

VertexDr

AVOID BEING AN OUTLIER: AUDIT YOUR E&M CODING

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THANK YOU

Presentation Objectives



Identify the advantages of E&M Auditing

Describe E&M Audit and Sampling Process

Recognize how an EHR E&M Calculator Functions

Understand the E&M Level Evaluation Process

Describe How to Use Your Results and Avoid Pitfalls

Why Conduct E&M Audits

– Avoid the Trap

- Heavy scrutiny by CMS and OIG contractor
- Overpayment demands for E&M services
- OIG recommends additional educational documents
- Educational notifications are flagged as targets
- Effective down-coding errors



OIG Statement



Don't risk being an attractive target in an environment where healthcare spending is too high and CMS, DHHS and the OIG face significant pressures to reduce 'fraud, waste and abuse'.

E&M Audit Process

1

Determine target population

2

Identify the universe of claims

3

Define the sample method

4

Develop your sample of codes

5

Conduct the review

6

Aggregate and analyze

7

Enhancing coding practice

8

Re-evaluate

Sampling Types

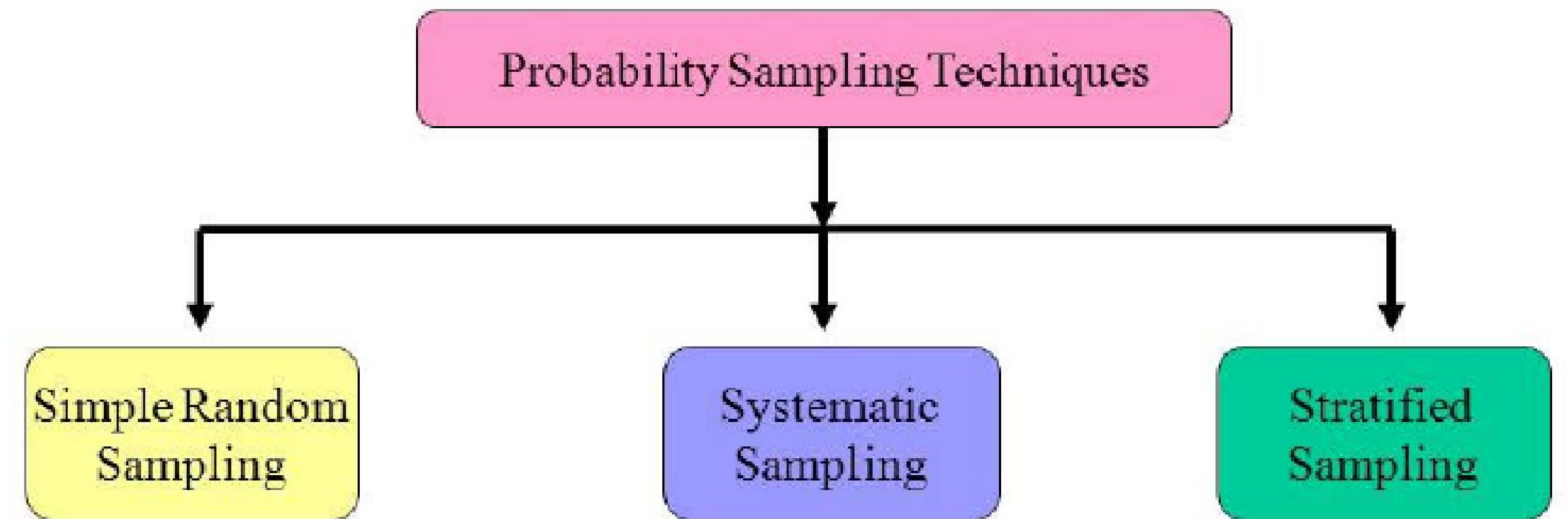


- Probability Samples
 - The probability of selecting any one element from the population is known and equal
- Non-probability samples
 - The probability of selecting any one element from the population is not known and are not equal

Sampling Goal – a true representation of the population under review

Types of Probability Sampling

- Simple random sampling
- Systematic random sampling
- Stratified random sampling



These methods should yield samples that have characteristics that are very close to those of the population.

