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
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.
Why Audit?

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

Bell Curve Data, Established Patients

Percentage

Level Of Service

National %
Jones
Smith
Wilson
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>CPT Audited</th>
<th>ICD-9 Billed</th>
<th>ICD-9 Audited</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
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</tr>
</tbody>
</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)

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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.
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.

Past History: The patient has asthma, sinus, hives, and history of psoriasis. No known drug allergies. On Claritin and Zyrtec. No history of sunburns or BP problems.

Social History: The patient is a nonsmoker. 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 &gt; 4 HPI elements or documentation/update of 3 chronic conditions</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>ROS</strong></td>
<td>None</td>
<td>Extended 2-9 ROS</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Complete &gt; 10 or some systems + statement &quot;all others negative&quot;.</td>
</tr>
<tr>
<td><strong>PFSH (Established, subsequent, ED)</strong></td>
<td>None</td>
<td>1</td>
</tr>
<tr>
<td><strong>PFSH (New or Initial)</strong></td>
<td>None</td>
<td>1-2</td>
</tr>
<tr>
<td><strong>History Level</strong></td>
<td>Problem Focused</td>
<td>Detailed</td>
</tr>
<tr>
<td></td>
<td><strong>Expanded Problem Focused</strong></td>
<td><strong>Comprehensive</strong></td>
</tr>
</tbody>
</table>

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.
Calculating HPI

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<td>1</td>
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<td>1</td>
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<tr>
<td>PFSH (New or Initial)</td>
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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: Extremites
## 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>
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<table>
<thead>
<tr>
<th>PF</th>
<th>EPF</th>
<th>D</th>
<th>C</th>
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</thead>
</table>
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># of Diags. Require Active Management or Affect Treatment Options</th>
<th>Points = Result</th>
</tr>
</thead>
<tbody>
<tr>
<td>Self-limited/minor (stable, improved or worse)</td>
<td>Max = 2 1</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 3</td>
</tr>
<tr>
<td>New problem (to provider) (addt'l workup)</td>
<td>4</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>B</th>
<th>Amount and/or Complexity of Data to be Reviewed</th>
<th>Pts.</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Review or order of clinical lab tests</td>
<td>1</td>
</tr>
<tr>
<td></td>
<td>Review or order of tests in the radiology section of CPT</td>
<td>1</td>
</tr>
<tr>
<td></td>
<td>Review or order of tests in the medicine section of CPT</td>
<td>1</td>
</tr>
<tr>
<td></td>
<td>Discussion of test results with performing physician</td>
<td>1</td>
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<td></td>
<td>Decide to <strong>obtain</strong> old records or <strong>to obtain</strong> history from someone else</td>
<td>1</td>
</tr>
<tr>
<td></td>
<td>Review and summarize old records <strong>or get Hx</strong> from someone <strong>or talk with</strong> other provider</td>
<td>2</td>
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<td><strong>Independent visualization</strong> of image, tracing, or specimen itself (not simply review of the paper copy report)</td>
<td>2</td>
</tr>
</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,
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
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

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
- ClosedFx treatment w/o manipulation
Risk

- 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

- Electrophysiology
- Endoscopies w/risk
- Discography
- Major surgery w/risk, or emergent
- Parenteral (injection, infusion, implantation)Tx
- Drug Tx w/intensive monitoring for toxicity
- DNR
The Assessment and Plan

**IMPRESSION:**
Hand dermatitis.
- 692.9
- L30.9 (ICD-10)
  - Dermatitis, unspecified

**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.
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Can we use this?
# Number of Diagnoses and Treatment Options

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<tr>
<td></td>
<td>Decide to <strong>obtain</strong> old records or <strong>to obtain history</strong> from someone else</td>
<td>1</td>
</tr>
<tr>
<td></td>
<td>Review and summarize old records <strong>or get Hx</strong> from someone <strong>or talk with other provider</strong></td>
<td>2</td>
</tr>
<tr>
<td></td>
<td><strong>Independent visualization</strong> of image, tracing, or specimen itself (not simply review of the paper copy report)</td>
<td>2</td>
</tr>
</tbody>
</table>

