Presentation should be given by a knowledgeable chapter member who is comfortable with the subject content

E/M Chart Auditing

Developed by Pam Brooks, CPC, CPC-H, PCS
2013 AAPCCA Board of Directors

Why Audit?

- OIG/Compliance Plan
OIG Voluntary Compliance Plan

The Seven Basic Components of a Voluntary Compliance Program

- Conducting internal monitoring and auditing through the performance of periodic audits;
- Implementing compliance and practice standards through the development of written standards and procedures;
- Designating a compliance officer or contact(s) to monitor compliance efforts and enforce practice standards;
- Conducting appropriate training and education on practice standards and procedures;
- Responding appropriately to detected violations through the investigation of allegations and the disclosure of incidents to appropriate Government entities;
- Developing open lines of communication, such as (1) discussions at staff meetings regarding how to avoid erroneous or fraudulent conduct and (2) community bulletin boards, to keep practice employees updated regarding compliance activities; and
- Enforcing disciplinary standards through well-publicized guidelines.

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

Why Audit?

- OIG/Compliance Plan
- Bell Curve Data (MGMA or Decision Health)
The Bell Curve

Bell Curve Data, Established Patients

Why Audit?

- OIG/ Compliance Plan
- Bell Curve
  - Increased insurance denials
  - Increase in provider queries
  - New Provider
  - Old Provider
  - Payer requests for refunds
  - New EHR
What needs to be audited?

- The booking/appointment process
- The legal medical record
- Services and procedures
- Reimbursement
  - Payment
  - Adjustment
  - Balance
- Coder Compliance

Audit process steps

You need a plan....
Identifying Your Records and Parameters

- By provider
- By DOS
- By LOS
- Individual service
- Particular time frame

What’s Random?

Define Your Scope and Key References

- 1995 Guidelines
- 1997 Guidelines
- CMS/NHIC
- Professional Associations (STA, ACOG)
- CPT®
- ICD-9
- ICD-10
Organize your Tools

- Reporting Spreadsheet
- Audit Tool
- Resources (regulatory guidance)
- Medical Records
- Schedules, Fee ticket, 1500 form
- Coding Books
- Coding Companions
- Netter’s, Bates, Taber’s

Tracking Your Results

<table>
<thead>
<tr>
<th>Patient Name</th>
<th>MR #</th>
<th>DOS</th>
<th>MD</th>
<th>CPT Billed</th>
<th>Mod.</th>
<th>CPT Audited</th>
<th>Mod.</th>
<th>ICD-9 Billed</th>
<th>ICD-9 Audited</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
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</table>
Define Your Methodology and Approach

- The rationale (what and why)
- Number of Records
- Provider
- DOS
- LOS or specific procedure

In paragraph format for the executive summary.

Example:
- Internal audit
- Services rendered by James G. Wilson, MD
- Dates of service in the month of July, 2012
- Ten records were audited
- Charges submitted with the E&M code 99215
- The 1995 E&M Guidelines
- NHIC’s E&M Services Billing Guidelines (March 2012) (referenced for clarification)
- Appropriate level of service
- Appropriate modifier usage
- Diagnosis reporting
- Medical necessity.
Create a Timeline

- July 2012 Dates of Service
- September 10-21: Audit performed
- September 24: Preliminary results
  Week ending September 28: Coder Rebuttal
- October 5: Results finalized
- October 8: Executive Summary published
- October 8-December 31: Education Plan and rebilling

E&M: The Key Components

- History
- Exam
- Medical Decision Making
The Chief Complaint

- Concise statement describing the symptom, problem or condition
- Presenting problem
  - Disease
  - Condition
  - Illness
  - Injury
  - Sign/Symptom
  - Finding
  - Complaint

- REQUIRED for every professional E&M service billed

The Nature of the Presenting Problem

- Minimal—may not require physician presence
  - BP check, minor suture removal
- Self-limited or minor—typically will resolve by itself
  - Rash, splinter
- Low severity—with treatment, usually full recovery or adequate management
  - Simple sprain, well-controlled chronic illness
- Moderate Severity—treatment necessary to avoid risk of mortality, uncertain prognosis or some risk of impairment
  - Acute injury, problem with uncertain prognosis
- High Severity—extreme or high risk of mortality if untreated or prolonged functional impairment
  - Multiple trauma, change in neurological status