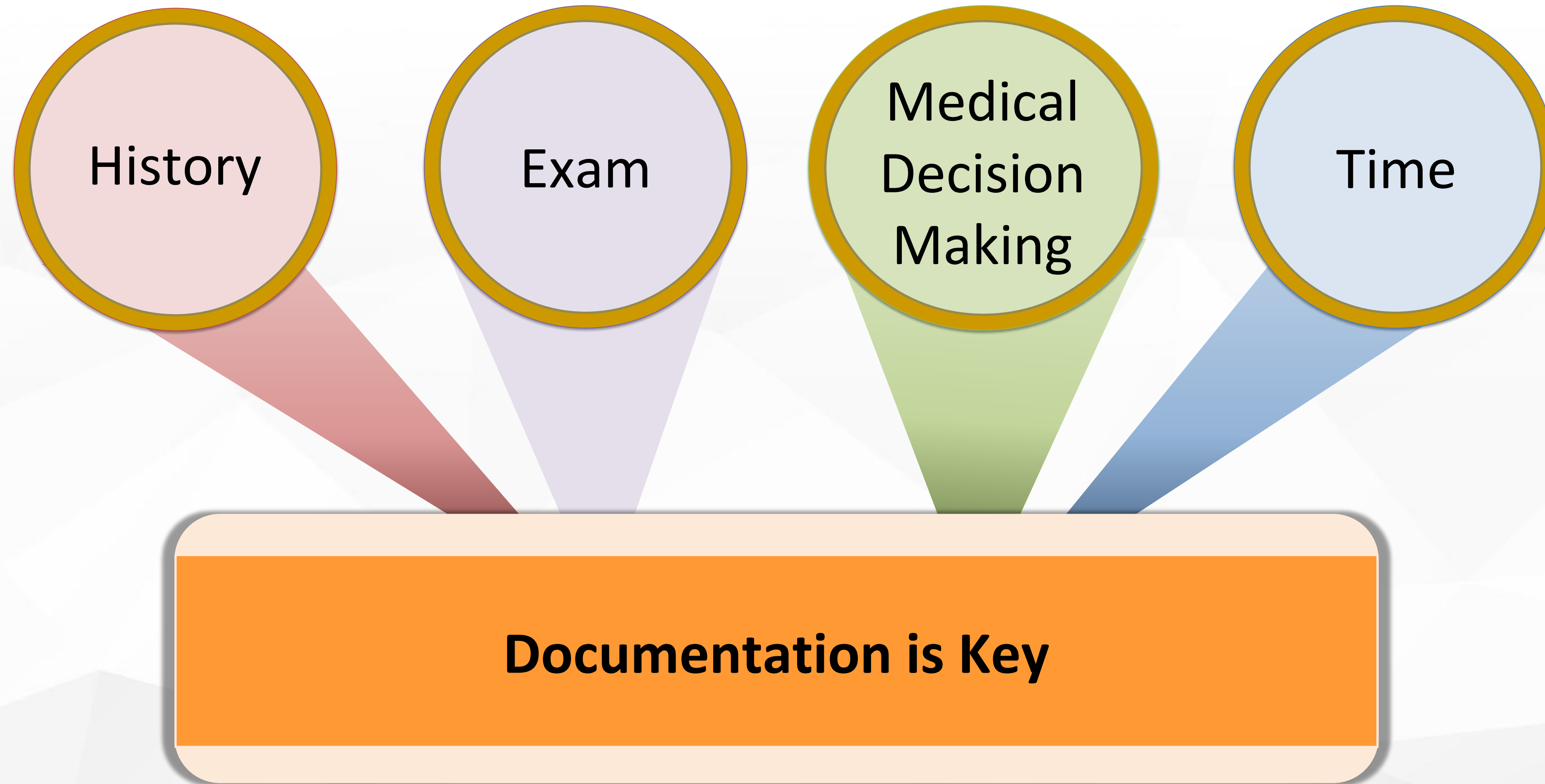
System E&M Calculator



Benefits

- No need to determine the E&M level
 - Captures the specialty and payer mix for the practice
 - 1995 vs 1997 E&M guidelines
- Accurate documentation = accurate E&M level
- VertexDr system is periodically audited to verify accuracy
- Caution: Avoid EHR cloning

Conducting the Review



History

History Type	Chief Complaint	History of Present Illness	Review of Systems	Past, Family and/or Social History
Problem Focused	Required	Brief	N/A	N/A
Expanded Problem Focused	Required	Brief	Problem Pertinent	N/A
Detailed	Required	Extended	Extended	Pertinent
Comprehensive	Required	Extended	Complete	Complete

