



Auditing Evaluation and Management Services

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STROUDWATER
Revenue Cycle Solutions

Purpose of Audits

- Establishing program
 - Ensure consistent, compliant and complete E/M documentation
 - Scheduled rotation
 - Set number of encounters
 - Random charts
- Focused audit - review areas of concern
 - By provider
 - By diagnosis
 - By time frame

Audit E/M Templates

- Per CMS Program Integrity Manual:
- “Some templates provide limited options and/or space for the collection of information such as by using “check boxes”, predefined answers, limited space to enter information, etc. CMS discourages the use of such templates. Claim review experience shows that that limited space templates often fail to capture sufficient detailed clinical information to demonstrate the work performed.”

Review Templates

- Created by providers
- Understand their language
 - Smart set
 - Smart phrase
 - Discuss with provider
 - Review and update
- Only template certain components
- Look for cloned notes
- Look for user entry date/time stamp

Review Evaluation and Management Elements

- History
 - Chief Complaint
 - HPI
 - ROS
 - PFSH
 - 1995 and 1997 interchangeable
- Exam
 - 1995
 - Simple check for 7 Body areas and/or 12 Organ systems
 - Must evaluate subjective limited vs. detailed
 - 1997
 - Bullet points in body areas and/or organ systems
 - Minimal number of bullets required to consider BA or OS
 - Option for comprehensive review of specialty
 - Less subjective
 - Must commit to either 1995 or 1997 for Exam and MDM
- MDM
 - 1995 and 1997 equal
 - Presenting problems
 - Amount/complexity of data reviewed
 - Table of Risk

HPI

- 1995 HPI includes
 - Location
 - Quality
 - Severity
 - Duration
 - Timing
 - Context
 - Modifying factors
 - Associated signs and symptoms
- 1997 HPI includes
 - 1995 guidelines
 - Status of at least 3 chronic or inactive conditions
- Per CMS
 - 1997 guidelines fro HPI may be combined with other elements of 1995 guidelines to document E/M

There's an App for That

- Apps may help, may cloud issues and encourage capturing of data with cursory review
 - Identify elements of HPI
 - Health history questionnaires
 - Print copies for appointments

Review of Systems and PFSH

- ROS
 - Same 14 elements as 1995 Exam elements
 - Discussion only
- PFSH
 - Personal (past) History
 - Family History
 - Social History

- Provider must obtain and document HPI
- The ROS and PFSH may be recorded
 - By other staff
 - Provided on patient form
- Physician must review and confirm the information
- Beware of “meaningless” information:
 - “ A complete review of systems was performed. Except as noted all other systems were normal”
 - “Pertinent positives noted, all other systems are negative”

- CC, ROS and PFSH
 - May be listed as separate elements
 - Included in the narrative of the history of the present illness
- Relevant ROS and PFSH information obtained earlier does not need to be restated
 - Record must indicate physician reviewed and updated record
 - Describe new information and note date and location of earlier record
- If the physician is unable to obtain a history from the patient or other source, the record should describe the patient's condition or other circumstance that precludes obtaining a history

Body Areas

- Head and face
- Neck
- Chest, including breasts and axillae
- Abdomen
- Genitalia, groin, buttocks
- Back, including spine
- Each extremity

Organ Systems

- Constitutional (e.g., vital signs, general appearance)
- Eyes
- Ears, nose, mouth, and throat
- Cardiovascular
- Respiratory
- Gastrointestinal
- Genitourinary
- Musculoskeletal
- Skin
- Neurologic
- Psychiatric
- Hematologic/lymphatic/immunologic

1997 Exam

- **Constitutional**
 - At least 3 of 7 bullets
Plus General appearance
- **Eyes**
 - 3 Bullets
- **Ears, Nose, Mouth, and Throat**
 - 6 Bullets
- **Neck**
 - 2 Bullets
- **Respiratory**
 - 4 Bullets
- **Cardiovascular**
 - 7 Bullets
- **Chest (Breasts)**
 - 2 Bullets
- **Gastrointestinal (Abdomen)**
 - 5 Bullets
- **Genitourinary (Male)**
 - 3 Bullets
- **Genitourinary (Female)**
 - Pelvic exam - 7 Bullets
- **Lymphatic**
 - Palpation of lymph nodes two of 4
- **Musculoskeletal**
 - Gait and station digits and
 - Examination of at least one of 6 areas of joints, bones, and muscles
 - Each including 4 bullets
- **Skin**
 - 2 Bullets
- **Neurologic**
 - 3 Bullets
- **Psychiatric**
 - Assessment of patient judgement and insight
 - 3 Bullets assessing mental status

