during the care of this patient and in the dictation of this chart.

Custom History

Pertinent Med/Surg Hx:	Responses	Comments
Pertinent Medical Hx?	**Unanswered**	
Pertinent Surgical Hx?	**Unanswered**	
Pertinent Family Hx?	**Unanswered**	
History Unobtainable?	**Unanswered**	

Medical History

None

Surgical History

None

Family History

None

Social History

Category	History
Tobacco Use	**Not Asked**
Alcohol Use	**Not Asked**
Drug Use	**Not Asked**
Sexual Activity	**Not Asked**
ADL	**Not Asked**

Custom History

Social History	Responses	Comments
Abuse Concern?	**Unanswered**	
Care Home?	**Unanswered**	
Married?	**Unanswered**	
Lives Alone?	**Unanswered**	
Homeless?	**Unanswered**	
Incarcerated?	**Unanswered**	
OJI?	**Unanswered**	

EMR Referenced
Hx never asked

PMFSH-Well documented

- Patient admitted with Urosepsis

Past Med/Surg History ☐ Past Medical History and Surgical history reviewed and negative

Gen ☐IDDM ☐NIDDM ☐HIV/AIDS ☐Renal failure
Cardiac ☐Cholest ☑HTN ☐A Fib ☐CAD ☐MI _____ ☐CHF_____
Pulm ☐Asthma ☐COPD ☐PE _____
CNS ☐CVA ☐TIA ☐Seizure ☐Dementia
GI ☐GERD ☐PUD ☐GI Bleed ☐Upper ☐Lower☐Hep A/B/C ☐Cirrhosis ☐Cholelithiasis
Heme/onc ☐ DVT ☐Breast CA ☐Colon CA ☐Lung CA ☐Prostate CA _____
Psych ☐Anxiety ☐Panic ☐Depression ☐Bipolar ☐Schizophrenia

Frequent UTI

Family History ☑ Reviewed and neg for signif FH. ☐ CAD ☐ CAD ☐ CVA ☐ DM ☐ Cancer ☐ DVT/PE

Social History Smoke ☑ no ☐ quit_____ ☐ yes____packs/day Occupation_____
ETOH ☑none ☐ rare ☐ moderate ☐ heavy Drugs ☐ none ☐ IV Drug abuse ☐ heroin ☐ other_____
Lives ☑ w/family ☐ alone ☐ NH ☐ homeless

The CMS History Caveat T#3

"If the physician is unable to obtain a history from the patient or other source, the record should describe the patient's condition or other circumstances which precludes obtaining a history."

CMS 1995 Documentation Guidelines

- You should document the reason history is unobtainable

  -NH patient with dementia

  -Postictal

  -Severe dyspnea (CHF or Asthma)

History Caveat

NH patient with advanced dementia and DKA:

History: Unable to obtain due to altered mental status.

73 year old Poor historian with UTI, fever, and dehydration

History: Patient presents with 2 day history of fever and decreased PO intake. Pt is a nursing home resident, with history of dementia, was sent in by PMD for possible UTI. **Unable to obtain** the remainder of the History due to dementia.

Physical Exam Requirements
12 Organ Systems Recognized

- Constitutional
- Eyes
- Ears, Nose, Throat
- Cardiovascular
- Respiratory
- Gastrointestinal
- Genitourinary
- Musculoskeletal
- Skin
- Neurologic
- Psychiatric
- Heme/Lymph/Immun.

1995 Guidelines for Physical Exam

- 99281 – 1 body system
- 99282/99283 – 2-4 body systems
- 99284 – 5-7 Body systems
- 99285 – 8 systems

Exam- Missing documentation

- Patient admitted with new onset seizure
- < 8 organ systems documented
- Should be 99285…now 99284

Physical Exam Exam Time 11:06

General Appearance	Awake A&Ox3
HEENT	PERRL EOMI Moist Mucous Membranes No Icterus
Chest	
Abdomen	No Pulsating Masses BS-NL/No Bruits Tenderness-None
GU	
Extremities	
Neuro	Major Muscle Groups 5/5 Gross Sensory Intact Reflexes Symmetrical
Skin	No pallor/ rashes warm & moist
Back	
Neck	
Lymphatics	

Loss of 1.57 RVUs

Exam-well documented

- Patient admitted with urosepsis

Physical Exam

General Presentation: The patient appears to be in mild distress. The patient appears to be moderately ill. The patient is elderly and frail. The patient appears to be well hydrated.