AAPC Audit Tool - History

History

History of Present Illness

- Location
- Quality
- Severity
- Duration
- Timing
- Context
- Modifying factors
- Associated signs and symptoms
- No. of chronic diseases

Review of Systems

- Constitutional symptoms
- Eyes
- Ears, nose, mouth, throat
- Cardiovascular
- Respiratory
- Gastrointestinal
- Genitourinary
- Integumentary
- Musculoskeletal
- Neurological
- Psychiatric
- Endocrine
- Hematologic/lymphatic
- Allergic/immunologic

Past, Family & Social History

PAST MEDICAL

- Current medication
- Prior illnesses and injuries
- Operations and hospitalizations
- Age-appropriate immunizations
- Allergies Dietary status

FAMILY

- Health status or cause of death of parents, siblings, and children
- Hereditary or high risk diseases
- Diseases related to CC, HPI, ROS

SOCIAL

- Living arrangements
- Marital status Sexual history
- Occupational history
- Use of drugs, alcohol, or tobacco
- Extent of education
- Current employment Other

History _____

PF–Brief HPI

EPF–Brief HPI, ROS (Pertinent–1)

Detailed– Extended HPI (4+) + ROS–(2-9) PFSH–1

Comprehensive– Extended HPI + ROS (10 + systems) PFSH–2 Established, 3 New Patient

PFSH Form reviewed, no change PFSH form reviewed, updated PFSH form new

**Extended HPI–Status of 3 chronic illnesses with 1997 DG. Some allow for 1995 as well.

Exam Elements

Type of Exam	Description
Problem Focused	Limited examination of affected body area or organ system
Expanded Problem Focused	Limited exam of affected body area or organ system
Detailed	Extended exam of affected body area(s) or organ system(s)
Comprehensive	General multi-system exam or complete exam of a single organ system

AAPC Audit Tool – Exam Elements

General Multi-System Examination

Constitutional

- 3 of 7 (BP, pulse, respir, tmp, hgt, wgt)
- General Appearance

Eyes

- Conjunctivae, Lids
- Eyes: Pupils, Irises
- Ophthal exam -Optic discs, Pos Seg

ENT

- Ears, Nose
- Oto exam -Aud canals, Tymp membr
- Hearing
- Nasal mucosa, Septum, Turbinates
- ENTM: Lips, Teeth, Gums
- Oropharynx -oral mucosa, palates

Neck

- Neck
- Thyroid

Respiratory

- Respiratory effort
- Percussion of chest
- Palpation of chest
- Auscultation of lungs

Cardiovascular

- Palpation of heart
- Auscultation of heart (& sounds)
- Carotid arteries
- Abdominal aorta
- Femoral arteries
- Pedal pulses
- Extrem for periph edema/varicosities

Chest

- Inspect Breasts
- Palpation of Breasts & Axillae

Gastrointestinal

- Abd (+/- masses or tenderness)
- Liver, Spleen
- Hernia (+/-)
- Anus, Perineum, Rectum
- Stool for occult blood

GU/Female

- Female: Genitalia, Vagina
- Female Urethra
- Bladder
- Cervix
- Uterus
- Adnexa/parametria

GU/Male

- Scrotal Contents
- Penis
- Digital rectal of Prostate

Lymphatic

- Lymph: Neck
- Lymph: Axillae
- Lymph: Groin
- Lymph: Other

Musculoskeletal

- Gait (...ability to exercise)
- Palpation Digits, Nails
- Head/Neck: Inspect, Palp
- Head/Neck: Motion (+/-pain,crepit)
- Head/Neck: Stability (+/- lux,sublux)
- Head/Neck: Muscle strength & tone
- Spine/Rib/Pelv: Inspect, Palp
- Spine/Rib/Pelv: Motion
- Spine/Rib/Pelv: Stability
- Spine/Rib/Pelv: Strength and tone
- R.Up Extrem: Inspect, Palp

