Investing through Assessment: A unique perspective to the audit purpose and process

Shannon DeConda CPC, CPMA, CEMC, CPC-I, CEMA Partner, DoctorsManagement President, NAMAS

> When asking the average administrator why they are requesting an audit the average response is-- *it's our annual review*. It's great that practices are taking the compliance initiative, but it's time that the audit is more than just a completed item on a checklist.

namas

How do you do that?

This session will provide you 5 tips on how to take an audit performed internally or by a third-party organization from a to-do list to an investment resource that your providers will look forward to each year.

1

If I told you all 5 now- you wouldn't need to listen to the rest of the hour.... So instead, I will tell you one nugget at a time.... Haha!



### Adjust the focus



#### Audit the RCM of Each Encounter



- The claim holds vital information
  - Diagnosis linkage
  - Modifier usage
  - I-2 information (to be discussed later)
- Wait, what about EOB review?
  - Denials
  - · Reimbursement rate
  - Charge amounts
- So, should you perform a prospective or retrospective audit in the future?







# Audit Findings & Reporting

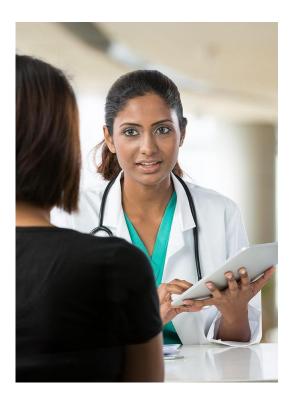
- The standard audit is created to report deficiencies
- Rarely does the report or the findings report proficiencies
- It's not punishment, it's just the nature of compliance
- Consider the reports...

Feedback Sessions with Providers

Elaboration of complexity of care

Systemic symptoms vs. General symptoms

Late entry

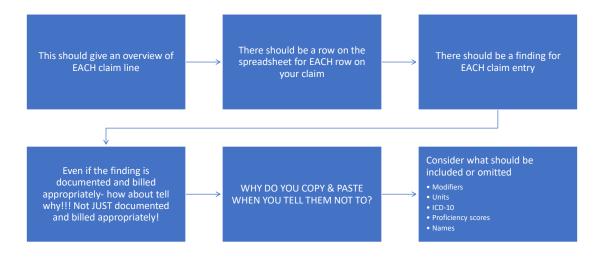




### Spreadsheet Analysis- Claim Line Entry

We SHOULD see more positive feedback here, but more frequently you see "Agree" only

### Considerations for the Spreadsheet



DoctorsManagement - Coding Compliance Audit Review Client: I'm a Big Kid Mow Pediatric Care Comprehensive Care DM Auditor: Shannon O. DeConda 2022 PROGRESSIVE REVIEW Provider: Diane J. Bank, DO				re	nar	mas	CONFIDENTIAL INFORMATION: DRAFT COPY	
	Patient First Name	Patient Last Name	Patient ID	Date of Service	E&M Code Reported	Making OR	E&M Code Supported for Claim Submission	Auditor Comments Finding-/Suggestions
ļ						14	NILARV	2022 Q1 REVIEW
I	MERI	JACKSON	104557	11/15/2021	99214	LOW MDM	99213	
	ANTONIO	TOLBERT	188575	11/15/2021	99214	LOW MDM	99213	

# **Precision Ratings**

Encounter Type	Total Codes Audited	Reported Accurately	Not R	eported Accu	rately	Accuracy Rate
				Higher Level	No EM	
E/M Codes	2	0	0	2	0	0%
2/11/00/00		, , , , , , , , , , , , , , , , , , ,	Not Supported	Code	but Not	
CPT/HCPCS Codes	0	0	0	0	0	N/A



15



Written Reports

- The purpose of the written report is to provide published guidance resources. Therefore, if a provider scores a 90-95% proficiency- a report may not be needed
- If a provider doesn't meet accuracy- many still will not use the report a resource, but that the point is for the sake of compliance- the resources have been provided
- Many, however, are relying- for cost efficiency on the spreadsheet alone to feel this gap





