Part B Insider (Multispecialty) Coding Alert

Carrier Focus: Never Assign E/M Codes Based Solely on the Length of the Documentation, One Carrier Says

Instead, base your code choice on the documentation's content.

Coding an E/M visit based on the physician's documentation is an art form -- but selecting a code simply based on the volume of documentation is just bad form.

CMS should be publishing its list of Comprehensive Error Rate Testing (CERT) errors any day now, which will shed light on the most common errors that Medicare contractors see each year. Until then, we're shining the spotlight on what one

carrier found in its review of E/M coding trends.

National Government Services (NGS), a Medicare payer in 26 states, recently published its "Post Pay Probe Results for Evaluation and Management Services" on its Web site.

The carrier noted that it downcoded subsequent hospital visit stays that several providers billed because the visits didn't meet "policy documentation requirement guidelines." Interestingly, NGS indicated that some providers billed based on the

amount of documentation rather than what the physician actually said in the documentation.

"The volume of documentation should not be the primary influence upon which a specific level of service is billed," NGS noted in its summary of findings.

Reality: The habit of coding based on the length of documentation is common, says **Suzan Berman-Hvizdash, CPC, CPC-EM, CPC-ED,** manager of coding and compliance with the UPMC-Department of Surgery in Pittsburgh.

"The point I think that is being made is that the visit should be based on medical necessity," Berman-Hvizdash says. "The documentation, especially with the increased use of electronic medical records, can equate to higher levels of service

(more documentation); however, the necessity for billing that higher service might not be substantiated within the text provided."

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The review results also revealed that the carrier had to downcode inpatient consult codes 99255-99254 to 99253 and 99252.

In some cases, these consult codes were downcoded because the documentation reflected the wrong physician's identification number.

For instance: "One rendering provider was used for all the billed services," in one instance, the report states. "However, the documentation supported that someone else provided the services. Providers that practice in a group are to bill their

services using the proper rendering physician numbers."

Best practice: Always record the referring physician's name as well as the rendering physician's name on the documentation, says **Jay Neal,** an Atlanta-based coding consultant.

To read the full list of NGS E/M errors, visit www.ngsmedicare.com/NGSMedicare/PartB/ReviewProcess/MedicalReview/postpayprobe.aspx.