KEEP THESE IN MIND AS YOU MOVE FORWARD!
HPI (History of Present Illness)

- Description of the development of the problem
  - Location
  - Duration
  - Quality
  - Severity
  - Context
  - Timing
  - Modifying Factors
  - Associated Signs and Symptoms

SUBJECTIVE: This is a 29-year-old Vietnamese female, established patient of dermatology, last seen in our office on 07/13/12. She comes in today as a referral from Paul Deen, D.O. for a reevaluation of her hand eczema. I have treated her with Aristocort cream, Cetaphil cream, increased moisturizing cream and lotion, and wash her hands in Cetaphil cleansing lotion. She comes in today for reevaluation because she is flaring. Her hands are very dry, they are cracked, she has been washing with soap. She states that the Cetaphil cleansing lotion apparently is causing some burning and pain because of the fissures in her skin. She has been wearing some gloves also apparently. The patient is single. She is unemployed.

FAMILY, SOCIAL, AND ALLERGY HISTORY: The patient has asthma, sinus, hives, and history of psoriasis. No known drug allergies.

MEDICATIONS: The patient is a nonsmoker. No bad sunburns or blood pressure problems in the past.

CURRENT MEDICATIONS: Claritin and Zyrtec p.r.n.

PHYSICAL EXAMINATION: The patient has very dry, cracked hands bilaterally.

IMPRESSION: Hand dermatitis.

TREATMENT:
1. Discussed further treatment with the patient and her interpreter.
2. Apply Aristocort ointment 0.1% and equal part of Polysporin ointment t.i.d. and p.r.n. itch.
3. Discontinue hot soapy water and wash her hands with Cetaphil cleansing lotion.
4. Keflex 500 mg b.i.d. times two weeks with one refill. Return in one month if not better; otherwise, on a p.r.n. basis and send Dr. XYZ a letter on this office visit.
History of Present Illness (HPI)

This is a 29-year-old Vietnamese female, established patient of dermatology, last seen in our office on 07/13/12. She comes in today as a referral from Paul Deen, DO for a reevaluation of her hand eczema. I have treated her with Aristocort cream, Cetaphil cream, increased moisturizing cream and lotion, and wash her hands in Cetaphil cleansing lotion. She comes in today for reevaluation because she is flaring. Her hands are very dry, they are cracked, she has been washing with soap. She states that the Cetaphil cleansing lotion apparently is causing some burning and pain because of the fissures in her skin. She has been wearing some gloves also apparently.

HPI, cont.

- Quality: hands dry/cracked
- Location: reevaluation of her hand eczema
- Modifying Factors: I have treated her with Aristocort cream, Cetaphil cream, increased moisturizing cream and lotion, and wash her hands in Cetaphil cleansing lotion.
- Severity: she is flaring (worsening)
Review of Systems (ROS)

- Inventory (subjective) of the body systems
- Patient can fill out form
- Ancillary staff may record, There must be documentation of provider’s confirmation

**ROS**

- Constitutional
- Eyes
- Ears, nose, mouth, throat
- Cardiovascular
- Respiratory
- Gastrointestinal
- Genitourinary
- Musculoskeletal
- Integumentary
- Neurological
- Psychiatric
- Endocrine
- Hematologic / Lymphatic
- Allergic / Immunologic
**History of Present Illness (HPI)**

This is a 29-year-old Vietnamese female, established patient of dermatology, last seen in our office on 07/13/12. She comes in today as a referral from Paul Deen, DO, for a reevaluation of her hand eczema. I have treated her with Aristocort cream, Cetaphil cream, increased moisturizing cream and lotion, and wash her hands in Cetaphil cleansing lotion. She comes in today for reevaluation because she is flaring. Her hands are very dry, they are cracked, she has been washing with soap. She states that the Cetaphil cleansing lotion apparently is causing some burning and pain because of the fissures in her skin. She has been wearing some gloves also apparently.