- R.Up Extrem: Motion (+/- pain, crepit)
- R.Up Extrem: Stability (+/- lux, sublux)
- R.Up Extrem: Muscle strength & tone
- L.Up Extrem: Inspect, Palp
- L.Up Extrem: Motion (+/- pain, crepit)
- L.Up Extrem: Stability (+/- lux, sublux)
- L.Up Extrem: Muscle strength & tone
- R.Low Extrem: Inspect, Palp
- R.Low Extrem: Motion (+/-pain, crepit)
- R.Low Extrem: Stability (+/- lux, laxity)
- R.Low Extrem: Muscle strength & tone
- L.Low Extrem: Inspect, Palp
- L.Low Extrem: Motion (+/-pain, crepit)
- L.Low Extrem: Stability (+/- lux, sublux)
- L.Low Extrem: Muscle strength & tone

Skin

- Skin: Inspect Skin & Subcut tissues
- Skin: Palpation Skin & Subcut tissues

Neuro

- Neuro: Cranial nerves (+/- deficits)
- Neuro: DTRs (+/- pathological reflexes)
- Neuro: Sensations

Psychiatry

- Psych: Judgement, Insight
- Psych: Orientation time, place, person
- Psych: Recent, Remote memory
- Psych: Mood, Affect (depression, anxiety)

Exam:

1995-1-PF, limited 2-7-EPF, extended
2-7-Detailed, 8+ organ systems-Comprehensive
1997-1-5-PF, 6-11-EPF, 2x6 systems-D
2 from 9 systems-Comp.

Elements of Medical Decision Making (MDM)

Type of Decision Making	# of Diagnoses or Management Options	Amount and/or Complexity of Data	Risk of Complications, Morbidity and/or Mortality
Straight-forward	Minimal	Minimal or None	Minimal
Low Complexity	Limited	Limited	Low
Moderate Complexity	Multiple	Moderate	Moderate
High Complexity	Extensive	Extensive	High

AAPC Audit Tool - MDM

Medical Decision Making	SF	LOW	MOD	HIGH
Number of Diagnoses or Treatment Options	1	2	3	4
Amount and/or Complexity of Data to be Reviewed	1	2	3	4
Risk of Complications, Morbidity, Mortality	Minimal	Low	Moderate	High
MDM Level=2 out of 3				

Time

- Documentation must include:
 - Total visit time
 - Time spent face to face/or on coordination of care
 - Face to face/coordination of care time must be more than 50% of the total visit time
 - MDM must substantiate the code being used