Eye Exam: The pupils are round and equal. The lids and conjunctiva are normal..

ENT Exam: The neck is supple without meningismus signs. There is no significant adenopathy. The oropharynx is clear. The nasal exam is normal.

Pulmonary Exam: There are no signs of acute respiratory distress. A normal respiratory rate is present. The breath sounds are decreased throughout.

Cardiac Exam: The cardiac rate and rhythm are normal. There are no significant murmurs, rubs, or gallops noted. The peripheral pulses are normal. There is no evidence of a DVT noted.

Abdominal Exam: The abdomen is soft and nondistended. There is no palpable organomegaly or masses. No pulsatile masses noted. There is no local tenderness, rebound or guarding is noted. There are no abnormal bowel sounds.

Musculoskeletal Exam: The exam of the extremities is normal. There is no significant cervical or thoracolumbar spine findings. There are no deformities. Full ROM of the extremities is present. There is no peripheral edema noted.

Neuro - Psychiatric Exam: Normal behavior, affect and demeanor in this elderly female. Demented at baseline.

CPT Acuity Caveat T#4

- 99285 requires:
  - Comprehensive History
  - Comprehensive Exam
  - High Level Medical Decision Making

Emergency department visit *for the evaluation and management of a patient, which requires these three key components* ***within the constraints imposed by the urgency*** *of the patient's clinical condition and/or mental status*:

CPT 2012

Acuity Caveat…Well Documented

EMS arrival of intubated COPD patient:

otherwise hx is unavailable at this time.

72 y.o. Female presents to ED via EMS in respiratory failure. Medics were called by son who stated pt was in respiratory distress. By the time medics arrived, pt was barely breathing and unresponsive, but still had pulses. She was immediately intubated. Pt has known hx of COPD, otherwise hx is unavailable at this time.