**Review of Systems (ROS), cont.**

This is a 29-year-old Vietnamese female, established patient of dermatology, last seen in our office on 07/13/04. She comes in today as a referral from Paul Deen, DO, for a reevaluation of her hand eczema. I have treated her with Aristocort cream, Cetaphil cream, increased moisturizing cream and lotion, and wash her hands in Cetaphil cleansing lotion. She comes in today for reevaluation because she is flaring. Her hands are very dry, they are cracked, she has been washing with soap. She states that the Cetaphil cleansing lotion apparently is causing some burning and pain because of the fissures in her skin. She has been wearing some gloves also apparently.

**ROS: Integumentary**
**ROS**

- Have we addressed the nature of the presenting problem?
- Are all others negative?
- Can be done with form: completed by patient or ancillary staff
- Can it be obtained?

**Past, Family, Social History (PFSH)**

- **Past History**
  - Prior illnesses
  - Allergies
  - Prior surgeries/procedures
  - Age appropriate immunization status
  - Prior hospitalizations
  - Age appropriate feeding/dietary status
  - Current medications
Past, Family, Social History

Family History
- Health status/death of parents, siblings and children
- Family diseases related to presenting problem
- Family diseases that are hereditary or place patient at risk.

Non Contributory?
Caution: Cloned documentation in the EHR!

Past, Family, Social History

Social History
- Marital status and/or living arrangements
- Level of education
- Current employment
- Sexual history
- Occupational history
- Other relevant social factors
- Use of drugs, ETOH, tobacco.
FAMILY, SOCIAL, AND ALLERGY HISTORY: The patient has asthma, sinus, hives, and history of psoriasis. No known drug allergies. The patient is a nonsmoker. No bad sunburns or blood pressure problems in the past.

CURRENT MEDICATIONS: Claritin and Zyrtec p.r.n.

From HPI: The patient is single. She is unemployed.

Note: Headings don’t always identify what’s documented!
## Calculating HPI

<table>
<thead>
<tr>
<th>HPI</th>
<th>Brief 1-3 HPI Elements</th>
<th>Extended ≥ 4 HPI elements or documentation/update of 3 chronic conditions</th>
</tr>
</thead>
<tbody>
<tr>
<td>ROS</td>
<td>None</td>
<td>1</td>
</tr>
<tr>
<td>PFSH (Established, subsequent, ED)</td>
<td>None</td>
<td>1</td>
</tr>
<tr>
<td>PFSH (New or Initial)</td>
<td>None</td>
<td>1-2</td>
</tr>
</tbody>
</table>

### History Level

- Problem Focused
- Expanded Problem Focused
- Detailed
- Comprehensive

Circle the entry farthest to the right for each history area. To determine History Level, draw a line down the column with the circle farthest to the left.
Physical Examination

- Objective: Hands on by provider
- Can’t be done by ancillary staff
- Don’t confuse with ROS
- If exam “can’t be done” due to patient status, can’t count

- Are BA/OS pertaining to presenting problem documented?
- “abnormal” is insufficient
- “Negative/normal” is sufficient for unaffected BA/OS

Physical Examination—1995 Guidelines

- Body Areas
  - Head, including face
  - Neck
  - Chest
  - Abdomen
  - Genitalia
  - Groin
  - Buttocks
  - Back
  - Extremities

- Organ Systems
  - Constitutional
  - Eyes
  - Ears, nose, mouth, throat
  - Cardiovascular
  - Respiratory
  - Gastrointestinal
  - Genitourinary
  - Musculoskeletal
  - Skin
  - Neurologic
  - Psychiatric
  - Hematologic/Lymphatic/Immunologic
Exam

- **PHYSICAL EXAMINATION:** The patient has very dry, cracked hands bilaterally.
  - OS: Integumentary or
  - BA: Extremities

