PM-03: Medical Compliance with Coding: Will Your Records Survive an Audit?

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COPE Course ID: 54157-PM

Abstract:

The United States Government and the healthcare industry recoup significant amounts of money annually from healthcare providers as a direct result of medical record audits. For many providers, the adoption of electronic record systems in recent years has only increased the complexity of being in compliance with an already complex system. This course will provide a review of the necessary knowledgebase required for the proper documentation of optometric records, including required exam elements, interpretation and report, modifiers and drawings. Recommendations on steps to take when being audited will also be discussed. As healthcare delivery transitions from a fee-for-service to a fee-for-value model, the question is no longer “will I be audited” but “when will I be audited.” This course will prepare you for potential health care audits.

1. Common Audit Principals
   a. The Bell Shaped Curve
   b. Medicare and other insurance audits
   c. Benchmarking
   d. Common triggers for an audit:
      i. Insufficient documentation errors
      ii. Medically unnecessary errors
      iii. Incorrect coding errors
      iv. Less common triggers

2. Importance of the Case History/Chief Complaint
   a. Drives entire exam
   b. Case history – proper documentation and coding
   c. Chief complaint do’s and don'ts
   d. Medical vs. routine eye care
   e. New patient vs. established patient criteria

3. 92000 vs. 99000 – Which Codes do I Choose?
   a. Review of the differences between the various sets of codes
      i. 92000 series of codes
         1. New patient: 92002 / 92004
         2. Established patient: 92012 / 92014
         3. Defined in CPT book
ii. 99000 series of codes
   1. New patient: 99201-99205
   2. Established patient: 99211-99215
b. 99000 - Areas of documentation
   i. History
   ii. Physical exam
   iii. Medical decision making
c. 99000 - History
   i. History of present illness (HPI)
   ii. Review of systems (ROS)
   iii. Past (medical), family and social history
   iv. Social history
d. 99000 - Physical exam
   i. Twelve physical exam elements
   ii. Two brief assessments of mental status
   iii. Determining level of physical exam
e. 99000 - Medical decision making (MDM)
f. 99000 coding - see attachment A

4. Procedures requiring an “Interpretation and Report”
   a. Should include:
      i. What was done
      ii. Why it was done
      iii. What was found
      iv. What will be done about it
   b. Visual fields (CPT 92081-92083)
   c. Extended ophthalmoscopy (CPT 92225-92226)
   d. Anterior segment imaging (CPT 92286)
   e. External ocular photography (CPT 92285)
   f. Fundus photography (CPT 92250)
   g. Corneal topography (CPT 92025)
   h. Optical coherence tomography
      i. Anterior segment (CPT 92132)
      ii. Posterior segment (CPT 92133-92134)
   i. Sensory motor evaluation (CPT 92060)
   j. Corneal hysteresis (CPT 92145)
   k. Serial tonometry (CPT 92010)

5. Sample Clinical Cases: Will they pass or fail an audit?
   a. Routine vs. Medical
   b. 92000 documentation guidelines
   c. 99000 vs. 92000
d. Proper use of modifier 25  
e. Surgical coding  
f. Place of service coding – see Table 1

6. The concept of “Time”  
   a. Can be utilized to increase the level of E&M coding when more than 50% of the office time was coordinating care and educating the patient  
   b. Must be face-to-face  
   c. Documentation crucial

7. Preparing for the future – health care reform  
   a. MACRA (The Medicare Access and CHIP Reauthorization Act of 2015)  
      i. New Quality Payment Program  
      ii. Ended the Sustainable Growth Rate formula  
      iii. MIPS – Merit-Based Incentive System  
         1. Quality (formerly PQRS)  
         2. Advancing Care Information (formerly Meaningful Use)  
         3. Clinical Practice Improvement Activities (new)  
         4. Cost (formerly Value-Based Modifier)  
      iv. [www.cms.gov](http://www.cms.gov/口气Medicare-Value-Based Programs>MACRA MIPS & APMs)  
   b. Value-based care  
   c. Evidence-based care

8. Surgical coding  
   a. Minor surgical procedures  
      i. “Stand alone” codes  
         1. Modifier 25  
      ii. Global Surgical Fee  
         1. Modifiers 24 and 79  
   b. Major surgical procedures  
      i. Co-management coding

9. Modifiers  
   a. See Table 2  
   b. Modifier 59  
      i. XE: Separate Encounter  
      ii. XS: Separate Structure (organ/structure)  
      iii. XP: Separate Practitioner  
      iv. XU: Separate Non-overlapping Service (service does not overlap usual components of the main service)

10. Advanced Beneficiary Notice of Noncoverage (ABN)
11. Self-auditing
   a. Sample size recommendations
   b. 99000 and 92000 code worksheets
   c. Specialty codes
      i. The importance of “Interpretation and Report”
      ii. Local Carrier Determinations (LCD’s)
   d. Surgical codes
      i. Co-management coding

