

Physician Practice Compliance Conference

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E/M Coding and Documentation

Why does it matter?

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Discussion Points

- Why does it matter?
 - OIG thinks it does
 - Precursor to other coding issues
 - CPR reports
 - HIPAA Fraud and Abuse
 - Teaching Issues
 - Big Money
- What to do?
 - Do it correctly
 - Be prepared



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 Why does it matter?

- Biggest problem area for physician coding and reimbursement
- The squeaky wheel is the one that is greased
- If this is not done properly, then likely, neither is any other type of coding

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OIG Thinks It Does

- Per the 2004 OIG Work Plan:
 - Consultations
 - Coding of E/M Services
 - Use of Modifier -25
 - Use of Modifiers with National Correct Coding Initiative Edits
- Are the top 4 initiatives in the “Physicians and Other Health Professionals” category




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Precursor to other Coding Issues


- Place of Service
- Care Plan Oversight
- “Long Distance” Physician Claims
- Specialty Specific areas
 - ERSD
 - Diagnostic Services
 - Radiation Therapy Services
 - “Incident To”

(Other topics in the OIG Work Plan of 2004)
(There are countless other examples that are not mentioned in the work plan)



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CPR Reports



- One of the many tools developed by CMS and commercial insurers to monitor fraudulent activity
 - Comparative Performance Reports
- Other tools:
 - Program Safeguard Contractors (Medicare)
 - Data Warehousing
 - Trends Analysis

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HIPAA Fraud and Abuse

- More than Administrative Simplification
- Applies Medicare F & A provisions to all payers (including self pay)
 - Anti-kickback
 - Stark I and II
 - Referrals
 - False Claims
 - Overpayments for improper coding



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Teaching Issues


- **Physicians At Teaching Hospitals (PATH) guidelines**
 - Primary Care
 - Specialty Care
 - Surgery
- GME Reimbursement



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What to do?




- Do it right
 - Training
 - Certified Coding Expertise
 - Dictate or Write Better
 - Use a template
 - Use a scribe
 - Know the rules (Be Prepared)
 - Stop fighting City Hall

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Big Money

- GAO estimates that 10% of national healthcare spending is fraudulent: that is approaching \$100 billion today



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More than Money

- National Insurance Crime Bureau estimates that each family in the US pays \$200/yr extra in insurance premiums due to fraud
- FY 2003 OIG stats for CMS:
 - Over \$23 billion saved due to investigations, implemented recommendations for Medicare and Medicaid
 - 3,275 individual and entities were excluded from Medicare or Medicaid due to fraudulent behavior
 - 576 convictions
 - 243 civil actions



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What is next?

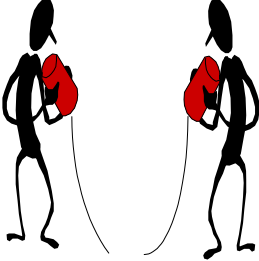
- Massive amounts of fraudulent activities occur in the pharmaceutical industry
 - With the advent of Medicare coverage, expect more and more scrutiny
 - Pricing schemas will be put into place
- Other areas of concern:
 - School-based health services (Medicaid)
 - Heart Transplant programs
 - And, always, the fundamentals: physician coding of E/M services

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Great Moments in Documentation


- Healthy looking, decrepit, 69 year-old male, mentally alert but forgetful
- Patient has no history of suicides
- Patient refused an autopsy
- Patient was alert and unresponsive
- Lab test indicated abnormal lover function
- Patient has chest pain if she lies on her left side for over a year



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Great Moments in Documentation

- While in the Emergency room, she was examined, X-rated and sent home.
- The patient was to have a bowel resection; however, he took a job as a stockbroker instead.
- Large brown stool ambulating in the hall
- She is numb from her toes down
- She stated that she had been constipated for most of her life, until she got a divorce



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E/M Coding & Documentation
The Fundamentals

Mary Whalen
Vice President Regulatory Affairs
Samaritan Medical Center

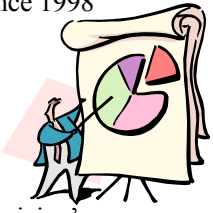
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E/M Coding

- Part of OIG work plan since 1998
 - Office
 - Inpatient
 - Observation
 - Critical Care
 - Consults
- >80% of office based physician's revenue




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Undercoding

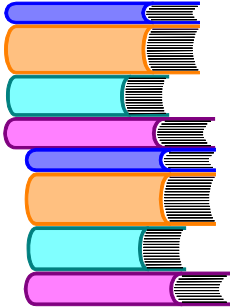
- Undermines the value of provider services and the cognitive skills necessary to deliver the service.