### 1995 Exam Guidelines

<table>
<thead>
<tr>
<th>1 (BA) or (OS)</th>
<th>2-4 (OS) and/or (BA)</th>
<th>5-7 (OS) and/or (BA)</th>
<th>8 or more (OS)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Limited exam of affected BA or OS</td>
<td>Limited exam of affected BA or OS and other symptomatic or related OS(s)</td>
<td>Extended exam of affected BA(s) and other or related OS(s)</td>
<td>A general multisystem exam or complete exam of a single organ system</td>
</tr>
</tbody>
</table>

- PF
- EPF
- D
- C
Medical Decision Making

- **The Assessment** - the physician’s thought process
  - Problem/Status
  - Contributing factors
    - Co-morbidities
    - Patient compliance/non-compliance
    - Previous treatment
    - Conditions affecting treatment
    - Input from others
    - Provider uncertainty

- **The Plan**
  - Diagnostics ordered
  - Medications
  - Referrals
  - Procedures scheduled
  - Therapy
  - Further (or no) treatment

Medical Decision Making

Medical decision making (MDM) is considered the thought process of the physician. MDM refers to the complexity of establishing a diagnosis and selecting a management and treatment option as measured by the following:

- The number of possible diagnoses and/or the number of management options that must be considered.
- The amount and/or complexity of data - medical records, diagnostic tests, and/or other information that must be obtained, reviewed and analyzed.
- The risk of significant complications, morbidity and/or mortality, as well as co-morbidities, associated with that patient’s presenting problem(s), the diagnostic procedure(s) and/or the possible management options.

The complexity of MDM should be documented accordingly and not inferred or implied. For each encounter, an assessment, clinical impression, or diagnosis should be documented. **Physician MDM is critical to determine the overall level of care provided during a patient encounter.**

MDM may vary on a visit-to-visit basis depending on the patient’s condition and what the physician performed that day. The fact that the patient has an underlying disease or co-morbidity is significant only if their presence significantly increases the complexity of the MDM. Only conditions that impact the encounter are determining factors that affect the level of E/M service. The current status of the patient’s diagnosis is also a determining factor i.e. stable, improved, worsening etc. Diagnoses count in the MDM leveling only if they impact the presenting problem. Generally, decision making with respect to a diagnosed problem is less complex than an identified but undiagnosed problem.
## Number of Diagnoses and Treatment Options

<table>
<thead>
<tr>
<th><strong>A</strong> Presenting Problems to the <strong>Treating Provider</strong></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td># of Diags. Require Active Management or Affect Treatment Options</td>
<td>Points = Result</td>
</tr>
<tr>
<td>Self-limited/minor (stable, improved or worse)</td>
<td>Max = 2</td>
</tr>
<tr>
<td>Est. problem (stable, improved)</td>
<td>1</td>
</tr>
<tr>
<td>Est. problem (worsening)</td>
<td>2</td>
</tr>
<tr>
<td>New problem (to provider) (no addt'l workup)</td>
<td>Max = 1</td>
</tr>
<tr>
<td>New problem (to provider) (addt'l workup)</td>
<td>4</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td></td>
</tr>
</tbody>
</table>

Bring total to Line A in Final Result for Complexity **TOTAL**

## Amount and/or Complexity of Data to Be Reviewed

<table>
<thead>
<tr>
<th><strong>B</strong> Amount and/or Complexity of Data to Be Reviewed</th>
<th>Pts.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Review or order of clinical lab tests</td>
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<tr>
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<td>2</td>
</tr>
<tr>
<td><strong>Total</strong></td>
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</tbody>
</table>

Bring total to Line B in Final Result for Complexity **TOTAL**
Risk

- **Minimal**
  - One self-limited problem
  - Lab tests ordered
  - CXR, EEG, EKG
  - U/A
  - KOH
  - Rest, dressings,

Risk

- **Low**
  - Two self-limited/minor problems
  - One stable chronic illness
  - Acute uncomplicated illness/injury
  - Tests w/o stress
  - Imaging studies (not cardiovascular)
  - Needle or skin Bx
  - Lab tests w/ arterial puncture
  - OTC drugs
  - Minor surgery w/o risk factors
  - PT, OT
  - IV fluids w/o additives
Risk

