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ICD-10, APPs Are Ripe for Audits; M.D. Feedback Should be Succinct

By Nina Youngstrom

Because physicians are overwhelmed by payment and regulatory requirements, such as the Medicare Merit-Based Incentive System, and they want to focus on the practice of medicine, auditor Jeannie Cagle is quick and to the point when she gives them the results of an audit. Even though feedback and education are critical for improving their compliance and revenue, she keeps in mind the competition for their time and attention.

"Don't make providers feel like they have been drinking out of the fire hose when they have a meeting with you about their coding audit results," said Cagle, a senior manager at the Coker Group, at a Jan. 9 webinar sponsored by the Health Care Compliance Association. "If a physician says, 'I have seven minutes,' I say, 'Great, I can do this in six and a half.'"

Audits will identify breakdowns in process that might contribute to noncompliance and where to make improvements. "From the first phone call to the office until the Explanation of Benefits is received, there are a lot of places along the way where coding, billing and documentation can get off track," she said. Audits also turn up revenue opportunities and communication breakdowns. For example, even though staffers routinely enter family history in the electronic medical records, often they haven't been taught the reason why it matters, which is to identify family health issues that may be genetic/inherited, Cagle said. "I will see in a note the family history documented as: 'mother alive, father deceased,'" which isn't enough information to help the physician or count for evaluation and management (E/M) purposes. "But no one has communicated to the staff the rationale behind gathering the information."

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