#### Consider the Under-Coding

Rheumatology

New Office Visits

				Current	Current		Variance			
E&M		Current	Total	Gross	Practice	National	Practice vs.	Redistributed	Redistributed	Charge
Code	Count	Fee	RVUs	Charges	Dist. %	Dist. %	National	Count	Gross Charges	Delta
99202	75	150	2.15	\$11,250	30.00%	0.72%	4082.35%	2	\$269	\$10,981
99203	125	229	3.05	\$28,625	50.00%	12.59%	297.08%	31	\$7,209	\$21,416
99204	45	345	4.63	\$15,525	18.00%	62.98%	-71.42%	157	\$54,321	(\$38,796)
99205	5	452	5.82	\$2,260	2.00%	23.58%	-91.52%	59	\$26,648	(\$24,388)
Totals	250			\$57,660	100.00%	100.00%		250	\$88,447	(\$30,787)



Established Office Visits

E&M		Current	Total	Current Gross	Current Practice	National	Variance Practice vs.	Redistributed	Redistributed	Charge
Code	Count	Fee	RVUs	Charges	Dist. %	Dist. %	National	Count	Gross Charges	Delta
99211	5	48	0.64	\$240	0.64%	0.66%	-3.71%	5	\$249	(\$9)
99212	332	116	1.27	\$38,512	42.35%	1.70%	2386.90%	13	\$1,549	\$36,963
99213	302	184	2.09	\$55,568	38.52%	28.66%	34.43%	225	\$41,337	\$14,231
99214	125	264	3.06	\$33,000	15.94%	63.49%	-74.89%	498	\$131,415	(\$98,415)
99215	20	368	4.1	\$7,360	2.55%	5.49%	-53.50%	43	\$15,829	(\$8,469)
Totals	784			\$134,680	100.00%	100.00%		784	\$190,379	(\$55,699)



19

Genera	l Surgery	
New Of	fice Visits	
E&M	Total	National
Code	RVUs	Dist. %
99202	2.15	11.61%
99203	3.05	41.87%
99204	4.63	35.26%
99205	5.82	9.54%
Totals		100.00%

Establis	hed Offic	e Visits
E&M	Total	National
Code	RVUs	Dist. %
99211	0.64	1.34%
99212	1.27	17.86%
99213	2.09	49.58%
99214	3.06	26.31%
99215	4.1	4.91%
Totals		100.00%

ogy
Visits
Current

E&M	Total	Practice	National
Code	RVUs	Dist. %	Dist. %
99202	2.15	30.00%	0.72%
99203	3.05	50.00%	12.59%
99204	4.63	18.00%	62.98%
99205	5.82	2.00%	23.58%
Totals		100.00%	100.00%

Established Office Visits

E&M	Total	Current Practice	National
Code	RVUs	Dist. %	Dist. %
99211	0.64	0.64%	0.66%
99212	1.27	42.35%	1.70%
99213	2.09	38.52%	28.66%
99214	3.06	15.94%	63.49%
99215	4.1	2.55%	5.49%
Totals		100.00%	100.00%

Family	Practice	
New Of	ffice Visits	
E&M	Total	National
Code	RVUs	Dist. %
99202	2.15	10.92%
99203	3.05	49.60%
99204	4.63	34.65%
99205	5.82	4.26%
Totals		100.00%

Establis	shed Offic	e Visits
E&M	Total	National
Code	RVUs	Dist. %
99211	0.64	1.94%
99212	1.27	2.19%
99213	2.09	39.40%
99214	3.06	53.37%
99215	4.1	3.10%
Totals		100.00%

## Compare the Benchmarks





#### Consider the 25 Modifier Violation

- The cost to the practice for intentional unbundling of services
- 25 modifier is an "unbundling" modifier which means it ensures you get paid for something that normally you should NOT get paid for
- Make sure your providers understand this and the financial risk and cost to the practice vs. running an "injection" day in the practice

### Mitigating Risk: Office Based Services

- The rigidity of the rules of the 25 modifier never cease to amaze me
- The willful neglect to this rule also never ceases to amaze me- that is until individuals get audited and need appeal support
- Personally (I shouldn't put personal opinion in a PPT) I DO NOT AGREE WITH THIS RULE, but this session is on Mitigating Risk- not on rules I don't agree with!
- Let's break this down literally one step at a time so you have the rationale you need to make determinations necessary in your organization

