

Part B Insider (Multispecialty) Coding Alert

AUDITS: Look For Time Bombs In Your Medical Records

8 tips to improving your chart audit success

You could be throwing money away if you're not auditing your charts regularly.

"Chart audits are a good way to pick up things that aren't billed, and then things that are billed but aren't documented," notes **Maxine Lewis**, a consultant with **Medical Coding Reimbursement Management** in Cincinnati. You may actually rescue some money with audits--and you may avoid compliance nightmares.

She and other experts offer the following tips to help you audit your patients' charts:

1) Base your audits on the HHS Office of Inspector General's guidance on compliance programs. The OIG published guidelines for "individual and small-group practices" in the Oct. 5, 2000 Federal Register, and you can read them at: www.oig.hhs.gov/authorities/docs/physician.pdf.

"Every practice has to have a plan and an approach that's consistent with this advice given by the OIG," says **James Kennedy**, a consultant with **FTI Cambio Health Solutions** in Nashville. And your chart audits should be in line with your compliance plan.

2) Use a random sample of your charts, so you can be sure to catch any patterns that you might not be aware of. The OIG uses a software program called RAT-STATS to select a sample of your charts. You can download that program--go to: www.oig.hhs.gov/organization/oas/ratstat.html and use it to select some of your own charts. "It's always good to say to the OIG, 'We did it your way,'" notes Kennedy.

3) Try looking at all charts from a specific day, advises Lewis. That way, you'll get a good sample of the types of visits your physicians have on a typical day, instead of skewing your sample to a particular type of claim.

4) Compare your evaluation and management levels to the national "bell curve." National data from the **Centers for Medicare & Medicaid Services** shows how your peers are billing, and it forms a steep curve, with most visits being billed as level three. You can compare your proportion of each level with the national average, suggests **Valerie Thompson**, a consultant with **Gates Moore & Company** in Atlanta.

Use These National Benchmarks

You can obtain the national E/M coding data online at: www.aafp.org/fpm/20040600/20arey.html#box_a. If your coding seems to be out of whack with the national averages, you need to drill deeper and find out if there's a reason, advises Thompson. It may be something to do with your patient mix--or it could be a problem.

5) Ask your specialty society for guidelines. Chances are, whatever your specialty, you'll find advice on E/M coding and audits. For example, the **American College of Physicians** has some documents at www.acponline.org/pmc/coding.htm?hp that you might find useful, says Kennedy.

6) Obtain legal counsel and submit the results of your audits as reports to your lawyer. That way, the results will be covered by attorney-client privilege and you won't have to turn them over to the feds if they come on a fishing expedition, says Kennedy.

7) Look for medical necessity. You can have the best documentation in the world, showing an extensive history and

physical exam--but if the patient's problem didn't call for a high level E/M code, you're still asking to be downcoded, says Kennedy.

If a patient shows up with a sore throat, you're not likely to be able to bill for a level five E/M visit--unless something drastic happens halfway through the visit. For example, if a patient has strep throat, receives a penicillin shot and goes into anaphylactic shock, then you might have a level-five visit.

8) Don't be afraid to seek professional help from a consultant or coding expert, urges Kennedy.

Note: For more advice on conducting a successful audit, see "[Can You Spot These 12 Red Flags In Your Charts?](#)" later in this issue.