12. Coding Changes
   a. ICD-10
      i. Importance of accurate selection of codes
      ii. Review of 2017 updates
      iii. Anticipated 2018 changes
   b. CPT Updates

13. Anticipated Medicare Changes 2018
   a. Office of the Inspector General reports
   b. Fee schedule changes
   c. New deductibles

Medicare Provider Utilization and Payment Data:

Medicare Utilization for Part B by Specialty:
Attachment A: Documentation of 99000 codes

**History**

History of Present Illness (HPI)
*Physician must personally complete/record
*Brief / extended
* HPI – Elements to Describe Complaint:

<table>
<thead>
<tr>
<th>Location</th>
<th>Quality</th>
<th>Severity</th>
<th>Timing</th>
</tr>
</thead>
<tbody>
<tr>
<td>Duration</td>
<td>Context</td>
<td>Modifying factors</td>
<td>Associated signs/symptoms</td>
</tr>
</tbody>
</table>

Review of Systems (ROS)
*No standard ROS for optometrists
*Problem pertinent / extended / complete
* ROS – Commonly Reviewed Systems:

<table>
<thead>
<tr>
<th>Respiratory</th>
<th>Cardiovascular</th>
<th>Endocrine</th>
<th>Gastrointestinal</th>
<th>Genitourinary</th>
</tr>
</thead>
<tbody>
<tr>
<td>Muscoskeletal</td>
<td>Hematologic/Lymphatic</td>
<td>Ears/Nose/Throat</td>
<td>Integumentary</td>
<td>Neurological</td>
</tr>
<tr>
<td>Psychiatric</td>
<td>Constitutional</td>
<td>Allergic/Immunologic</td>
<td>Eyes</td>
<td>(2 brief assessments of mental status)</td>
</tr>
</tbody>
</table>

Past (medical), Family and Social History (PFSH)
*Past medical history
*Family History
*Social History
*Pertinent / complete

Determining Level Of History:

<table>
<thead>
<tr>
<th></th>
<th>HPI</th>
<th>ROS</th>
<th>PFSH</th>
</tr>
</thead>
<tbody>
<tr>
<td>Problem Focused</td>
<td>Brief</td>
<td>N/A</td>
<td>N/A</td>
</tr>
<tr>
<td>Expanded Problem Focused</td>
<td>Brief</td>
<td>Problem Pertinent</td>
<td>N/A</td>
</tr>
<tr>
<td>Detailed</td>
<td>Extended</td>
<td>Extended</td>
<td>Pertinent</td>
</tr>
<tr>
<td>Comprehensive</td>
<td>Extended</td>
<td>Complete</td>
<td>Complete</td>
</tr>
</tbody>
</table>
Physical Exam

Twelve physical exam elements:

<table>
<thead>
<tr>
<th>Physical Exam Elements</th>
<th>Visual acuity</th>
<th>Gross visual field testing</th>
<th>Ocular motility including primary gaze</th>
<th>Conjunctiva (bulbar/palpebral)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ocular adnexae</td>
<td>Pupil / iris</td>
<td>Cornea</td>
<td>Anterior chamber</td>
<td></td>
</tr>
<tr>
<td>Crystalline lens</td>
<td>Intraocular pressure</td>
<td>Optic disc (dilated)</td>
<td>Posterior segment (dilated)</td>
<td></td>
</tr>
</tbody>
</table>

Two brief assessments of mental status

Determining Level of Physical Exam

*Problem Focused / expanded problem focused / detailed / comprehensive

Medical Decision Making (MDM)

AOA Clinical Practice Guidelines

Level of complexity determined by 3 factors:

*Number of possible diagnoses / treatment options
*Amount and complexity of data to acquire/review
*Risk of complications, morbidity and/or mortality
*Straightforward / low complexity / moderate complexity / high complexity

Determining Level of MDM:

<table>
<thead>
<tr>
<th></th>
<th>Straightforward</th>
<th>Low Complexity</th>
<th>Moderate Complexity</th>
<th>High Complexity</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number of possible diagnoses / treatment options</td>
<td>Minimal</td>
<td>Limited</td>
<td>Multiple</td>
<td>Extensive</td>
</tr>
<tr>
<td>Amount and complexity of data</td>
<td>Minimal or none</td>
<td>Limited</td>
<td>Moderate</td>
<td>Extensive</td>
</tr>
<tr>
<td>Risk of complications, morbidity and/or mortality</td>
<td>Minimal</td>
<td>Low</td>
<td>Moderate</td>
<td>High</td>
</tr>
</tbody>
</table>
## Determining Category of Service / E&M Code