# Bundling Edits Make the Difference!

- Validate your team is using the 25 modifier appropriately
  - It's ONLY needed if a bundling edit exists
  - Although, some commercial policies do have their own rule- even though they claim to follow CMS NCCI edits
- Let me show you what I mean:

C And	Never is for populate (policeanal, CC) carter any. Well this sceler positive the optimity view for the statement of the second statement of a sceler scalar scalar scalar statements are not the scalar scalar scalar s						ride in again to Do	dell'hs can Elgot. Cottat yar soei nemaetalwi e 1-8	18 alle State 1
20610	Attribution of the Minerg codes  Minergenetics  Min		Mone+						
Cole 2	in and the second se								
Cashy 308	Opolane 1) has a CCI conflici with code 902/3/contana 2). A modifier is allowed to controls this reliable	esta:							
Code	Descriptice	Fee	Work R5U	PERMI	NP RVU	Total RMJ	fee Type	Reason	Notifie
29512	Attrocentoria, assistant entire reaction, major shift or barts log, shaulter, hiji, inner subscronnlat bursar, where attracture patience	\$55.44	1.79	1.81	6.12	1.92	NonFacility	CFT Manual or CM3-manual coding instructions	Almet
25222	Office or other standard with the two variables and nanogenetic of an statistical potent which matrixs a medically approache history action examplifies and to vision of medical decision realing them using the fit code selector, $\mathcal{H}(3)$ manage of	992.05	u	128	81	2.65	AutTacity	CPT Nexul & CMS nanual coding inductions	Atened
Code 20									
Code	Noolann 1) kee a CCI conflict with code 99713 plana 2). A mobile in advect to overrate the wisks Description	Fea	Ways 2511	PERMI	NP IIVI	Tread Birth	for Taxa	Dennes	Bollo
Zens	Africantasis, exploiter and/or ryschol, mean pet or burie reg, strauble, hg, inner subactome	505.44	1.7	1.11	1/2	152	Fee Type	CPT Remail of DVS menual cottos restructores	1000
	turne), without advanced guidence			128		7.66			Alevel
96253	Office or office solutions with the evaluation and management of an established patient, which requires a medically georgenera history and/or ecompation and are sized in feedball decision making them scheg them for code selection, 23-25 minutes of	\$92.05	ä	108	<u>.</u>	2.00	NonTacilly	CPT Blanual or CMS manual coding neth-utdans	Alexed
			står Benidlån	Prosto Polico i Ad	(logati Mor	rede Locas Am	ensi bist		
Di Check cose marke Tion-Facilit	THU COLONNAL WAY		stile i Descrittion	Program Daton 1.688	Sayıtı Hor	neder Locasi fan	enet Seine		
CI Check Incose market Non-Facility Tracitity For	mu O col cented Nev 🛛 View MPCS						enet Seize		
CI Check horse market horse market horse facility the facility facility operation a market appendix a market	TRU ○ CC Combit New B (New 1097) ↓ € CC Combit New	100, 1075 P.U	Content, the CCI is	temation is physi	ian (van facility) o	<i>zi</i> .		Eget Entity for sets representes #140-443.040,0	Option 1. Or ensult as all
CI Check toose market Nex-Facility Taxiny Kill de: CCI Reve conterns a market conterns a market conte	TRU     C CC Lender UNV     Werk MPFS     POLICAS AND	100, 1075 P.U	Content, the CCTs	temation is physi	ian (van facility) o	<i>zi</i> .		Cyart, Cantor your values representative at 1400-465-3040 (	Option 1. Or enset as at
CI Check Inter-Facility Tran-Facility Transity Facility Transity Facility Commences of the Constant Commences of the Constant Cons	TRU     C CC Lender UNV     Werk MPFS     POLICAS AND	acity 1895 RSU	Content, the CCTs	temation is physi	ian (van facility) o	<i>zi</i> .		Cont Contry per view revearable of 1410 46 340, 00	Option 1 Ch email da az
CI Check horse marker hars Fracilly fracilly fail as CCI Rear partners of horse control (COI Rear partners of horse control (COI Rear partners of horse control (COI Rear part	TRU     C CC Lender UNV     Werk MPFS     POLICAS AND	acity 1895 RSU	Content, the CCTs	temation is physi	ian (van facility) o	<i>zi</i> .		Eper Enter you and we want do a 1.100 48 300 0	Option 1 Or enand as all
CI Check horse model have Facility fram Facility fram Facility fram CCI Reso control of the control of the cont	FX         C Clocket New         B mounts           If C Clocket New         B mounts         B mounts	alıh Miris Kou İşanlar, and mar	Content, the CCTs	formation & physics Instituted, Commun	an (ran-facility) o	<i>zi</i> .	ograde is EncoderPis carr		yten 1 O envira at
CI Check horse today have Facility frame fractity frame for today today frame for today frame for today frame for today frame for today frame for today frame for today frame for today for today frame for today for to	to Construe Financia     Construction Financial Structure     Construction     Consten	acity Mitter Rock Generation and man I Mitter	Context the CCC i ry mon Tablocent PP	formation & physics Instituted, Commun	an (ran-facility) o	onțe Leta (trastite an a	pysik is Drydelfin cen 1994 - Baad		
CT Check local model inter-Facility inter-Facility inter-Co-Review partners and inter- partners and inter- artners		acity Mitter Rock Generation and man I Mitter	Context for CCC i y mon Theface IT P et BAVU PR	formation is physic helicated, Comment	tian (non-facility) o ne coding edit chi 1978 Tanal	onių Nota canaliterana I RNU – Fee 1	pysik is Drydelfin cen 1994 - Baad		Modiler
Control of		acity Mitter Rock Generation and man I Mitter	Context for CCC i y mon Theface IT P et BAVU PR	formation is physic helicated, Comment	tian (non-facility) o ne coding edit chi 1978 Tanal	onių Nota canaliterana I RNU – Fee 1	pysik is Drydelfin cen 1994 - Baad		Modiler
CT Check Investments I Ten-Facility I Rear Facility I Rear Fac	Construction     C	acia) 1975 750 genter, and mar (1986 (1987) 44 (1977)	Context for CCC i y mon Theface IT P et BAVU PR	Annual of a physical Sector of Communication Sector of	ant (non-facelig) of out coding with the target Tanait 1.52	onių Nota canaliterana I RNU – Fee 1	pyels & Dooderflo cen Igre Base Selfy Six	NA	Modiler
CI Check Inces software Teachy	00     Construint     Description       00     Construint     Description       00     Construint     Description       00     Description     Description	alah IMPERIO Jandar, and mar i i i Man Man 44 0 17 Wa	Context the CCC T y most Thefare IT with EXM PICE at EXM PICE	Annual of a physical Sector of Communication Sector of	ant (non-facelig) of out coding with the target Tanait 1.52	onije Logo (denoter un u I RAVU Esen 1 Ngo F	ayak k Disakifa am Iya Baa Katiy Ki	NA	Notifier 53

