

Part B Insider (Multispecialty) Coding Alert

PART B MYTH BUSTER: Your Costliest Chart Audit Myths Exposed

Don't treat audits as punishment or probation, or you could lose money

Watch out: How many ticking time bombs are waiting in your medical records?

If you don't audit your charts regularly, you'll never know. But even the most thorough set of audits could come to nothing unless you know what you're doing.

We're here to help. Here are the biggest chart audit myths that could be dooming your practice, according to our panel of experts:

Myth 1: If you audit your own charts, you'll just end up having to repay overpayments to Medicare. Actually, you could also find services that you undercoded and should resubmit to gain more money, notes **Barbara Cobuzzi**, director of outreach for the **American Academy of Professional Coders** in Salt Lake City, UT.

Also, you can avoid having to refund money to Medicare by doing a prospective audit instead of a retrospective audit, Cobuzzi adds. Pick 10 charts per doctor and hold them up for an audit before you bill them.

Myth 2: If you audit and find a problem, then coders or managers will lose their jobs. -Some offices will do audits and when the problems start to show up they cancel the audit,- says **Barbara Johnson**, owner of **Real Code Inc.** in Moreno Valley, CA. -The top management doesn't want to rock the boat,- she adds, -and the coders/managers are afraid.-

In fact, 75 percent of the audit focuses on the doctor's documentation, not how the coders or managers are doing their jobs, Johnson points out. -Better to know you made a mistake and correct it than to continue making the same mistake,- she adds.

Myth 3: If you receive a record request from your carrier, that means your practice has been singled out as a target. In fact, the record request could be the result of a number of factors, and only one of them could be a specific complaint from a patient or other source about your doctors, says **Jim McNally**, third party coding specialist with **Health Care Consulting Services** in Flushing, NY.

Most record requests simply happen because the carrier is doing a random scan of codes that exceed the carrier's -pre-loaded utilization frequency parameters,- McNally says.

In other words, your doctor may be billing a particular code more often than other doctors who report it. The record requests could also be -routine spot checks,- McNally adds.

Don't drag your heels on responding to record requests because you're jumping to conclusions about why you've received them, McNally urges.

Myth 4: If you find a problem and self-report it, you're painting a bulls-eye on yourself. Practices fear that self-reporting will lead to more Medicare audits down the line. In fact, you're better off --fessing up- to any problems, Cobuzzi says, because it shows that you have a compliance plan that's working.

Just make certain you have a health care attorney's help in self-reporting. -Make sure it's a health care attorney who knows what they're doing with this stuff and not your divorce attorney,- Cobuzzi advises.

Myth 5: If it's on the claim, it must represent what's in the chart. Sometimes coders are hesitant to look over the charts because it feels as if they're second-guessing the doctor's documentation, says McNally. But you can't assume the chart documentation supports the services submitted on the claim, unless you check.

Myth 6: Chart audits are a -disciplinary period- for physicians. Some doctors resist chart audits for this reason, says Libby Purser, supervisor of health information management for Dallas Diagnostic Association. In fact, you should encourage your doctors to view the audits as an -educational training period- instead. This will make your physicians receptive and eager to learn.

Myth 7: Ignorance is a defense. The fact that you didn't know about a problem in your charts doesn't mean you can't get into trouble, Cobuzzi warns. And hiding your head in the sand won't win you any extra points with the feds.