

Part B Insider (Multispecialty) Coding Alert

COMPLIANCE: Take Initiative--5 Steps Can Help You Handle Medicare Audits

Be proactive to avoid audits--but if all else fails, remain professional

This year, hundreds of practices will get the news that no one wants--Medicare is reviewing their claims as part of an audit.

Today we-ve got five ways for you to stave off audits--and when necessary, prepare for them--that can help you get on the right track.

1. Keep up with Medicare regs. Medical practices are often too busy to stay on top of all of their carriers- many policy changes, which can spell trouble from a compliance standpoint. If you fail to keep up with your payer's requirements, you could be coding incorrectly, and you might end up being an audit target.

For example: During a recent recovery in Connecticut, three separate providers made identical errors that caused Medicare to accuse them of overbilling a particular service.

- -It would be surprising to see the same deliberate fraudulent overbilling in three different provider systems, which leads me to believe there's a good chance that the rules changed and the practices just weren't aware of it,- says **David C. Harlow, Esq.**, of **The Harlow Group, LLC** in Newton, Mass.
- **2. Ensure that your documentation is correct. In** some cases, the physician may circle a level of service on his claim form that he performed, but he didn't document properly to justify the code.
- -I have shadowed physicians in the past while they-ve treated patients, and the key thing I noted was that many times, doctors are doing all of this work but fail to document the services they did,- said **Annette Grady, CPC, CPC-H, CPC-P, CCS-P, OS**, an independent healthcare advisor and instructor, during her May 20 Coding Institute audioconference, Everything You Need to Know About Responding to a Chart Review. -The sad part about that is I knew the work was performed, but the documentation didn't support that the service was provided,- she says.
- -If you end up in an audit and you-re trying to make excuses for documentation gaps, you-re fighting a losing battle,-Harlow says. -The goal is to have your documentation in good shape up front. It's not only complete documentation that you need--it's also accurate documentation,- Harlow says.
- **3. Find out why you-re being audited**. If an auditor contacts your practice and requests a meeting to discuss your records, ask why.
- -It makes sense to try and get a handle on exactly what sort of information they may be looking for,- Harlow says. -It is appropriate to ask -What is the scope of the audit you-re doing? What are you looking for? Is this purely post-payment review, or is there another area that you-re looking at?- Harlow says. If there's a chance that your practice is the target of a criminal investigation, you should ask your attorney to come to the audit, Harlow says.
- **4. Gather your documentation.** Often, the auditor simply wants to review your documentation to ensure that it meets the service you billed. -For instance, an audit was done in 2003 where the government found that about 35 percent of claims including modifiers 25 and 59 didn't support the service,- Grady says. -So now they sometimes request documentation during a prepayment review to ensure that those modifiers have been reported appropriately.-



5. Keep a record of what the auditors review. If the auditors take copies of your documentation, you should get a set of copies of the same materials so you know what they-ve taken with them to examine, whether it's paper or electronic copies,- Harlow says. That way, you can huddle with advisors later to ensure that everything is complete and accurate.-

If you find that any of the information that the auditors took with them requires further explanation, -do so proactively, rather than waiting for them to ask,- Harlow says.