

# 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

Understand the E&M Level Evaluation Process

Recognize how an EHR E&M Calculator Functions

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
- Comparative billing reports



# 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



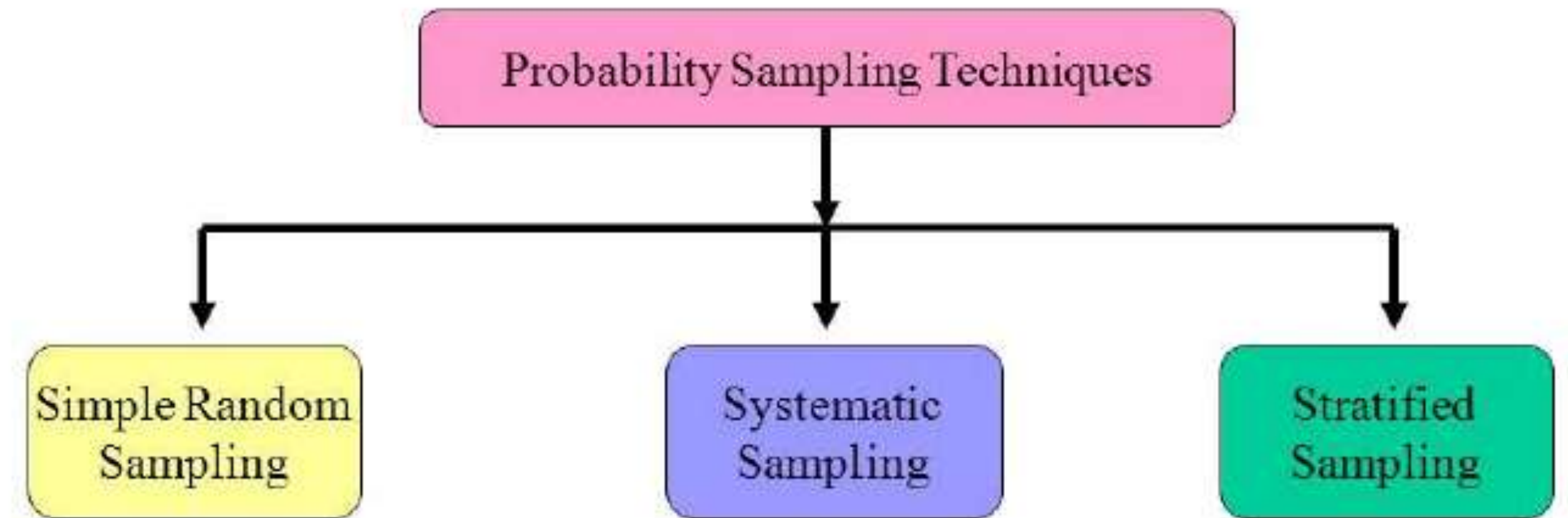
- Probability Samples
  - The probability of selecting any one element from the population is known and equal
- Non-probability samples
  - The probability of selecting any one element from the population is not known and are not equal

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.