# Steps in Applying the 25 Modifier

- Now that I have verified the 25 modifier IS required in order to obtain reimbursement for the office visit AND the procedure, we must verify if the documentation meets the necessary requirements to support the use of the 25 modifier
- If you want the black and white rules-Google "NCCI Policy Manual"
- Your first hit should be the CMS.gov page and when you click it you should see this image

					Home   Abo	ut CMS   Newsroom   Archive
		V ledicaid Services			Se	with CMS
Medicare	Medicaid/CHIP	Medicare-Medicaid Coordination	Private Insurance	Innovation Center	Regulations & Guidance	Research, Statistics, Data & Systems
Home > Me	Scare > National Correct	Coding Iniliative Edity + NC	CI Policy Manual for	Medicare		
lational ( nitiative l		< NCCI Polic	cy Manual fo	or Medicare		
ICCI Policy	Nanual for Medicare	Introduction (PD	E)			
CCI.Paticy.	Annual Archive	Chapter 1 (PDF)				
orresponde rchive	nce Language Manual	Chapter 2.(PDF)				
ledically Un	ikely Edita	Chapter 3 (PDF)				
wartesty PT	P and MUE Version Upda					
TP Coding )	Laina	Chapter 5 (PDF)				
dd-on Code	Edita	Chapter 6 (PDF)				
CCLFAQE		Chapter 7 (PDF)				
		Chapter 8 (PDF)				
		Chapter 9 (PDF)				
		Chapter 10 (PDF	Ð			
		Chapter 11 (PDF	Ð			
		Chapter 12 (PDF	Ð			
		Chapter 13 (PDF	Ð			
						Page Last Modified: 1
						Help with File F