Moderate
- Chronic illness(es) with mild exacerbation or progression, or side effects of Tx
- Two stable chronic illnesses
- Undiagnosed new problem w/uncertain prognosis
- Acute illness w/systemic symptoms
- Acute complicated injury
- Stress testing
- Diagnostic endoscopies w/o risk factors

High
- Severe exacerbation of chronic illness
- Illness progression /side effects of treatment
- Life-threatening illness or injury
- Abrupt change in neurological status
- CV imaging w/contrast/risk
- Deep needle or incisional Bx
- CV imaging with contrast w/o risk factors
- Obtain fluid for diagnostics
- Minor surgery w/risk factors
- Elective major surgery w/o risk factors
- Rx drugs
- Nuclear medicine Tx
- IV fluids w/additives
- Closed Fx treatment w/o manipulation
- Electrophysiology
- Endoscopies w/risk
- Discography
- Major surgery w/risk, or emergent
- Parenteral (injection, infusion, implantation) Tx
- Drug Tx w/intensive monitoring for toxicity
- DNR
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</tr>
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<td>TOTAL</td>
<td></td>
</tr>
<tr>
<td>Level</td>
<td>Presenting Problems(s) or Diagnostic Procedure or Management Options</td>
<td></td>
</tr>
<tr>
<td>---------------</td>
<td>-----------------------------------------------------------------------------------------------------------------------------------</td>
<td></td>
</tr>
<tr>
<td>Straight-Forward</td>
<td>One self-limited or minor problem, i.e.: cold, insect bite, tinea corporis</td>
<td>Laboratory tests requiring venipuncture [Chest X-Ray ERG/EEG U/mini X Ultrasound, e.g., echocardiography KOH prep]</td>
</tr>
<tr>
<td></td>
<td>Two or more self-limited or minor problems</td>
<td>One stable chronic illness, e.g., well controlled hypertension, non-insulin dependent diabetes, cataract, BPH</td>
</tr>
<tr>
<td>Low</td>
<td>One or more chronic illnesses with mild exacerbation, progression, or side effects of treatment</td>
<td>Two or more stable chronic illnesses</td>
</tr>
<tr>
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</tr>
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</tr>
</tbody>
</table>

**Calculating level of MDM**

<table>
<thead>
<tr>
<th>Complexity Level of MDM</th>
<th>Circle the Level in Section C</th>
<th>Circle the Total Number in Section B</th>
<th>Circle the Total Number in Section A</th>
</tr>
</thead>
<tbody>
<tr>
<td>Straightforward SF</td>
<td>Low</td>
<td>Limited</td>
<td>Minimal</td>
</tr>
<tr>
<td>Low</td>
<td>Limited</td>
<td>limited</td>
<td>minimal</td>
</tr>
<tr>
<td>Moderate</td>
<td>Multiple</td>
<td>Multiple</td>
<td>&gt; 4 Extensive</td>
</tr>
<tr>
<td>High</td>
<td>Minimal or none</td>
<td>None</td>
<td>&gt; 4 Extensive</td>
</tr>
</tbody>
</table>

Draw a line down the column with 2 or 3 circles and circle decision making level

OR draw a line down the column with the center circle + level of MDM
Putting it all together

- History: EPF
- Exam: PF
- MDM: Low

<table>
<thead>
<tr>
<th>Code</th>
<th>99211</th>
<th>99212</th>
<th>99213</th>
<th>99214</th>
<th>99215</th>
</tr>
</thead>
<tbody>
<tr>
<td>History</td>
<td>MIN</td>
<td>PF</td>
<td><strong>EPF</strong></td>
<td>D</td>
<td>C</td>
</tr>
<tr>
<td>Exam</td>
<td>MIN</td>
<td><strong>PF</strong></td>
<td><strong>EPF</strong></td>
<td>D</td>
<td>C</td>
</tr>
<tr>
<td>MDM</td>
<td>MIN</td>
<td>SF</td>
<td><strong>L</strong></td>
<td>M</td>
<td>H</td>
</tr>
<tr>
<td>Time</td>
<td>5</td>
<td>10</td>
<td>15</td>
<td>25</td>
<td>40</td>
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</tbody>
</table>
## Tracking Your Results