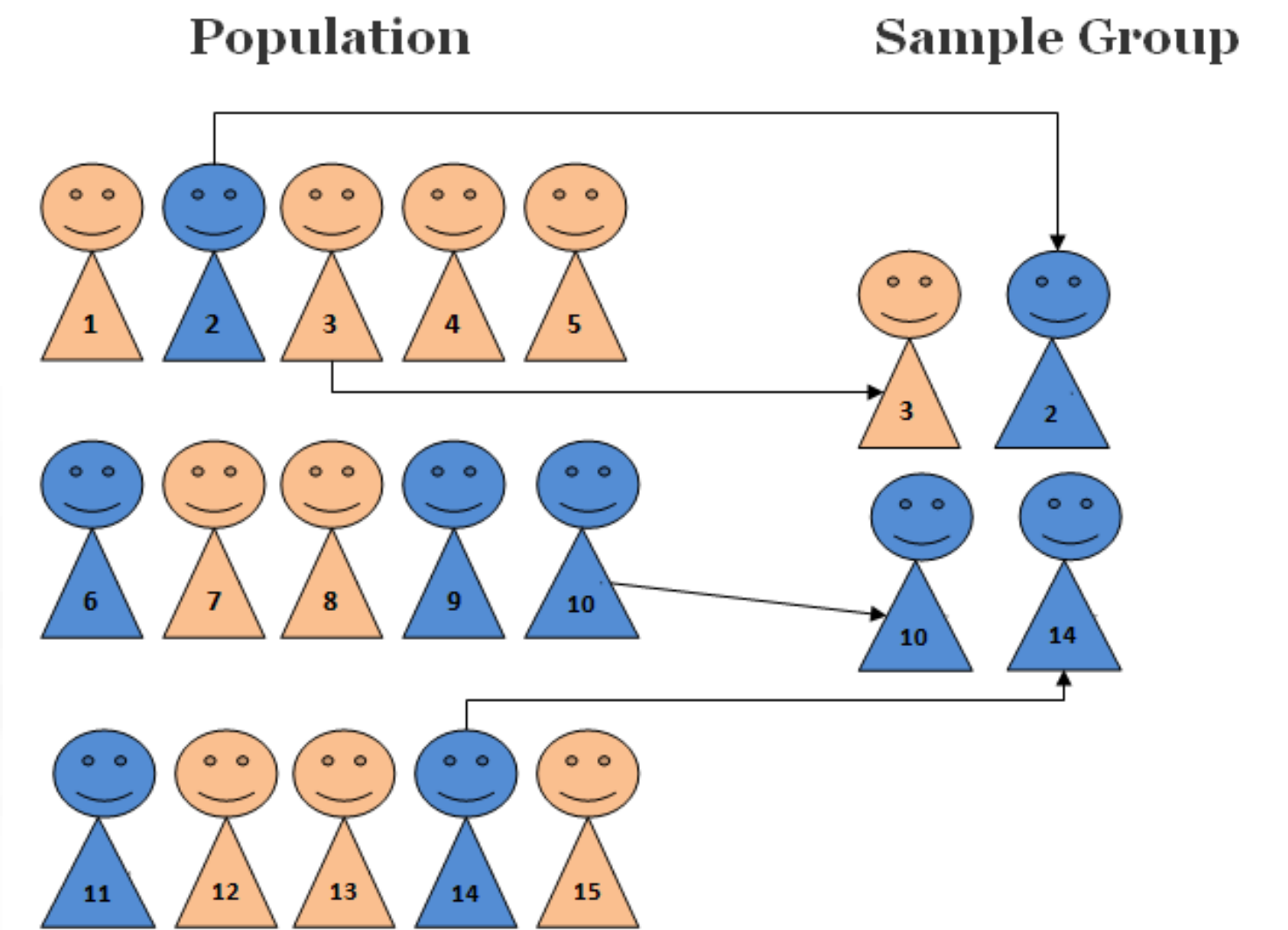
# Simple Random Sampling

When used:

- Each member of the population has an equal and independent chance of being selected.
- The entire population is available

Process:

- Define and list the population (codes) of interest
- Select members from the list using a random process e.g., manually selecting at random or use of sampling software