25

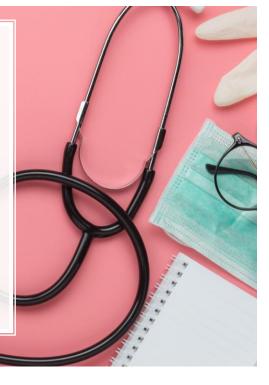
### Procedural Use with Modifier 25

#### Page 4 of the Chapter 7 download reads as follows:

If a procedure has a global period of 000 or 010 days, it is defined as a minor surgical procedure. In general, E&M services on the same date of service as the minor surgical procedure are included in the payment for the procedure.

#### The decision to perform a minor surgical procedure is included in the payment for the minor surgical procedure and shall not be reported separately as an E&M service.

However, a significant and separately identifiable E&M service unrelated to the decision to perform the minor surgical procedure is separately reportable with modifier 25. The E&M service and minor surgical procedure do not require different diagnoses. If a minor surgical procedure is performed on a new patient, the same rules for reporting E&M services apply. The fact that the patient is "new" to the provider/supplier is not sufficient alone to justify reporting n E&M service on the same date of service as a minor surgical procedure. The NCCI program contains many, but not all, possible edits based on these principles.



#### Also in Chapter 1, the use of 25 Modifier

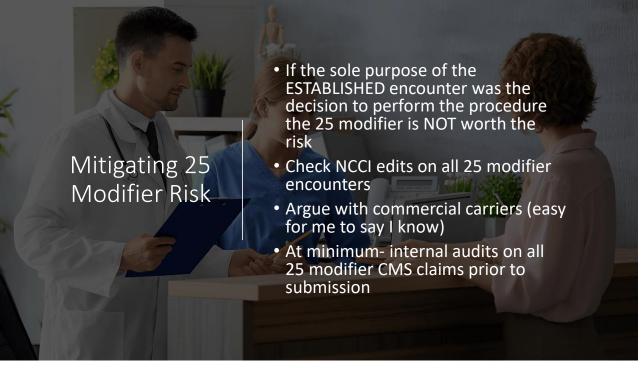
Modifier 25: The "CPT Manual" defines modifier 25 as a "Significant, Separately Identifiable Evaluation and Management Service by the Same Physician or Other Qualified Health Care Professional on the Same Day of the Procedure or Other Service."

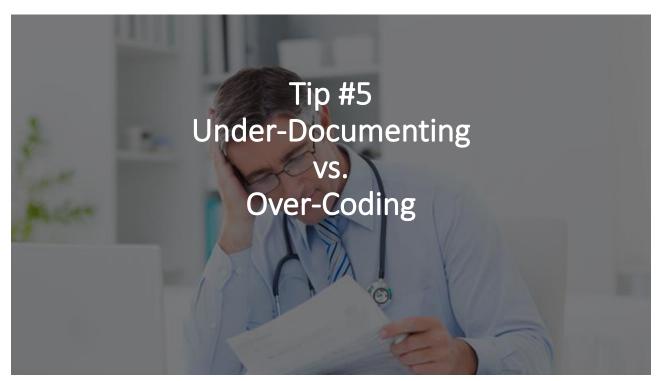
Modifier 25 may be appended to an evaluation and management (E&M) CPT code to indicate that the E&M service is **significant and separately identifiable** from other services reported on the same date of service. The E&M service may be related to the same or different diagnosis as the other procedure(s). Modifier 25 may be appended to E&M services reported with minor surgical procedures (with global periods of 000 or 010 days) or procedures not covered by Global Surgery Rules (with a global indicator of XXX).

Since minor surgical procedures and XXX procedures include preprocedure, intra-procedure, and post-procedure work inherent in the procedure, the provider/supplier shall not report an E&M service for this work.

Furthermore, Medicare Global Surgery Rules prevent the reporting of a separate E&M service for the work associated with the decision to perform a minor surgical procedure regardless of whether the patient is a new or established patient.