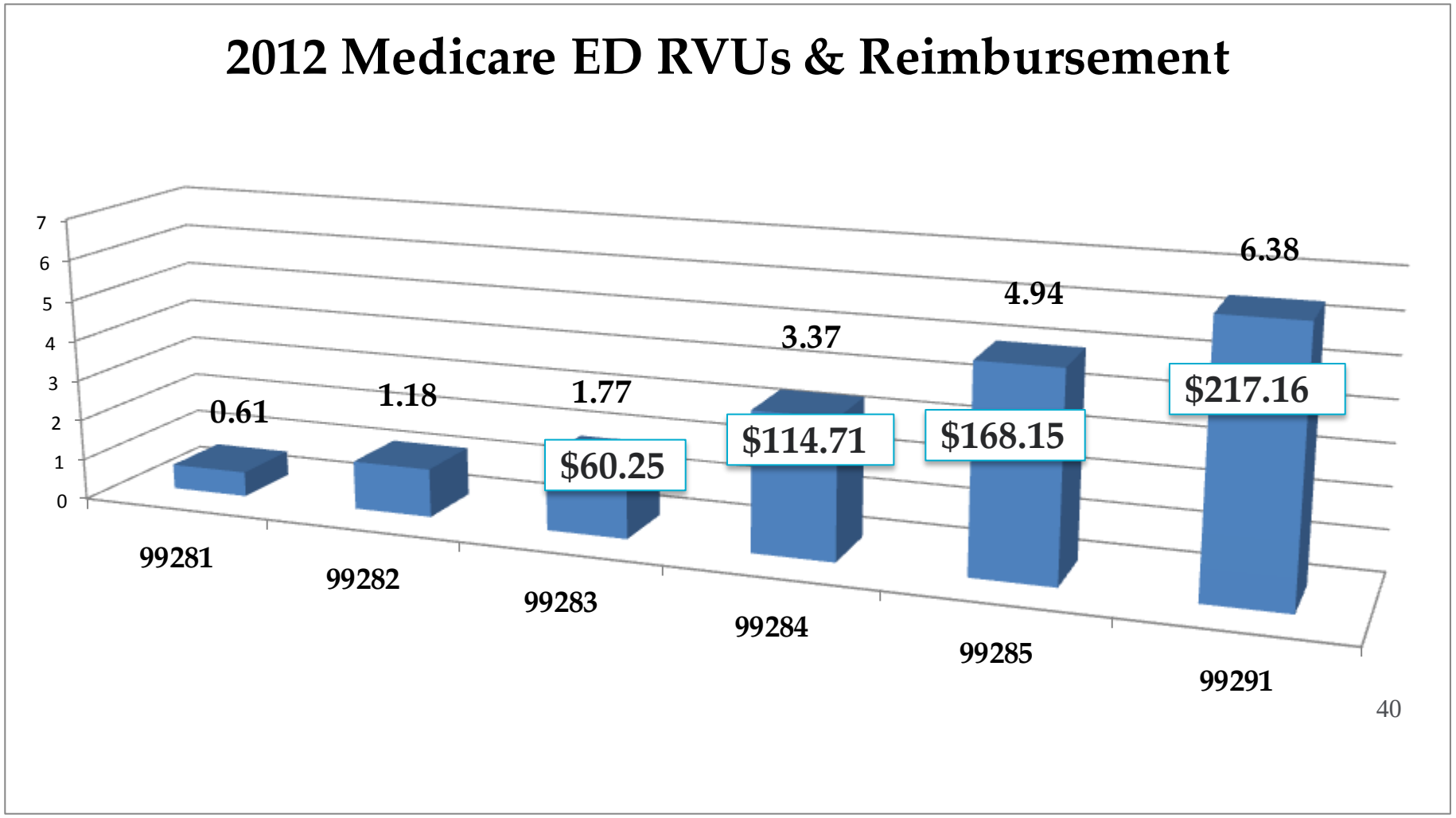
Acuity caveat invoked due to the urgency of the patient's condition

, Emergency room caveat invoked due to intubated patient.

Documentation Guidelines

Level	HPI	ROS	PFSHx	PE
1	1	0	0	1
2	1	1	0	2
3	1	1	0	2
4	4	2	1	5
5	4	10	2	8

DOCUMENTATION & CODING
2012 RVUs: Increases With Each E/M Level



Defending the Code…and The Doctor

Recent Medicare Carrier Medical Director Discussion

" A differential diagnosis based on a chief complaint such as chest pain, rather than the routine ordering of tests such as CT scan coupled with patient reassessments, responses to treatment, and a summary of findings help to establish the validity of high risk patients."

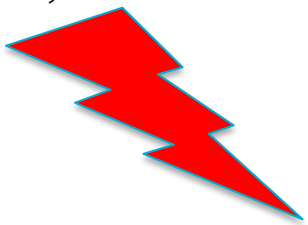
Audit Explosion

- RACs – ED now under review
  - Medicare and Medicaid
- CERTs-ED targeted due to high error rate
- ZPIC- Aggressive and Empowered
  - **Mission- Overpayment Calculation and Recovery**
    - To identity occurrences of error, including overpayment, by analyzing a statistically representative sample of payments, and then projects findings to the universe as appropriate, resulting in a recommended recovery.

ZPIC Demand Letter with Extrapolation

advancemed
An NCI Company

You are receiving this packet as a result of a Medicare Benefit Integrity Post-Payment Review conducted by AdvanceMed. This letter and the attachments hereto serve to provide you with detailed information on the results of our review as well as supply you and your staff with additional education regarding our findings. In accordance with *Section 1893 of the Social Security Ace [42 U.S.C. I395ddd]* and *Title II§ 202 of the Health Insurance Portability and Accountability Ace (HIPAA) of 1996*, the Centers for Medicare and Medicaid Services (CMS) is authorized to contract with entities to fulfill program integrity functions for the Medicare program. These entities are called Zone Program Integrity Contractors (ZPIC). AdvancedMed is a ZPIC for Medicare Part B services in Utah. As a ZPIC, AdvanceMed performs benefit integrity activities aimed to reduce fraud, waste, and abuse in the Medicare program. As a result of the findings contained herein, AdvancedMed has determined that you have been overpaid by Medicare in the amount of $637,891.