Pro's → ensures a high degree of representation

Con's → time consuming and tedious

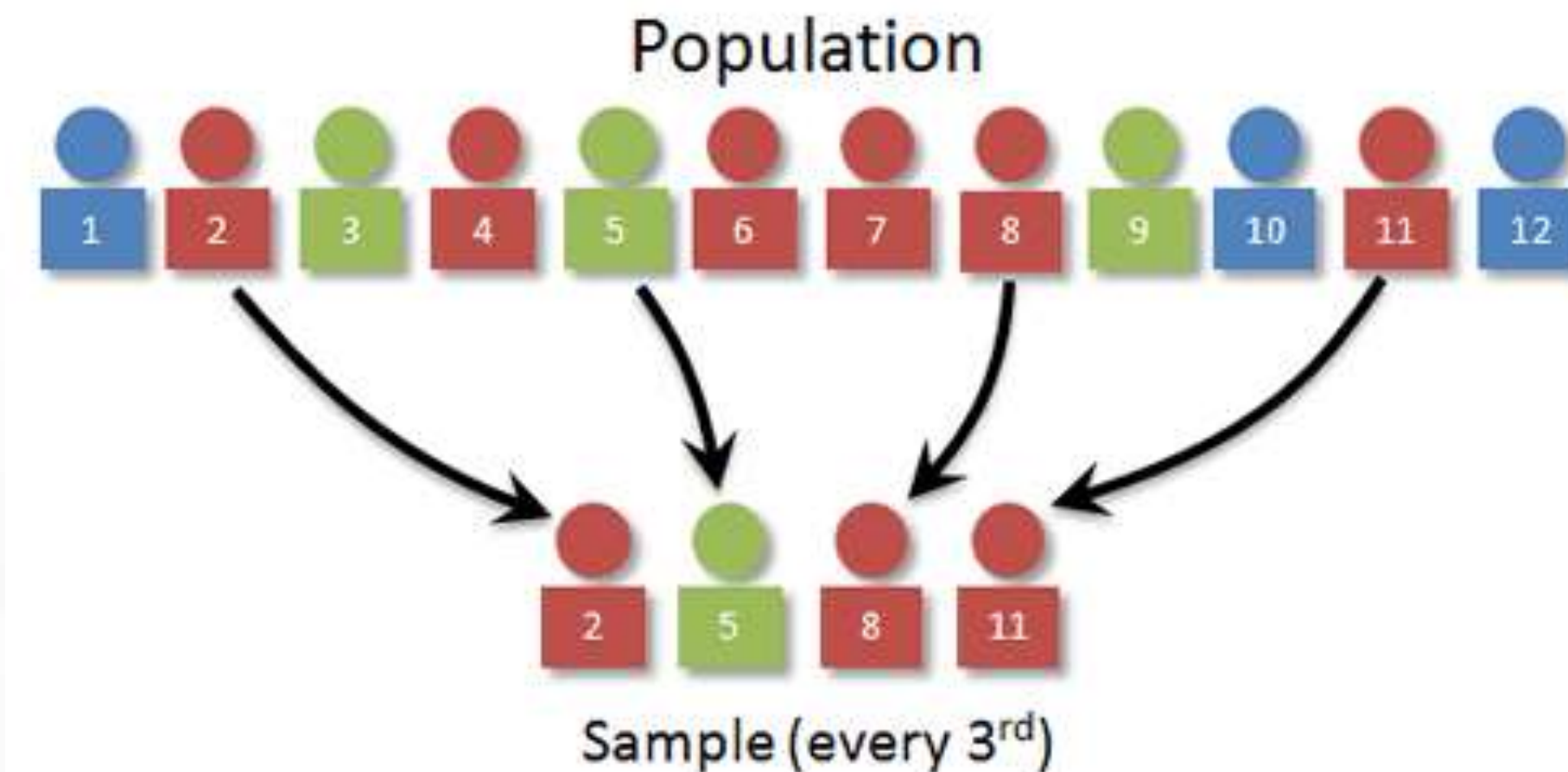
# Systematic Random Sampling

When used:

- When a stream of items in a population are available

Process:

- Make sure the population is not sorted in any way
- Randomly select a starting number
- Select every 'n'th item from the starting point