<table>
<thead>
<tr>
<th>Patient Name</th>
<th>MR #</th>
<th>DOS</th>
<th>MD</th>
<th>CPT Billed</th>
<th>Mod.</th>
<th>CPT Audited</th>
<th>Mod.</th>
<th>ICD-9 Billed</th>
<th>ICD-9 Audited</th>
<th>Issues/Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>LK</td>
<td>2555</td>
<td>7/13</td>
<td>JW</td>
<td>99213</td>
<td></td>
<td>99213</td>
<td></td>
<td>250.00</td>
<td>185</td>
<td>2 stable chronic; no issues</td>
</tr>
<tr>
<td>WR</td>
<td>3025</td>
<td>7/12</td>
<td>JW</td>
<td>99214</td>
<td></td>
<td>99213</td>
<td></td>
<td>300.00</td>
<td>300.00</td>
<td>New problem, with Low MDM. Could have documented time in counseling</td>
</tr>
<tr>
<td>BM</td>
<td>6852</td>
<td>7/13</td>
<td>JW</td>
<td>99214</td>
<td></td>
<td>99215</td>
<td></td>
<td>786.50</td>
<td>786.50</td>
<td>Chest and jaw pain, acute, with 8 system exam and high MDM. Based on discussions and diagnostics ordered</td>
</tr>
<tr>
<td>SM</td>
<td>4487</td>
<td>7/11</td>
<td>JW</td>
<td>99212</td>
<td></td>
<td>99214</td>
<td></td>
<td>611.72</td>
<td>611.72</td>
<td>Acute new problem, workup planned, MDM moderate, uninsured patient (provider courtesy)</td>
</tr>
<tr>
<td>KD</td>
<td>4589</td>
<td>7/15</td>
<td>JW</td>
<td>99212</td>
<td></td>
<td>99212</td>
<td></td>
<td>493.90</td>
<td>493.90</td>
<td>est. problem, resolved.</td>
</tr>
<tr>
<td>JM</td>
<td>2544</td>
<td>7/15</td>
<td>JW</td>
<td>99214</td>
<td></td>
<td>99214</td>
<td></td>
<td>427.31</td>
<td>412</td>
<td>Two stable chronic, change in meds, time documented.</td>
</tr>
<tr>
<td>AW</td>
<td>3773</td>
<td>7/15</td>
<td>JW</td>
<td>99202</td>
<td></td>
<td>99202</td>
<td></td>
<td>407.1</td>
<td>412</td>
<td>New problem with Rx meds. Lab/rd and records review. Could have increased LOS with detailed exam.</td>
</tr>
</tbody>
</table>

### What’s next?

- **Education Plan**
  - Physicians
  - Coders
  - Billers
- **Rebilling/Refund**
  - If you identify an error, you must refund
- **Re-audit**
- **Auditing Education for Coders**
  - NAMAS (CPMA)
  - AAPC (CEMC)
Thank You!

References:

http://www.medicarenhic.com/ne_prov/publications.shtml

https://oig.hhs.gov/reports-and-publications/workplan/index.asp#current

Part B Physician/Supplier National Data - CY – 2010

www.medicarenhic.com/providers/articles/E_M_complete.pdf

Questions?

The information contained in this presentation is current as of 6/1/2013. This material is designed to offer basic information for AAPC local chapter meetings. The information presented here is based on the experience, training, and interpretation of the author. Although the information has been carefully researched and checked for accuracy and completeness, AAPC and AAPCCA Board of Directors do not accept any responsibility or liability with regard to errors, omissions, misuse, or misinterpretation. This handout is intended as an educational guide and should not be considered a legal/consulting opinion.

Questions on the content can be sent to localchapters@aapc.com