Analyzing E&M Utilization Data

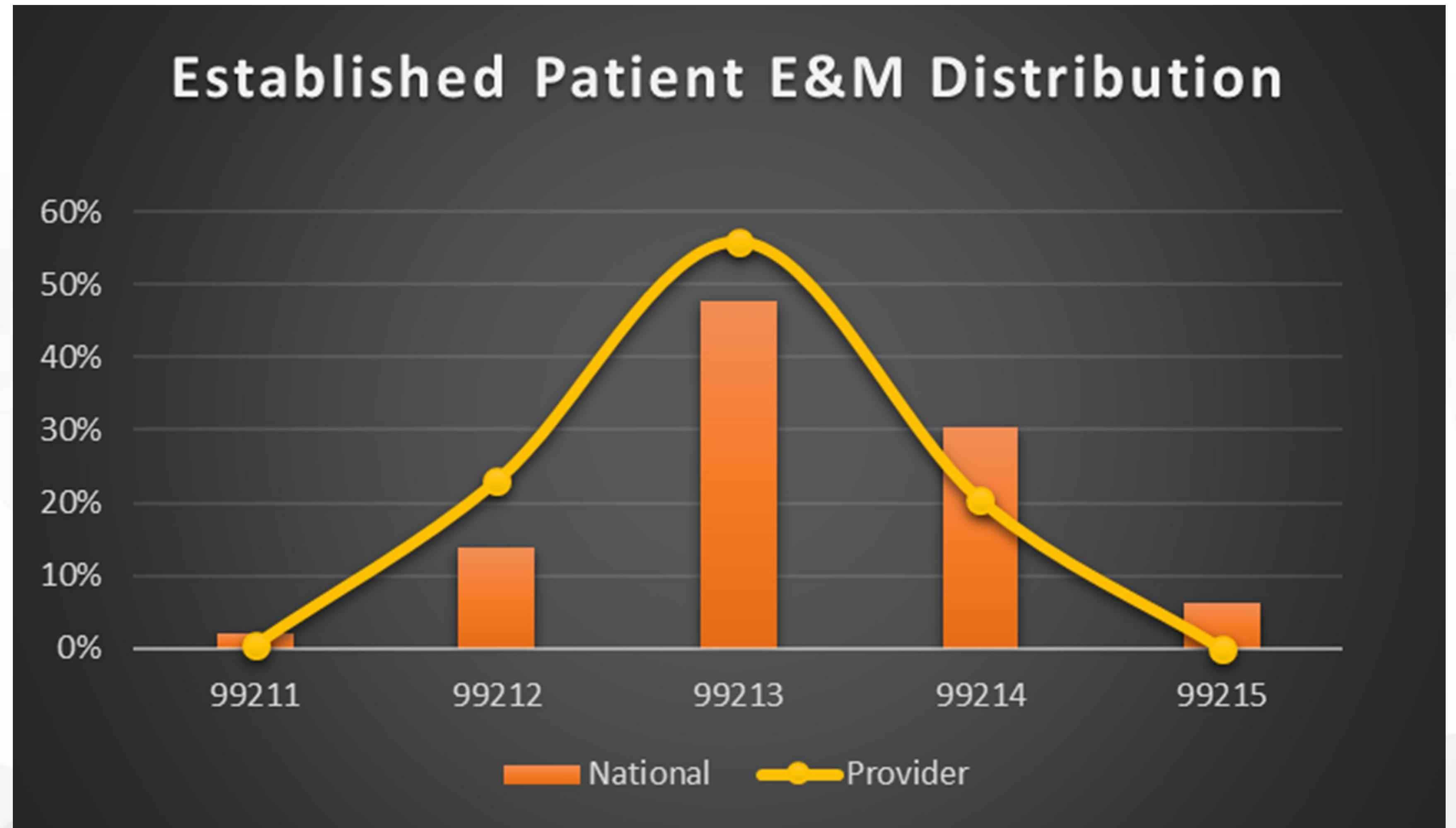
Select a specialty: Allergy/Immunology

New Patient Office Visits	Utilization/ Units (12 Month Period)	Office Visits - Established	Utilization/ Units (12 Month Period)
99201 New Patient - Focused *	<input type="text"/>	99211 Est Patient - Minimal *	<input type="text"/>
99202 New Patient - Expanded *	<input type="text"/>	99212 Est Patient - Focused *	<input type="text"/>
99203 New Patient - Detailed *	<input type="text"/>	99213 Est Patient - Expanded *	<input type="text"/>
99204 New Patient - Comprehensive *	<input type="text"/>	99214 Est Patient - Detailed *	<input type="text"/>
99205 New Patient - Complex *	<input type="text"/>	99215 Est Patient - Comprehensive *	<input type="text"/>

[Add to your website](#)