Pro's → it's simplicity; can easily be done manually

Con's → Due to starting point each member doesn't have an equal chance

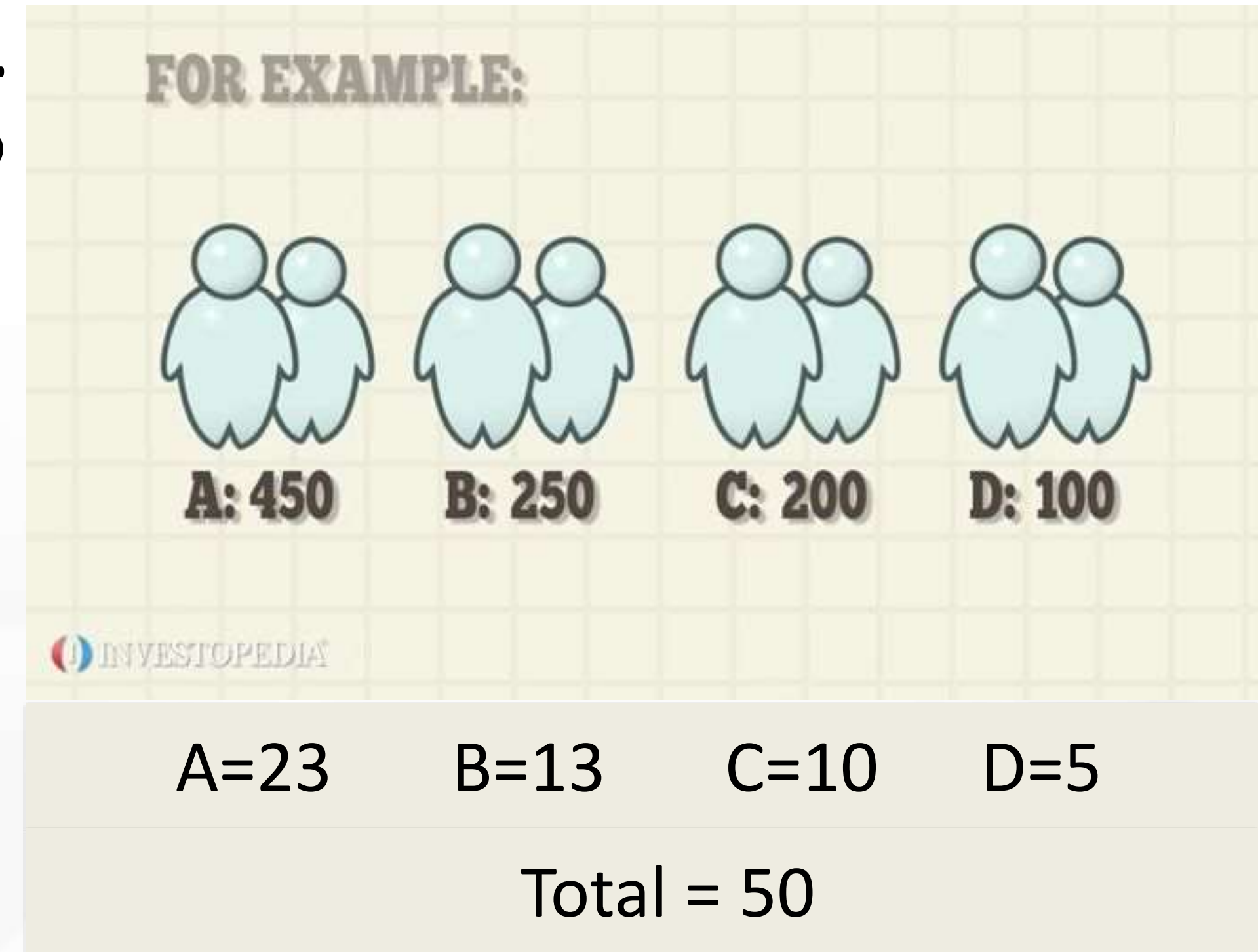
# Stratified Random Sampling

When used:

- When there are specific sub-groups to be audited
- Random within each target group

Process:

- List members of each strata (sub-group) separately
- Determine proportionate volume
- Randomly sample each strata