An illustration of a person sitting at a desk reading a large open book. A lightning bolt strikes the page of the book, symbolizing undercoding.

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Overcoding

- May be fraud and/or abuse
- Increases health care costs

An illustration of a stack of seven books with colorful spines (blue, orange, cyan, purple, blue, orange, cyan).

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Goal is to Right Code

An illustration showing three stylized figures climbing a mountain. One figure is at the top, holding a yellow star. The other two are below, one pushing the other up. The scene is set against a purple and blue background.

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Documentation

- Medical records must prove:
 - Medical necessity and appropriateness of the diagnostic and/or therapeutic services provided
 - Services provided have been accurately reported

An illustration of a stack of four books. The top book is red, the second is yellow, the third is orange, and the bottom is blue. A red ribbon is tied around the stack.

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Documentation Basics

- Medical Record Needs to be Complete and Legible



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Documentation Basics (con't)

- Each patient encounter should include:
 - Date
 - Reason for encounter
 - History and PE
 - Review of diagnostic tests and services
 - Assessment
 - Plan of Care



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Documentation Basics (con't)

- Past and present diagnoses
- Reasons for and results of diagnostic tests and services
- Relevant health risk factors
- Patient progress and responses to treatment
- Authentication



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Documentation Basics (con't)

- Written Plan for Care includes:
 - Treatment and Medications
 - Referrals and Consultations
 - Patient/Family Education
 - Follow-up Instructions



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Evaluation & Management Coding

Key Components:

- History
- Examination
- Medical Decision Making

Contributory Factors:

- Counseling
- Coordination of Care
- Nature of Presenting Problem

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History - CC required for all types

History of Present Illness	Review of Systems (ROS)	Past/Family and/or Social History	Type of History
Brief	N/A	N/A	Problem Focused
Brief	Problem Pertinent	N/A	Expanded Problem Focused
Extended	Extended	Pertinent	Detailed
Extended	Complete	Complete	Comprehensive

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Physical Examination		
1995	1997	Type of Exam
Limited exam of affected area	1-5 Elements identified	Problem Focused
Limited exam of affected & related areas/systems	> 6 Elements	Expanded Problem Focused
Extended exam of affected & related areas /systems	2 Elements from 6 systems	Detailed
General multi-system or complete single system	2 Elements from at least 9 systems	Comprehensive

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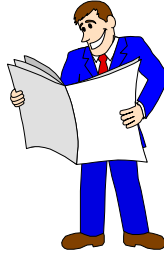
Medical Decision Making			
Number of diagnoses or management options	Amount and/or complexity of data to be reviewed	Risk of complications and/or morbidity or mortality	Type of decision making
Minimal - 1	Minimal - 1	Minimal	Straightforward
Limited - 2	Limited - 2	Low	Low Complexity
Multiple - 3	Moderate - 3	Moderate	Moderate Complexity
Extensive - 4	Extensive - 4	High	High Complexity

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Number & Diagnosis of Treatment Options

Problems to Provider	Points	Result
Self-Limited/Minor	1	Max=2
Established Problem - Stable	1	
Established Problem - Worsening	2	
New Problem - No Work-up Planned	3	Max=3
New Problem - Work-up Planned	4	



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Risk of Complications and/or Morbidity or Mortality (cont'd)

Level of Risk	Presenting Problem(s)	Diagnostic Procedure(s) Ordered	Management Options Selected
High	<ul style="list-style-type: none"> Acute or chronic illness or injury that may threaten life or bodily function, e.g. <i>multiple trauma, PE, acute MI, severe respiratory distress, peritonitis,</i> An abrupt change in neurologic status, e.g. <i>seizure, TIA, sensory loss or weakness</i> 	<ul style="list-style-type: none"> Cardiovascular imaging studies with contrast with identified risk factors Cardiac electro-physiological tests Diagnostic endoscopies with identified risk factors Discography 	<ul style="list-style-type: none"> Elective major surgery with identified risk factors Emergency major surgery Parenteral controlled substances Drug therapy requiring intensive monitoring for toxicity Decision not to resuscitate or to deescalate care because of poor prognosis