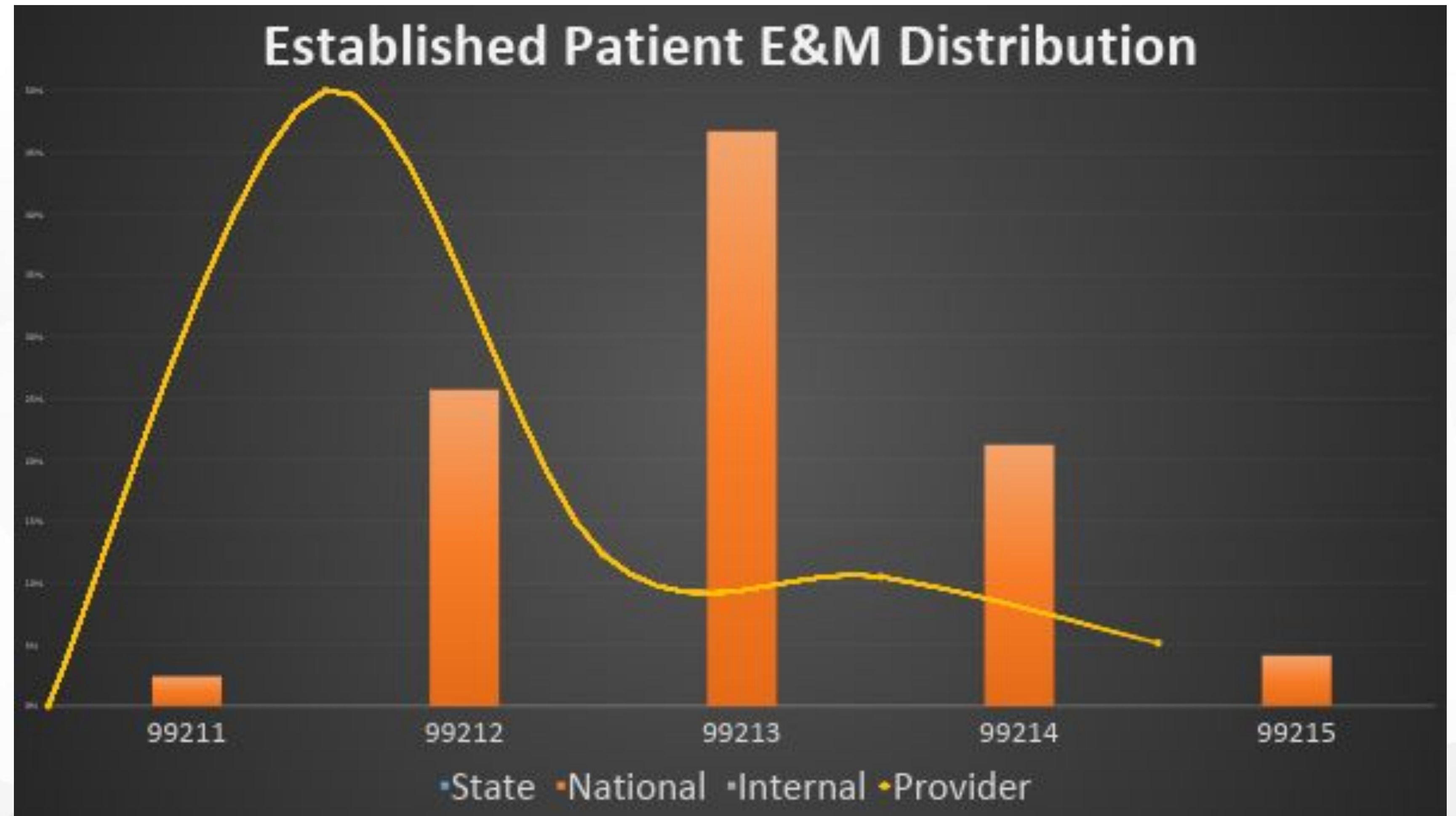
Specialty – Family Medicine

	Medicare	Provider
99211	2%	0.60%
99212	13.80%	23.10%
99213	47.60%	55.80%
99214	30.40%	20.40%
99215	6.30%	0%
	100.1%	99.90%