Pro's → ensure a high degree of representativeness from all sub-groups

# E&M Audit Process

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Aggregate and analyze

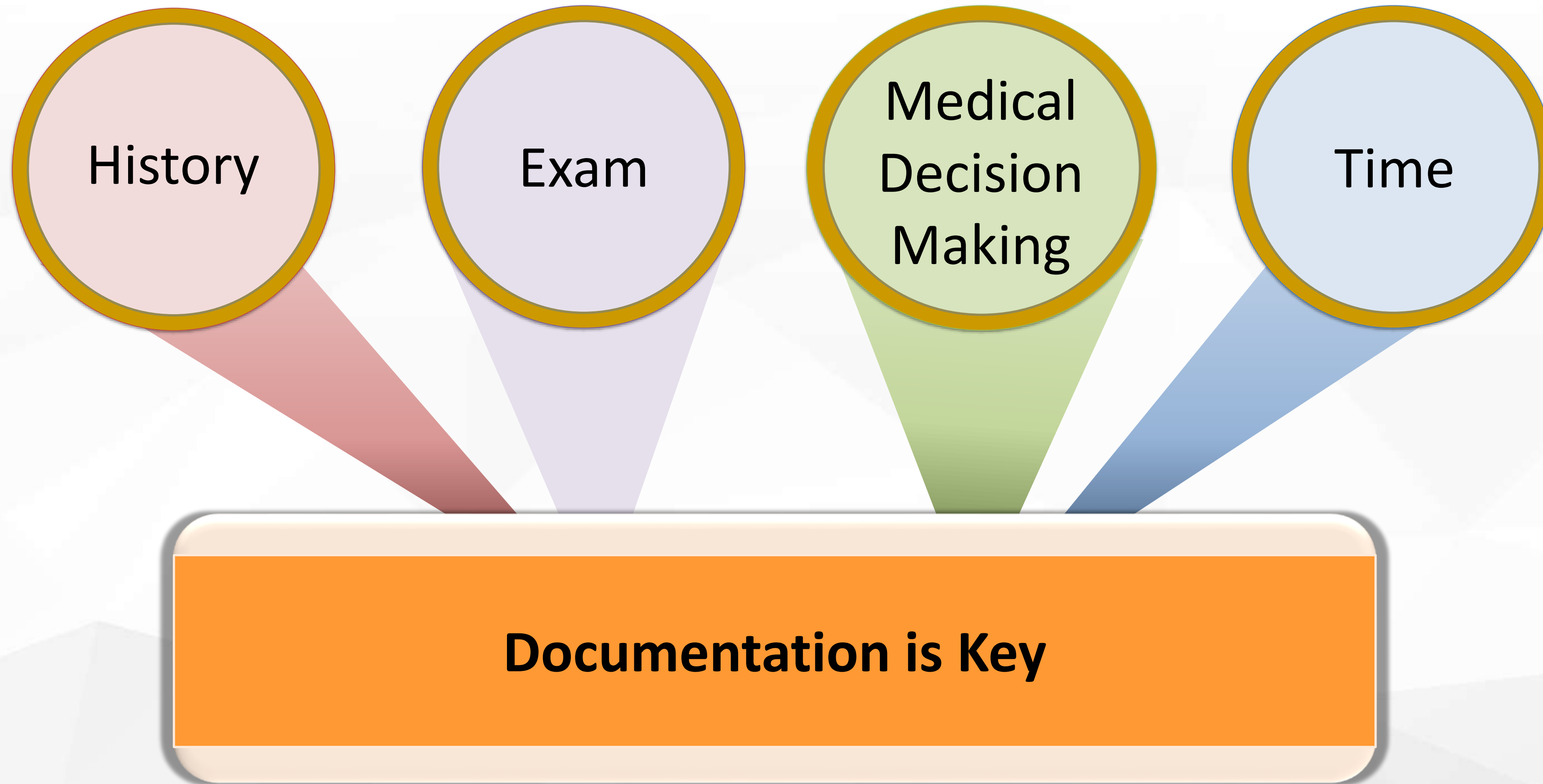
7

Enhancing coding practice

8

Close the gap

# Conducting the Review



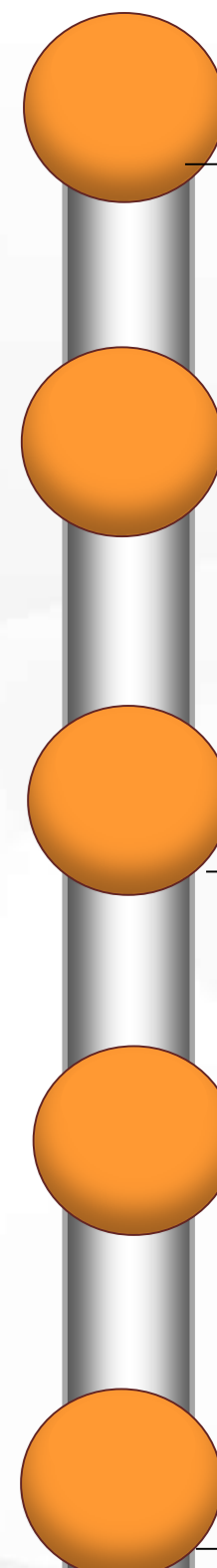
# System E&M Calculator



## 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

# Analyzing E&M Utilization Data

- 
- Know who is looking
  - Know the focus: 99214 and 99215
  - Evaluate - Educate - Re-evaluate
  - Create standard distribution curves
  - Benchmark your results