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Risk of Complications and/or Morbidity or Mortality (cont'd)			
Level of Risk	Presenting Problem(s)	Diagnostic Procedure(s) Ordered	Management Options Selected
Moderate	<ul style="list-style-type: none"> Undiagnosed new problem with uncertain prognosis, e.g. lump in breast Acute illness with systemic symptoms, e.g. pyelonephritis, Acute complicated injury, e.g. head injury with brief loss of consciousness 	<ul style="list-style-type: none"> Deep needle or incisional biopsy CV imaging studies w/ contrast and no identified risk factors, arteriogram, cardiac cath Obtain fluid from body cavity, e.g. lumbar puncture, thoracentesis, 	<ul style="list-style-type: none"> Elective major surgery with no identified risk factors Prescription drug management Therapeutic nuclear medicine IV fluids w/additives Closed treatment of fracture or dislocation w/o manipulation

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Risk of Complications and/or Morbidity or Mortality (cont'd)			
Level of Risk	Presenting Problem(s)	Diagnostic Procedure(s) Ordered	Management Options Selected
Low	<ul style="list-style-type: none"> 2 or more self-limited or minor problems 1 stable chronic illness, e.g. NIDDM, well controlled hypertension,, BPH Acute uncomplicated illness or injury, e.g. cystitis, allergic rhinitis, simple sprain 	<ul style="list-style-type: none"> Non-cardiovascular imaging studies with contrast, e.g. barium enema Superficial needle biopsies Clinical laboratory tests requiring arterial puncture Skin biopsies 	<ul style="list-style-type: none"> Over-the-counter drugs Minor surgery with no identified risk factors Physical therapy Occupational therapy IV fluids w/o additives

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Risk of Complications and/or Morbidity or Mortality

Level of Risk	Presenting Problem(s)	Diagnostic Procedure(s) Ordered	Management Options Selected
Minimal	<ul style="list-style-type: none"> 1 self-limited or minor problem, e.g. <i>cold, insect bite, tinea corporis</i> 	<ul style="list-style-type: none"> Lab tests requiring venipuncture Chest x-ray EKG/EEG Urinalysis Ultrasound, e.g. <i>echocardiography</i> KOH prep 	<ul style="list-style-type: none"> Rest Gargles Elastic bandages Superficial dressings

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Amount and/or Complexity of Data to Be Reviewed

Categories of Data to Be Reviewed	Points
Review and/or order of clinical lab tests	1
Review and/or order of test in the radiology section of CPT (nuclear medicine and all imaging except echocardiography and cardiac catheterization)	1
Review and/or order of tests in the medicine section of CPT (examples: <i>EEG, echocardiography, cardiac cath, non-invasive vascular studies, pulmonary function studies, psychological testing, endoscopy</i>)	1
Discussion of test results with performing physician	1
Decision to obtain old records and/or obtain history from someone other than patient	1
Review and summarization of old records and/or obtaining history from someone other than patient and/or discussion of case with another health care provider	2
Independent visualization of image, tracing or specimen itself (not simply review of report)	2
TOTAL	

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Medical Decision Making

Number of diagnoses or management options	Amount and/or complexity of data to be reviewed	Risk of complications and/or morbidity or mortality	Type of decision making
Minimal - 1	Minimal - 1	Minimal	Straightforward
Limited - 2	Limited - 2	Low	Low Complexity
Multiple - 3	Moderate - 3	Moderate	Moderate Complexity
Extensive - 4	Extensive - 4	High	High Complexity

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Review Approach


- Determine level of medical decision-making
- Identify value to correspond
- Check history and physical documentation for support
- If documentation there, fine. If not, down code
- Therefore, documentation of H & P can't increase code, but lack of it can decrease it.



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Counseling



- If > 50% of the time in a direct face-to-face visit is counseling, time may be the controlling factor in coding the E/M service.
- Total length of encounter time should be documented.

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Final Comments

- Compare your results to national benchmark data
- Focus your efforts
- Develop tools to use internally
- Review annual OIG work plan
- Document, document, document