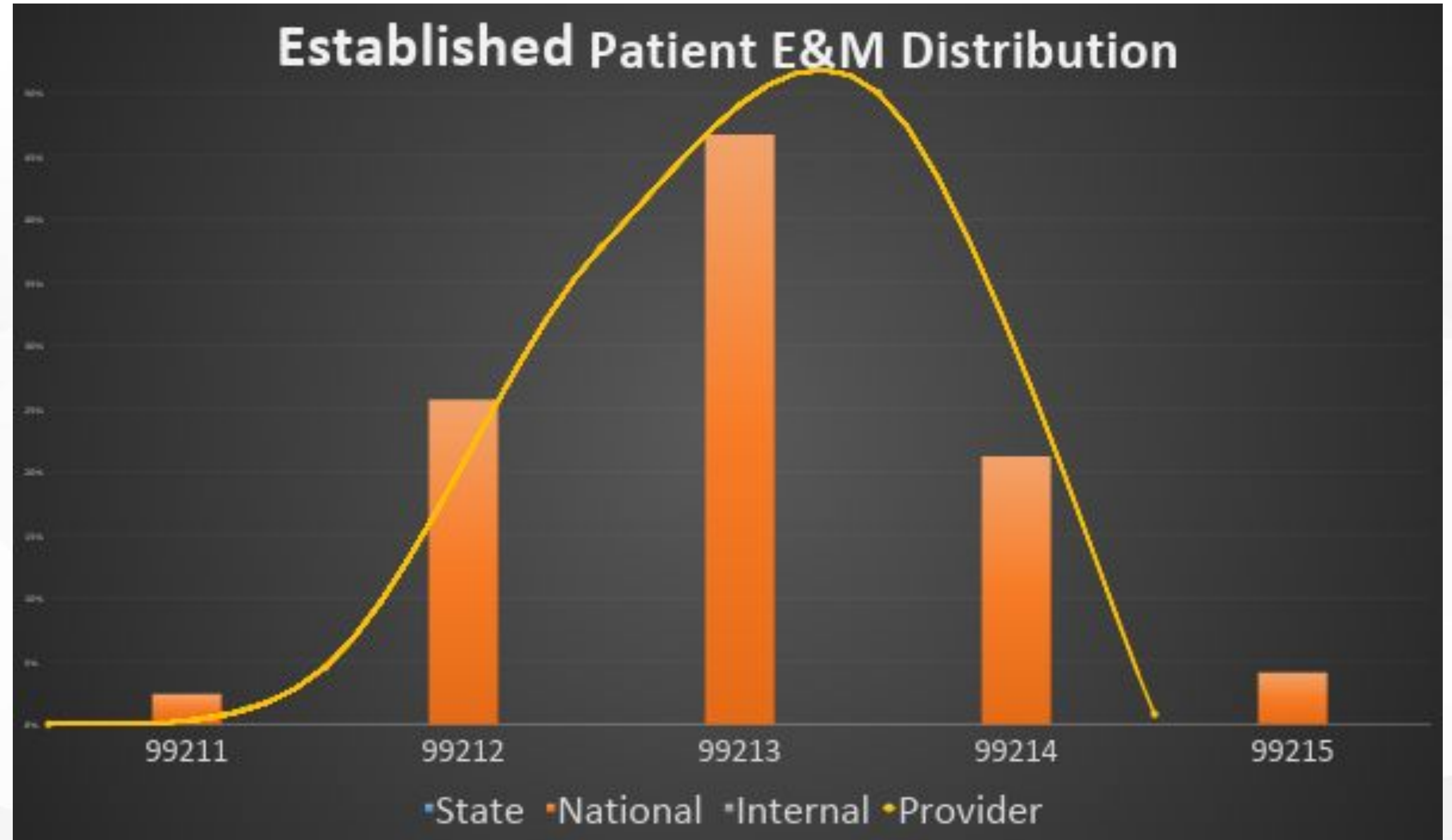
Specialty – OB/GYN

	Medicare	Provider
99211	2.40%	0%
99212	25.70%	72.10%
99213	46.70%	12.30%
99214	21.20%	10.50%
99215	4.10%	5.10%
	100.1%	100.00%

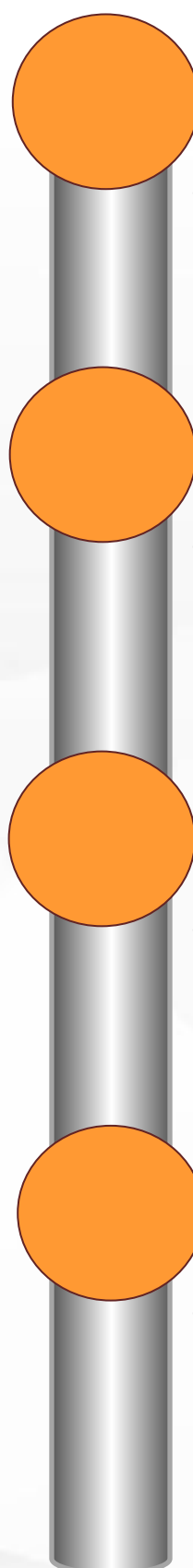


Specialty – Orthopaedic Medicine

	Medicare	Provider
99211	2.40%	0%
99212	25.70%	4.50%
99213	46.70%	37.80%
99214	21.20%	56.80%
99215	4.10%	0.80%
	100.1%	99.90%



Consider Variances

- 
- Don't assume improper coding
 - Evaluate curve shifts for causes
 - Examine reports of potential overuse
 - Conduct a focus review of high level codes

Avoid These Pitfalls



- EHR Cloning
- Failure to document the Chief Complaint
- Chronic condition vs status of condition
- Check boxes or templates
- Lack of or conflicting documentation
- 95 and 97 E&M Coding Guidelines confusion



Presentation Available Post Forum



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