AVOID BEING AN OUTLIER: AUDIT YOUR E&M CODING

AMBER HERSMA, CCA – QA AND AUDITING MANAGER
JUDI ROONEY, RN, MSHL, CHC – CHIEF COMPLIANCE OFFICER

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Meridian Medical Management
1095 Day Hill Road
Windsor, CT 01095
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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

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. Close the gap
Conducting the Review

- History
- Exam
- Medical Decision Making
- Time

Documentation is Key
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

<table>
<thead>
<tr>
<th>New Patient Office Visits</th>
<th>Utilization/Units (12 Month Period)</th>
<th>Office Visits - Established</th>
<th>Utilization/Units (12 Month Period)</th>
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<tbody>
<tr>
<td>99201 New Patient - Focused</td>
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<td>99211 Est Patient - Minimal</td>
<td>[Blank]</td>
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<tr>
<td>99202 New Patient - Expanded</td>
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<td>99212 Est Patient - Focused</td>
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<tr>
<td>99203 New Patient - Detailed</td>
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<td>99213 Est Patient - Expanded</td>
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<tr>
<td>99204 New Patient - Comprehensive</td>
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<td>99214 Est Patient - Detailed</td>
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</tr>
<tr>
<td>99205 New Patient - Complex</td>
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<td>99215 Est Patient - Comprehensive</td>
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Specialty – Family Medicine

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<tr>
<th>Medicare</th>
<th>Provider</th>
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<tr>
<td>99211</td>
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</tr>
<tr>
<td>99212</td>
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<tr>
<td>99213</td>
<td>47.60%</td>
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<tr>
<td>99214</td>
<td>30.40%</td>
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<tr>
<td>99215</td>
<td>6.30%</td>
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<tr>
<td></td>
<td>100.1%</td>
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Specialty – OB/GYN

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<th>Provider</th>
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<tr>
<td>99212</td>
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<tr>
<td>99213</td>
<td>46.70%</td>
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<tr>
<td>99214</td>
<td>21.20%</td>
</tr>
<tr>
<td>99215</td>
<td>4.10%</td>
</tr>
<tr>
<td>100.1%</td>
<td>100.00%</td>
</tr>
</tbody>
</table>

Established Patient E&M Distribution

- National
- Provider

[Graph showing E&M distribution for OB/GYN specialty with Medicare and Provider percentages for each code.]
Specialty – Orthopaedic Medicine

<table>
<thead>
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<th>Medicare</th>
<th>Provider</th>
</tr>
</thead>
<tbody>
<tr>
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<td>2.40%</td>
</tr>
<tr>
<td>99212</td>
<td>25.70%</td>
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<tr>
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<td>46.70%</td>
</tr>
<tr>
<td>99214</td>
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<td>100.1%</td>
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Established Patient E&M Distribution
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
Amber Hersma, CCA
amber.hersma@m3meridian.com

Judi Rooney, RN, MSHL, CHC
judith.Rooney@m3meridian.com
VertexDr

THANK YOU!

vertexdr.com | 1.800.327.0955

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