1997 Specialty Exams

- 11 Specialty exam templates
 - Focused exam specific to specialty
 - Addresses body areas and other systems
 - Requires predetermined number of specialty bullets
 - Comprehensive requires predetermined bullets plus
 - Some bullets in general body area/systems
 - Predetermined number of bullets in related systems
- May be used by any specialty
- Relevant to reason for visit

Exam

Exam Level	1995	
•Problem Focused	•Affected (1) BA or OS	•1-5 Required bullets
•Expanded Problem Focused	•1-2 Extended exam 2-7 BA or OS	•6-12 Required bullets
•Detailed	•1-2 Extended exam 2-7 BA or OS	•12+ Required Bullets (>9 for psych or eye exams)
•Comprehensive	•8 or more, or complete exam of a single organ system	•All elements in bolded outlined system boxes and ≥ 1 element in unbolded system boxes

EPF / DETAILED EXAM MAY BE DETERMINED BY CARRIER

Medical Decision Making

- Guidelines do not require MDM if 2 of the 3 elements are required, However,
 - MDM supports the level, and medical necessity
 - Audit should determine medical necessity of extensive documentation if no MDM
 - May be required by some payors
 - If it's there, it will be assessed

- Document inaccurate vs. incomplete documentation
 - Incomplete diagnoses description
 - Reading exams vs. reading notes
- MDM is a 3 criteria determination – even if risk is high, at least one other MDM is required to score, and those points must contribute to high MDM
- Key words in documentation for MDM
 - Stable
 - Worsening
 - Controlled
 - Uncertain prognosis
- Additional diagnostics if ordered

Presenting Problem

- Minor/self limiting problem
- Established stable, improved
- Established worsening
- New problem no additional work-up
- New problem Additional workup required

Amount or Complexity of Data

- Review or order labs
- Review or order Radiology
- Review or order medicine tests
- Discussion of rests with performing physician
- Obtain old records or results
- Review and summarize old records or talk with other provider
- Independent review of image, specimen (not report)

1 point

2 points

Table of Risk

- Minimal
 - Low
 - Moderate
 - High
- Presenting problems
 - Diagnostic Procedures Ordered
 - Management options selected

Medical Decision Making				
Presenting Problems to the Treating Provider	≤ 1 Minimal	2 Limited	3 Multiple	≥ 4 Extensive
Amount and/or Complexity of Data to be Reviewed	≤ 1 Minimal	3 Limited	4 Multiple	≥ 4 Extensive
Risk of Complications / Morbidity / Mortality:	Minimal	Low	Moderate	High
	STRAIGHTFORWARD SF	LOW L	MODERATE M	HIGH H

Additional Considerations

- Look for additional or modified information recorded in each history and examination area for children, adolescents and pregnant women

- HPI may include
 - Details of mother's pregnancy
 - Infant's status at birth
- History
- Family structure
- Family congenital anomalies and hereditary disorders

Children and Adolescents

- Development of the child
- Family structure
- Social structure
 - Day care
 - Nursery school
 - Structure exposure
- History of childhood diseases
- History of vaccinations
- Age appropriate exam

Deliver Results

- Who should attend
- Coding
- Nurse, MA, Scribe
- How long?
- Meet at appropriate times

Deliver Results

- Bring all supporting documentation
 - Audit results
 - Methodology
 - Explanation of coding elements
 - Blank worksheet to explain process
 - CMS documentation if necessary
 - Past audit results

Deliver Results

- Translate into language provider will understand
- PF
- EPF
- Detailed
- Comprehensive
 - Explain how many
- Straightforward
- Low
- Moderate
- High

