

# E/M Coding and Audit Risks

**MCMS Coding Forum – Kick-off  
Meeting**

**4/3/14 9:30-10:30 am**

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## **Deb Kenney, CPC, CPMA**

Deb is a Senior Consultant at MBA, LLC, a firm specializing in Healthcare Consulting and Practice Management issues for all types of healthcare providers/entities. Prior to joining MBA, she was the Director of Compliance Education & Training, as well as a former Director of Accounts Receivable with a national billing company.

Her 20+ years of experience with revenue cycle management, coding compliance, chart auditing and physician education has allowed her to be a valuable asset to the local medical community. She has aided many physician practices in improving their coding & documentation accuracy and is currently providing a variety of consulting services, which include revenue cycle management, chart auditing and managed care contract negotiation. Deb is an active member of the American Academy of Professional Coders (AAPC) as both a Certified Professional Coder (CPC) and a Certified Professional Medical Auditor (CPMA). She's also a member of the American Institute of Healthcare Compliance (AIHC).

# Objectives

- Discuss Today's Introductory Topic
- Define The Goals & Agenda of this Forum
- Gather Topics of Interest
  - Your Coding Challenges
  - Create Learning Opportunities & Roundtable Discussions
  - Practice Management Concerns in Coding

# E/M Coding

- Confidence Level
  - Scale of 1 – 5 with 5 = Very Confident
- Whose Assigning E/M Level
  - Provider, Coder, EMR or Combination
- Why Should You Care

# Confidence Level

- Medical Record Requests
- Audit Concerns
- Provider Learning Curves – New or Old-school

# Whose Assigning Codes

- Provider – Superbills or EMR
- Coder – Using documentation?
- EMR – Is there option to override?

# Why Should You Care

- **Claiming Deserved Reimbursement**
  - Do you have “conservative” providers – Maybe they’re under-coding
  - Appeal E/M services when billed with a procedure/surgery performed on the same day (Modifier 25 or 57)
- **Reducing Your Audit Risk**
  - E/M codes account for approximately 1% of all codes
  - 17% of frequency reported to Medicare
  - Approximately 25% of all Part B payments

# E/M Analysis

- Look at E/M coding distribution over 12 months
  - Practice & Provider Level
- Compare to national benchmark data (CMS)
- Look for outliers and understand causes



# Conduct a Chart Audit

- One of the best ways to know if coding is in line with documentation
- Perform annually
- Compliance Plan – Practice Standards

# Getting Started

- Review Your Data
  - E/M Frequency Reports
  - Top 25 CPT Codes – Capture other services that your practice performs most often
- Compare to others in your specialty
  - CMS
  - Other Resources

# We Can Help

- Chart Auditing Services
- Internal Auditing Process – Assist in Development
- Provider and Staff Education

# Coding Forum Member-Driven

- What Are the Needs of Members
- Let's Define the Goals
- Scheduling Meetings
- Participation "Rules" – Members Can Help Make it a Successful Forum
- Submitting Topics

# Group Discussion