### New Patient:

**Must meet or exceed 3 of 3 in the column**

<table>
<thead>
<tr>
<th>History</th>
<th>Problem Focused (PF)</th>
<th>Expanded PF</th>
<th>Detailed</th>
<th>Comprehensive</th>
<th>Comprehensive</th>
</tr>
</thead>
<tbody>
<tr>
<td>Physical Exam</td>
<td>Problem Focused (PF)</td>
<td>Expanded PF</td>
<td>Detailed</td>
<td>Comprehensive</td>
<td>Comprehensive</td>
</tr>
<tr>
<td>MDM</td>
<td>Straightforward</td>
<td>Straightforward</td>
<td>Low Complexity</td>
<td>Moderate Complexity</td>
<td>High Complexity</td>
</tr>
</tbody>
</table>

### Established Patient:

**Must meet or exceed 2 of 3 in the column**

<table>
<thead>
<tr>
<th>History</th>
<th>N/A</th>
<th>Problem Focused (PF)</th>
<th>Expanded PF</th>
<th>Detailed</th>
<th>Comprehensive</th>
</tr>
</thead>
<tbody>
<tr>
<td>Physical Exam</td>
<td>N/A</td>
<td>Problem Focused (PF)</td>
<td>Expanded PF</td>
<td>Detailed</td>
<td>Comprehensive</td>
</tr>
<tr>
<td>MDM</td>
<td>N/A</td>
<td>Straightforward</td>
<td>Low Complexity</td>
<td>Moderate Complexity</td>
<td>High Complexity</td>
</tr>
<tr>
<td>Place of Service Code</td>
<td>Place of Service Name</td>
<td>Place of Service Description</td>
<td></td>
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<td>-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------</td>
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<tr>
<td>11</td>
<td>Office</td>
<td>Location, other than a hospital, skilled nursing facility (SNF), military treatment facility, community health center, State or local public health clinic, or intermediate care facility (ICF), where the health professional routinely provides health examinations, diagnosis, and treatment of illness or injury on an ambulatory basis.</td>
<td></td>
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<tr>
<td>12</td>
<td>Home</td>
<td>Location, other than a hospital or other facility, where the patient receives care in a private residence.</td>
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<tr>
<td>13</td>
<td>Assisted Living Facility</td>
<td>Congregate residential facility with self-contained living units providing assessment of each resident’s needs and on-site support 24 hours a day, 7 days a week, with the capacity to deliver or arrange for services including some health care and other services.</td>
<td></td>
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<tr>
<td>14</td>
<td>Group Home</td>
<td>A residence, with shared living areas, where clients receive supervision and other services such as social and/or behavioral services, custodial service, and minimal services (e.g. medication administration).</td>
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<tr>
<td>21</td>
<td>Inpatient Hospital</td>
<td>A facility, other than psychiatric, which primarily provides diagnostic, therapeutic (both surgical and non-surgical), and rehabilitation services by, or under, the supervision of physicians to patients admitted for a variety of medical conditions.</td>
<td></td>
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</tr>
<tr>
<td>22</td>
<td>Outpatient Hospital</td>
<td>A portion of a hospital which provides diagnostic, therapeutic (both surgical and non-surgical), and rehabilitation services to sick or injured persons who do not require hospitalization or institutionalization.</td>
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<tr>
<td>24</td>
<td>Ambulatory Surgical Center</td>
<td>A freestanding facility, other than a physician’s office, where surgical and diagnostic services are provided on an ambulatory basis.</td>
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<tr>
<td>31</td>
<td>Skilled Nursing Facility</td>
<td>A facility which primarily provides inpatient skilled nursing care and related services to patients who require medical, nursing, or rehabilitative services but does not provide the level of care or treatment available in a hospital.</td>
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<tr>
<td>32</td>
<td>Nursing Facility</td>
<td>A facility which primarily provides to residents skilled nursing care and related services for the rehabilitation of injured, disabled, or sick persons, or, on a regular basis, health-related care services above the level of custodial care to other than mentally retarded individuals.</td>
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Custodial Care Facility

A facility which provides room, board and other personal assistance services, generally on a long-term basis, and which does not include a medical component.

Hospice

A facility, other than a patient's home, in which palliative and supportive care for terminally ill patients and their families are provided.

Intermediate Care Facility/Mentally Retarded

A facility which primarily provides health-related care and services above the level of custodial care to mentally retarded individuals but does not provide the level of care or treatment available in a hospital or SNF.

<table>
<thead>
<tr>
<th>Table 2: Commonly Used Modifiers</th>
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<tbody>
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<td><strong>24</strong></td>
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<td><strong>25</strong></td>
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<td><strong>55</strong></td>
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<tr>
<td><strong>79</strong></td>
</tr>
<tr>
<td><strong>GW</strong></td>
</tr>
<tr>
<td><strong>RT / LT</strong></td>
</tr>
</tbody>
</table>
| **E1/E2/E3/E4** | E1 = upper left eyelid  
E2 = lower left eyelid  
E3 = upper right eyelid  
E4 = lower right eyelid |