Discussion Point



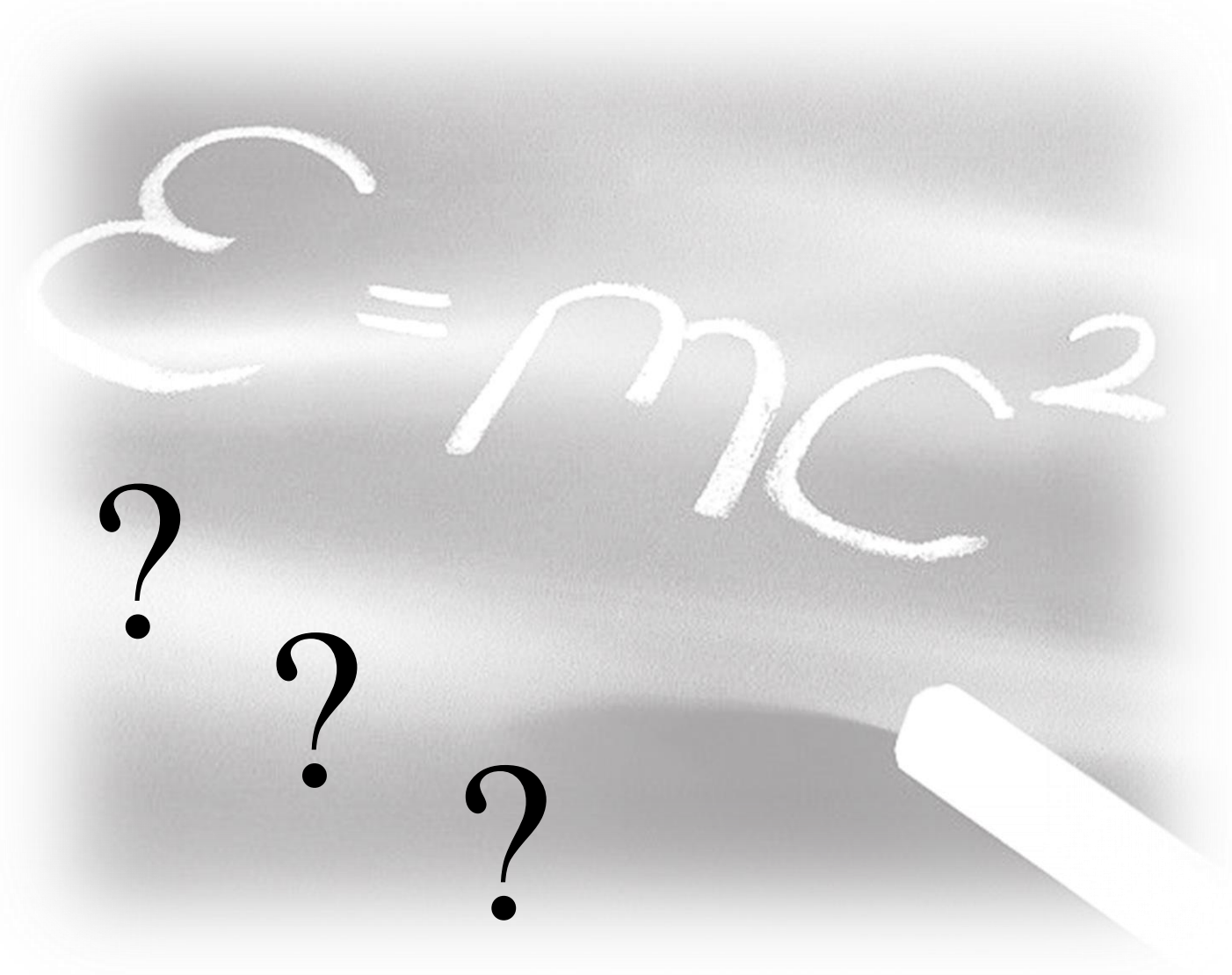
- “99223 requires at least a detailed history”
- A Level 3 requires more detail around how the chief complaint is affecting the patient. We can walk through the detail required for symptom detail and ROS

	Initial Hosp. Visits & Observation Care			Subsequent Hosp.		
Level	Draw a line down the column which has a key component identified which is the farthest to the left (leveled by the lowest) These are <u>PER DAY CODES</u>			If a column has 2 or 3 circles, draw a line down the column and circle the code OR draw a line down the column with the center circle and circle the code This is a <u>PER DAY CODE</u>		
HX	D or C	C	C	PF interval	EPF interval	D interval
EX	D or C	C	C	PF	EPF	D
MDM	SF/L	M	H	SF/L	M	H
CPT Code	99221-30 99218 99234	99222-50 99219 99235	99223-70 99220 99236	99231-15	99232-25	99233-35

Schedule Additional Audits

- Auditing schedule
 - More frequent for identified issues
 - Expect results
 - Evaluate efficacy of education based on follow-up audits

Questions?


$$E = mc^2$$

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Resources

- <http://go.cms.gov/16F3HBY>
- <https://emuniversity.com/COW/NHIC.pdf>
- <https://www.cms.gov/outreach-and-education/medicare-learning-network-mln/mlnedwebguide/downloads/97docguidelines.pdf>
- <https://www.acog.org/-/media/Departments/Coding/97templ.doc>
- <https://www.acog.org/-/media/Departments/Coding/95templ.doc>

Resources

- <https://emuniversity.com/SpecialtyExams.htm>
- <https://www.cms.gov/outreach-and-education/medicare-learning-network-mln/mlnedwebguide/downloads/95docguidelines.pdf>

Thank You

- Stroudwater Revenue Cycle Solutions was established to help our clients navigate through uncertain times and financial stress. Increased denials, expanding regulatory guidelines and billing complexities have combined to challenge the financial footing of all providers.
- Our goal is to provide resources, advice and solutions that make sense and allow you to take action.
- We focus on foundational aspects which contribute to consistent gross revenue, facilitate representative net reimbursement and mitigate compliance concerns. Stroudwater Revenue Cycle Solutions helps our clients to build processes which ensure ownership and accountability within your revenue cycle while exceeding customer demands.
- **Contact us to see how we can help.**

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