40,000 visit ED group
$4m in annual revenue
Payroll and staff benefits $3.8M

Medical Decision Making

- Evaluates 3 components
  - Diagnosis and Management Options
    - Admission, Transfer, Complex Outpatient testing
- Amount and Complexity of Data
  - Physician Documentation matters
- Risk
  - Published table

MDM Components:
Amount or Complexity of Data

- **Review and Summarization of old records 2 POINTS**
  - **Last ED Visit, Old EKG, Old X ray Reports**
  - **DC Summary…write a brief summary**

- Obtaining history from someone else or discussion of case with another health provider **1 point**
- Independent visualization of image, tracing **2 points**
- Review and/order clinical lab test **1 point**
- Review and/order radiology test **1 point**
- Review and/order medicine test **1 point**
- Discussion of test results w/performing physician **1 point**
- Decision to obtain old records and/or history from someone other than the patient **1 point**

Pearls for Data Points

- **Brief summary of old record**: last visit admit for CHF, home on increased lasix, ruled out for MI.
- Document discussion of test results (CTs etc.) with performing MD
- Document your decision to obtain old records
- Document Independent Visualization of X-ray/CT/EKG
- Document obtaining Hx or clinical information from another source:
  - Family (meds, allergies, course of illness)
  - PMD (meds and Past Hx)
  - NH notes- summarize
  - EMS run sheets- vitals, "call went out for…", and interventions

Review of old records

- 55year old BP 218/116 with chest pain.

Old records were reviewed by me. Of note, patient had similar CP episode in January, underwent PTCA with placement of RCA stent. EF 43% at DC

Progress Notes & Diff Dx Support MDM

Patient with CP and pneumonia

EMERGENCY DEPARTMENT COURSE/MEDICAL DECISION MAKING:

Differential Dx: PE, AMI, pneumonia

12: 39 CK & Trop negative. CXR c/w COPD with small infiltracte. CTA pending. RR still 28. O_2 sat 94% on 40% face mask

14: 12 More comfortable. Decreased wheezing after nebs. CTA neg. RR 22. BCx and Abx per protocol.

Summary

- Your documentation matters!
- Must empower the coder to recognize the work you have performed
- Simple solutions for the most common problems
- Defend the patient's acuity- keep out of trouble

Contact Information

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Educational Appendix

Risk Table

Highest Level In Any Category Prevails

Risk of complications and/or Morbidity or Mortality

Presenting Problem	Diagnostic Tests*	Management Options	Risk
1 self-limited/minor problem	Lab w/ venipuncture, CXR, EKG, U/A	Rest, Gargle, Ace, Superficial dressing	Minimal 99281
2 or more self-limited/minor 1 stable chronic illness, Acute uncomplicated	Lab w/ arterial puncture Superficial needle biopsies	OTC drugs, IV w/o additives	Low 99282
1 chronic illness w/ exacerbation, 2 or more stable chronic illnesses, New problem w/ uncertain progress, Acute problem	LP, Thoracentesis, Culdocentesis	Prescription provided, IV w/ additives TX of Fx w/o manipulation Minor surgery w/ identified risk factors	Moderate 99283 99284
1 or more chronic illnesses w/ severe exacerbation, Life threatening illness/injury, Suicidal or homicidal ideation, Neurostatus change	Endoscopy with identified risk factors	Parental controlled drug therapy Drug therapy requiring monitoring Emergency major surgery	High 99285
	*This column is rarely applicable in the ED		

Scoring MDM: Must Meet 2 out of 3

Management Options	Data	Risk	Overall MDM	ED E/M Supported
1 pt.	1 pt.	Minimal	Straight forward	99281
2 pts.	2 pts.	Low	Low Complexity	99282
3 pts	3 pts.	Moderate	Moderate Complexity	99283 and 99284
4 pts.	4 pts.	High	High Complexity	99285

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