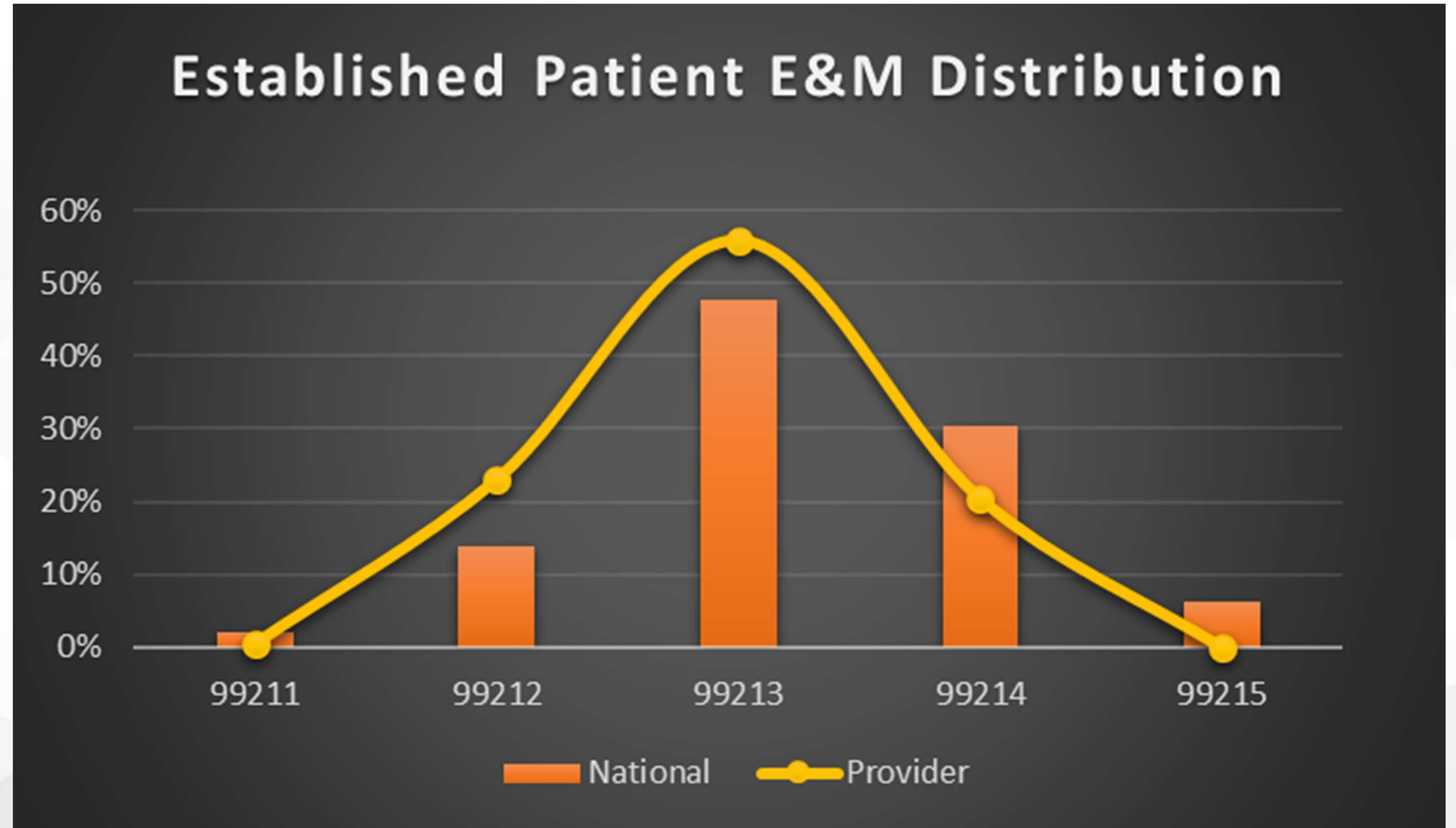
# Analyzing E&M Utilization Data

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"/>

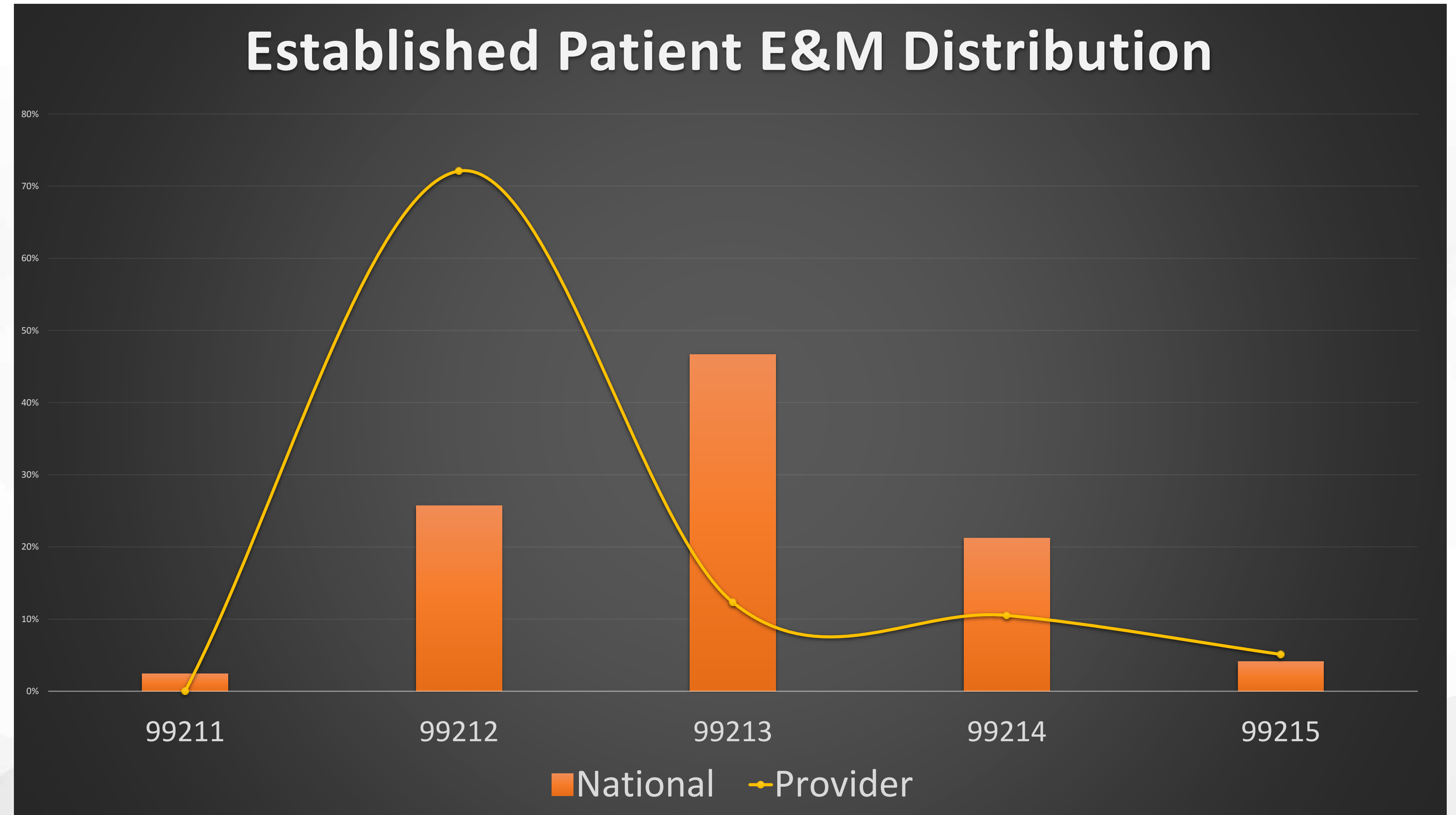