Bring total to Line B in Final Result for Complexity **TOTAL**
<table>
<thead>
<tr>
<th>Level</th>
<th>Presenting Problems(s) or Diagnostic Procedure or Management Options</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Straight-Forward</strong></td>
<td><img src="#" alt="One self-limited or minor problem, i.e.: cold, insect bite, tinea corporis" /> <img src="#" alt="Laboratory tests requiring venipuncture" /> <img src="#" alt="Chest X-Ray" /> <img src="#" alt="Electrocardiogram/EEG" /> <img src="#" alt="Urinalysis" /> <img src="#" alt="Ultrasound, e.g., echocardiography" /> <img src="#" alt="KOH prep" /> <img src="#" alt="Rest" /> <img src="#" alt="Gargles" /> <img src="#" alt="Elastic Bandages" /> <img src="#" alt="Superficial Dressing" /></td>
</tr>
<tr>
<td><strong>Low</strong></td>
<td><img src="#" alt="Two or more self-limited or minor problems" /> <img src="#" alt="One stable chronic illness, e.g., well controlled hypertension, non-insulin dependent diabetes, cataract, BPH" /> <img src="#" alt="Acute uncomplicated illness or injury, e.g., cystitis, allergic rhinitis, simple sprain" /> <img src="#" alt="Non-cardiovascular imaging studies with contrast, e.g., barium enema" /> <img src="#" alt="Superficial needle biopsies" /> <img src="#" alt="Clinical laboratory tests requiring arterial puncture" /> <img src="#" alt="Skin biopsies" /> <img src="#" alt="Over-the-counter drugs" /> <img src="#" alt="Minor surgery with no identified risk factors" /> <img src="#" alt="Physical therapy" /> <img src="#" alt="Occupational therapy" /> <img src="#" alt="IV fluids without additives" /></td>
</tr>
<tr>
<td><strong>Moderate</strong></td>
<td><img src="#" alt="One or more chronic illnesses with fluid exacerbation, progression, or side effects of treatment" /> <img src="#" alt="Two or more stable chronic illnesses" /> <img src="#" alt="Undiagnosed new problem with uncertain prognosis, e.g., lump in breast" /> <img src="#" alt="Acute illness with systemic symptoms, e.g., pyelonephritis, pneumonitis, colitis" /> <img src="#" alt="Physiological tests under stress, e.g., cardia..." /> <img src="#" alt="Deep needle or incisional biopsy" /> <img src="#" alt="Cardiovascular imaging studies with contrast &amp; no identified risk factors" /> <img src="#" alt="e.g., arteriogram, cardiac catheterization" /> <img src="#" alt="Obtain fluid from body cavity e.g., lumbar puncture, thoracentesis, culdocentesis" /> <img src="#" alt="Minor surgery with identified risk factors" /> <img src="#" alt="Elective major surgery (open, percutaneous or endoscopic)" /> <img src="#" alt="Therapeutic nuclear medicine" /> <img src="#" alt="IV fluids with additives" /> <img src="#" alt="Closed treatment of fracture or dislocation w/o manipulation" /></td>
</tr>
<tr>
<td><strong>High</strong></td>
<td><img src="#" alt="One or more chronic illnesses w/severe exacerbation, progression, or side effects of treatment" /> <img src="#" alt="Acute or chronic illness or injuries that pose a threat to life or bodily function e.g., multiple trauma, acute ML pulmonary embolus, severe respiratory distress, progressive severe rheumatoid arthritis, psychiatric illness w/potential threat to self or others, peritonitis, acute renal failure" /> <img src="#" alt="An abrupt change in neurologic status, e.g., seizure TIA, weakness, or sensory loss" /> <img src="#" alt="Cardiovascular imaging studies with contrast with identified risk factors" /> <img src="#" alt="Cardiac electrophysiological tests" /> <img src="#" alt="Diagnostic endoscopies with identified risk factors" /> <img src="#" alt="Discography" /> <img src="#" alt="Elective major surgery (open, percutaneous or endoscopic) with identified risk factors" /> <img src="#" alt="Emergency major surgery (open, percutaneous or endoscopic)" /> <img src="#" alt="Parenteral control substances" /> <img src="#" alt="Drug therapy requiring intensive monitoring for toxicity" /> <img src="#" alt="Decision not to resuscitate or to de-escalate care because of poor prognosis" /></td>
</tr>
</tbody>
</table>
Calculating level of MDM

<table>
<thead>
<tr>
<th></th>
<th>Circle the Total Number in Section A</th>
<th>≤ 1 Minimal</th>
<th>2 Limited</th>
<th>3 Multiple</th>
<th>≥ 4 Extensive</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>A</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>B</strong></td>
<td>Circle the Total Number in Section A</td>
<td>≤ 1 Minimal or none</td>
<td>3 Limited</td>
<td>4 Multiple</td>
<td>≥ 4 Extensive</td>
</tr>
<tr>
<td><strong>C</strong></td>
<td>Circle the Level in Section C</td>
<td>Minimal</td>
<td>Low</td>
<td>Moderate</td>
<td>High0</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Complexity Level of MDM</th>
<th>Straightforward</th>
<th>Low</th>
<th>Moderate</th>
<th>High</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>SF</td>
<td>L</td>
<td>M</td>
<td>H</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><strong>C</strong></td>
</tr>
<tr>
<td>Exam</td>
<td>MIN</td>
<td><strong>PF</strong></td>
<td>EPF</td>
<td>D</td>
<td><strong>C</strong></td>
</tr>
<tr>
<td>MDM</td>
<td>MIN</td>
<td>SF</td>
<td><strong>L</strong></td>
<td>M</td>
<td><strong>H</strong></td>
</tr>
<tr>
<td>Time</td>
<td>5</td>
<td>10</td>
<td>15</td>
<td>25</td>
<td>40</td>
</tr>
<tr>
<td>Patient Name</td>
<td>MR #</td>
<td>DOS</td>
<td>MD</td>
<td>CPT Billed</td>
<td>CPT Audited</td>
</tr>
<tr>
<td>-------------</td>
<td>-------</td>
<td>-------</td>
<td>-----</td>
<td>------------</td>
<td>-------------</td>
</tr>
<tr>
<td>LK</td>
<td>2585</td>
<td>7/13</td>
<td>JW</td>
<td>99213</td>
<td>99213</td>
</tr>
<tr>
<td>WR</td>
<td>3025</td>
<td>7/12</td>
<td>JW</td>
<td>99214</td>
<td>99213</td>
</tr>
<tr>
<td>BM</td>
<td>6852</td>
<td>7/13</td>
<td>JW</td>
<td>99214</td>
<td>99215</td>
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<tr>
<td>SM</td>
<td>4487</td>
<td>7/11</td>
<td>JW</td>
<td>99212</td>
<td>99214</td>
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<tr>
<td>KQ</td>
<td>4589</td>
<td>7/15</td>
<td>JW</td>
<td>99212</td>
<td>99212</td>
</tr>
<tr>
<td>JM</td>
<td>2544</td>
<td>7/15</td>
<td>JW</td>
<td>99214</td>
<td>99214</td>
</tr>
<tr>
<td>AW</td>
<td>3773</td>
<td>7/15</td>
<td>JW</td>
<td>99202</td>
<td>99202</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.

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