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Sample Tool for Physician Feedback After an Audit

Rosalind Cordini, senior vice president of the Coker Group, and Jeannie Cagle, senior manager, developed this tool to share audit results with physicians.[1] "What we found is helpful is something that's on one or two pages and is concise and written in physician-friendly language," Cagle says. The dark gray represents examples of codes where there's compliance risk (e.g., upcoding). The light gray indicates the practice is losing reimbursement (e.g., undercoding). Everything else was correctly coded. Contact Cordini at rcordini@cokergroup.com and Cagle at jcagle@cokergroup.com.

PROVIDER NAME/SPECIALTY											
IDPatient	Patient name and DOB	DOS	CPT Billed	History	Exam	MDM	CPT Supported	Diagnosis Billed	Diagnosis Billed	Diagnosis Billed	Diagnosis Billed
		5/30/19	99213	99213	99214	99214	99214	M79676	M79606	I10	E663
		5/30/19	72100 TC, FY				72100 TC, FY	M79606			
		5/30/19	73503-TC, FY				73503-TC, FY	M79606			

		5/30/19	73630-TC, FY				73630-TC, FY	M79676		
		6/10/19	99204	99203	99203	99203	99203	F988	F419	
		6/10/19	86580				86580	Z111		
		5/20/19	99213	99214	99215	99213	99213	I10	G2581	
		5/20/19	73130-TC, FY				73130-TC, FY	S60019A		
		6/4/19	99204	99204-5	99204-5	99204	99204	R12	F1010	
		6/6/19	99213-25	99213	99214	99213	99213-25	R05	Z713	

		6/6/19	94010				94010	J45909			
		8/28/19	99204	99204-5	99204-5	99204	99204	G479	M5416		
		8/20/19	99204	99203	99204-5	99203	99203	E785	M810	E663	
		5/28/19	99214	99213	None	99214	99213	R636	B351	G8220	

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		5/2/19	99214	99213	99214	99213	99213	Z01818	K469	
		5/2/19	93000				93000	Z01818		
		5/16/19	99214	99213	99215	99213	99213	I10	E039	C61
		8/8/19	99214	99214	99215	99214	99214	I10	E119	I25.10
		6/19/19	99214	99214	99215	99214	?	I10	N401	K9041

E03.9

Accuracy – 42%

Comments: Notes by Dr. P are sometimes brief for HPI, need to include status of chronic conditions or details of presenting problem if acute. Treatr documented but sometimes can be inferred, other times not. Be sure to include plan for each DX treated and list all DX treated that day to support m for code. One note was not signed by MD but by MA? Diagnosis codes appropriately selected except as noted above.

Educational Session: Discussion with Dr. P included appropriate documentation of HPI and Assessment/Plan, use of most specific diagnoses and rel plan and EMR issues.

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