

DoctorsManagement - Coding Compliance Audit Review

Client: Sample Organization, LLC

DM Auditor: Senior Audit Consultant

Audit Date: January 2021

Provider: Sample, MD

CONFIDENTIAL INFORMATION: DRAFT COPY

	Patient First Name	Patient Last Name	Patient ID	Date of Service	E&M Code Reported	Medical Decision Making OR Time	E&M Code Supported for Claim Submission	Auditor Comments Findings/Suggestions
1	Patient	A	#	1/7/2021	99203	LOW MDM	99203	<p>No time documented, and therefore MDM was used to audit this encounter. The patient is seen with acute problems that are being managed with low management risk per AMA MDM chart.</p> <p>The documentation and medical necessity support the level of service as billed.</p>
2	Patient	B	#	1/11/2021	99203-25 70486 31231-59	MODERATE MDM	99204 70486 31231	<p>This encounter included multiple presenting problems. The primary problem appears to be chronic rhinitis which is noted as stable at this time, with new treatment plan developed. In addition there is a differential diagnosis that is being evaluated through further diagnostic testing. This problem is an "undiagnosed new problem with uncertain prognosis" as there is a consideration of a CSF leak. Moderate MDM is further noted through the management options of the patient with the initiation of RX management.</p> <p>A higher level of service is supported.</p> <p>The documentation of the encounter does support the procedures documented. While carriers may vary, there is no NCCI edit relationship between the E&M and procedure and therefore a modifier should not be required.</p>
3	Patient	C	#	1/11/2021	99203-25 31575	LOW MDM	99203 31575	<p>The problem noted is an acute complaint that does appear to have systemic/complicating factors. This does support a moderate complexity for the presenting problem of the patient. When considering the management options provided to the patient, it is noted that the patient will return for speech therapy evaluation, which would equate to low level management by using such known AMA examples of PT/OT.</p> <p>Documentation and Medical necessity support the level of service as billed.</p> <p>The procedure(s) were appropriately documented. While carriers may vary, there is no NCCI edit relationship between the E&M and procedure and therefore a modifier should not be required.</p>

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4	Patient	D	#	1/11/2021	99204-25 87880	MODERATE MDM	99204 87880	<p>The documentation does indicate the patient has an acute problem that has systemic/complicating factors to support moderate presenting problem risk. The management options of the patient to include RX management also support the moderate level of risk.</p> <p>Documentation and medical necessity support the level of service as billed. The procedure(s) were appropriately documented. While carriers may vary, there is no NCCI edit relationship between the E&M and procedure and therefore a modifier should not be required.</p>
5	Patient	E	#	1/4/2021	99204-25 31231	MODERATE MDM	99204 31231	<p>The chronic condition is not stated as currently exacerbated, although the provider clearly discusses signs/symptoms when exacerbation occurs. However, the problem is also discussed in consideration of the patient's more complex underlying health risk and therefore, considering the presenting problem as acute to the provider today due to new initial patient visit, with complicating factors, moderate risk is supported. The management options is also supported at moderate risk with RX management.</p> <p>The documentation and medical necessity support the level of service as billed. While carriers may vary, there is no NCCI edit relationship between the E&M and procedure and therefore a modifier should not be required.</p>
6	Patient	F	#	1/5/2021	99204-25 42650	MODERATE MDM	99204 42650	<p>The documentation of the presenting problem does note an undiagnosed new problem with uncertain prognosis, as another CT was ordered to rule out malignancy demonstrating moderate complexity. The management options of the patient did include RX management with continuation of the antibiotics and medrol dose pack.</p> <p>The documentation and medical necessity support the level of service billed. The procedure did not include a "procedure note" and while allowed during the audit, it should be noted that this would be more thoroughly documented through the a procedure note.</p> <p>While carriers may vary, there is no NCCI edit relationship between the E&M and procedure and therefore a modifier should not not be required.</p>