#### What is the difference?

- Under-documenting means that the provider failed to document the complexity of the patient to the full extent
- Over-coding implies that level of service reported for the encounter was higher than the complexity of the patient's medical necessity
- In most instances we find that the provider fails to accurately depict the complexity

## Case Sample #1

#### Chief Complaint

Inflammatory Polyarthritis: polymyalgia rheumatica;

#### History of Present Illness

Ms. Joseph is a pleasant 73-year old female presenting for followup of PMR.

In the interval since the patient's last visit, the following issues have been noted:

-Pt had severe muscle spasms in her lower back last weekend limiting her ability to sit and/or stand. She reports the pain was a 9/10 and was excruciating. Today, she has R-sided LBP that can be elicited by palpating in a small region to the R of her spine. It does not radiate. No TTP spine or SI jt.

-She reports overall feeling well on her 15mg Prednisone dose. She feels so well today she "forgot her cane and is doing great." -No c/o headache, blurry vision, double vision, scalp tenderness, or jaw pain. She denies any muscle weakness, stiffness or shoulder/neck/hip pain.

31

			Ca	ase	Sa	mple	e #1				
Wou	ıld I s	shocks				was bille			enco	unter?	
			, 54 10	, cen ye		itus sine			0		
24. A.	DATE	FISLOF SE	J.			N. L.	ES SEMPICES	OKSUF	PUES	і 1 с I	
	fitter	F(S) CF SE		B PLAC	r Eof XII EMG		essual Circumsta	OK SUP ALRSI ODIFIER	PLIES	E UIAGNOSES POINTES	~
<u>MM</u>	Fran DC N	YY MM	To To DD	8 PLAC Y¥ 5£71	EOF ALE EMG	(Explain Qa	essual Circumsta	442.555	FLIES		•-
<u>MM</u>	Fran DC N	YY MM	To To DD	B PLAC	EOF ALE EMG	(Explain Un CPT0HCPCS	essual Circumsta	442.555	FLIES	POINTER	
<u>MM</u>	Fran DC N	YY MM	To To DD	8 PLAC Y¥ 5£71	EOF ALE EMG	(Explain Un CPT0HCPCS	essual Circumsta	442.555	P1165	POINTER	~

#### Assessment

. . . . . . . .

. . . . . . . .

Discussed long term plan for pt's PMR at length today. Explained 15mg of prednisone is not a sustainable dose, which patient understands as this was discussed at her last visit. Reiterated that if the prednisone taper does not work, we will be progressing to MTX. We discussed MTX today, but she would like to trial another taper. She has been taking 15mg/day for the last month, so tomorrow she will start at 14mg. She will decrease her dose by 1mg every 2 weeks until she sees us again in 2 months.

Pts pain was limited to a small spot on her back today. As her proximal muscle strength was 5/5, she experienced no pain with testing her shoulders and hips against resistance, she does not c/o stiffness she did not experience TTP neck, shoulder or hip we discussed her back spasms could be a different mechanism. She feels that they are more "spastic" in nature, and agrees they seem slightly different than her PMR pain. We will trial tizanidine as she previously tried Flexeril and says it decreased in efficacy.

Pt stated she has been trying an antiinflammatory diet but is having issues and would love to be referred to our dietician.

Will continue to monitor for any blood dyscrasias, hepatotoxicity or renal injury by obtaining bloodwork today. Bloodwork from 12/31 discussed with patient. As her ankle edema is increasing and she is on Tribenzor recommended she move her May appt with her PCP up if she begins to experience orthopnea, markedly increased ankle edema or DOE. The patient was assessed by Danielle Tran, PA-C, with Dr. Withers present in the room assisting with the patient

examination and treatment plan. Greater than 50% of today's 40 min visit was spent providing education and coordinating care.

#### Plan

I recommend that this patient work with our Registered Dietitian (RD) for nutritional counseling. The RD is to evaluate patient to establish a nutritional wellness plan which may include education on nutrition, weight loss, exercise, and stress management. The referral was created and assigned to Dietitian's work flow to contact patient to review details of this service and encourage scheduling visit.

### Now let's consider the rest of the story...