# Specialty – Family Medicine

	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%



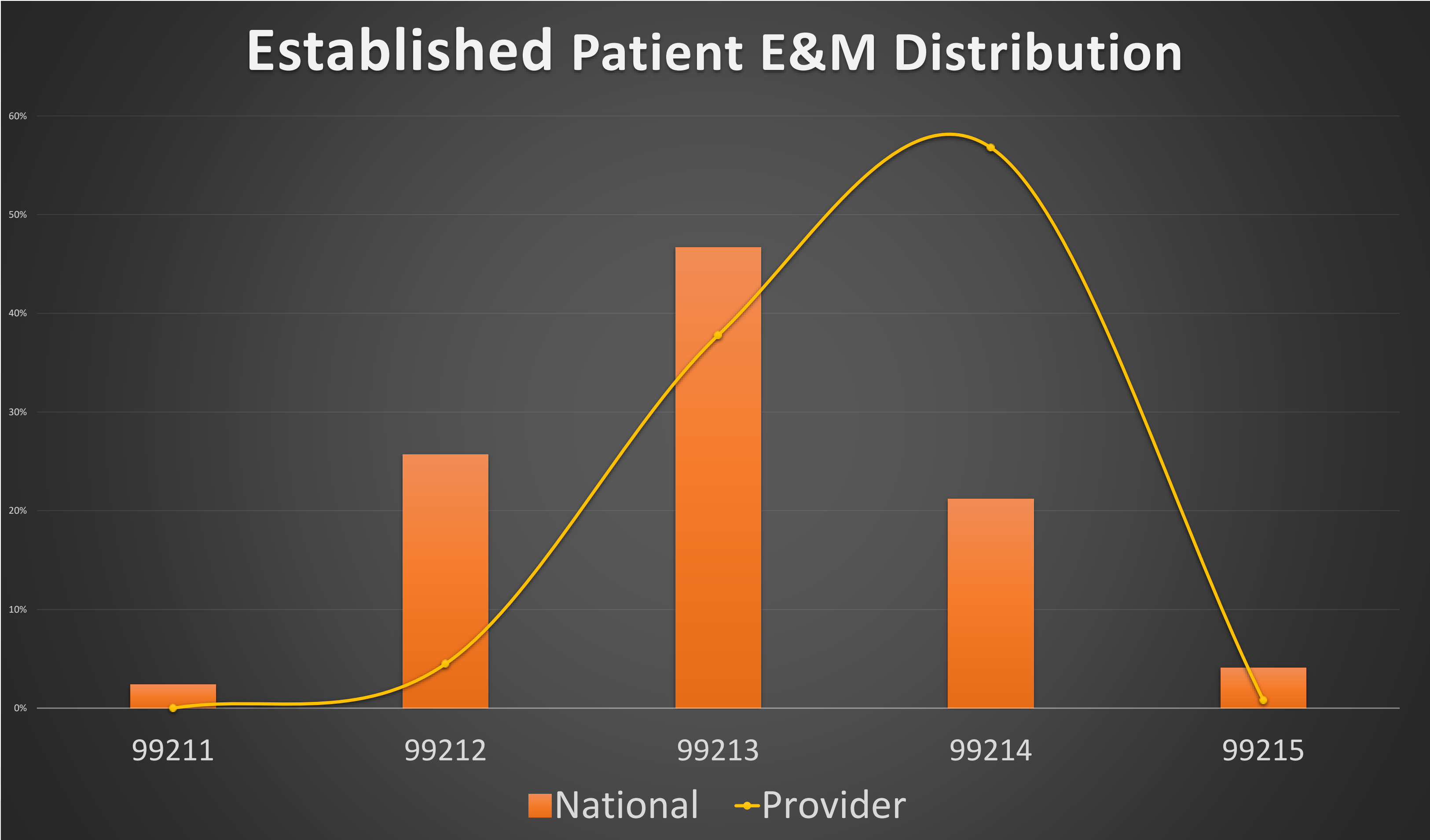
# Specialty – OB/GYN

	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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# THANK YOU!

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