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7	Patient	G	#	1/6/2021	99204-25 70486 31231-59	MODERATE MDM	99204 70486 31231	The documentation of this encounter includes acute and chronic problems that both represent moderate level of presenting problem complexity. The providers has made the decision for surgical intervention for these issues, and therefore the management options also support moderate level complexity. The documentation and medical necessity support the levels of service as billed. While carriers may vary, there is no NCCI edit relationship between the E&M and procedure and therefore a modifier should not be required.
8	Patient	H	#	1/5/2021	99212-5 G026	MINIMAL MDM	99212-25 G0268	Documentation and medical necessity support the services as billed. The encounter did address the cerumen impaction which led to removal and therefore not considered in the E&M level of service. The patient's secondary diagnosis was noted as stable with minimal medical interevntion and therefore supportive of the level of service as billed.
9	Patient	I	#	1/4/2021	99212	MINIMAL MDM	NONE	The patient presented for COVID testing only for travel. Documentation states the patient has no symptoms or exposure and therefore the medical necessity of the encounter is mitigated. appropriate.
10	Patient	J	#	1/4/2021	99213-25 92567 92557 G0268	LOW MDM	NONE	It appears that the documentation of the encounter was not completed.
11	Patient	J	#	1/6/2021	99213-25 31575	LOW MDM	99213-25 31575	The presenting problem of the patient notes a chronic problem noted as stable and being managed with OTC medications. This does support a low level of MDM and therefore the LOS reported is supported. The provider did include information regarding a problem being managed by another provider, but there is not documentation of the consideration of this complicating or compromising other treatment of the patient today.

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12	Patient	L	#	1/11/2021	99214-25 31231	MODERATE MDM	99214-25 31231	The chronic problem is exacerbated and the decision for surgery is made both supporting a moderate level MDM. It is noted that the provider did a good job at documenting data review and order of CT imaging and discussion with other providers on behalf of the patient. This patient is complex supporting a moderate level complexity as documented.
13	Patient	M	#	1/11/2021	99214-25 92567 92557	MODERATE MDM	99214-25 92567 92557	The documentation of the encounter shows multiple presenting problems managed by the provider with RX management. This supports moderate complexity. Of note, is the data and complex documentation which expertly documented not only the ordering of advanced imaging, but the consideration of alternative advanced imaging and the decision making regarding it. While carriers may vary, there is no NCCI edit relationship between the E&M and procedure and therefore a modifier should not be required.
14	Patient	N	#	1/4/2021	99214-25 G0268	MODERATE MDM	99214-25 G0268	The documentation of the encounter includes a chronic problem noted as being exacerbated requiring RX management. While there are other presenting problems and data MDM components, this is enough to support the level of service as billed.
15	Patient	O	#	1/4/2021	99213-25 92567 92557	LOW MDM	92567 92557	The documentation of this encounter includes cerumen removal and therefore this presenting problem cannot be considered in the evaluation of the E&M level of service. The documentation intro indicates the patient is here for a pre-planned audiogram today, and the documentation does NOT include any current status of the tinnitus to help support a follow up visit for this purpose. As documented, due to the intro and lack of follow up inclusion, the E&M visit is not supported.
16	Patient	P	#	1/12/2021	99215-25 96372 J1100 70486-59	HIGH MDM	99215-25 96372 J1100 70486-59	The documentation of the encounter does a great job of explaining the severe acute exacerbation the patient presented with today at the encounter to support high complexity for the presenting problem. The management of the patient does include decision regarding major surgical intervention and that there is increased respiratory risks for the patient to support high management risk. The documentation and medical necessity support the level of service as documented.

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17	Patient	Q	#	1/8/2021	61782 31296 91295-50-51 31254-51	N/A	61782 31296 91295-50-51 31254-51	Documentation and medical necessity support the billed surgical services.
18	Patient	R	#	1/6/2021	61782 31238-58 31238-79 31295-50 30520-51 30140-50-51	N/A	61782 31238-58 31238-79 31295-50 30520-51 30140-50-51	Documentation and medical necessity support the billed surgical services.
19	Patient	S	#	1/7/2021	42821	N/A	42821	Documentation and medical necessity support the billed surgical services.
20	Patient	T	#	1/7/2021	69610-RT	N/A	69610-RT	Documentation and medical necessity support the billed surgical services.

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