Effectively Communicate Audit Results

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Step 1:
Do Your Homework
Patient population
Place of service
EMR limitations and advantages
Documentation guideline gray areas
Practice workflow (coders?)
## Auditor expertise

## Audit parameters

## Official sources

<table>
<thead>
<tr>
<th>Patient ID</th>
<th>Patient Name</th>
<th>DOS</th>
<th>CPT Reported</th>
<th>CPT Audited</th>
<th>*EM Level</th>
<th>**Key Component</th>
<th>ICD Reported</th>
<th>ICD Reported Description</th>
<th>ICD Audited</th>
<th>ICD Audited Description</th>
</tr>
</thead>
</table>

1. Incident-To guidelines do not appear to have been met. The patient's neuralgia does not appear to have been addressed first by a supervising physician within this specialty; therefore, this new problem disqualifies the visit for incident-to billing under the physician. The visit should be billed directly by the PA.
Step 2: Schedule a Meeting
How do you like to receive important news?

Some lessons we can learn from toddlers:
- Treat others the way you want to be treated
- Play nice, be fair
- Go in with an open mind
Step 3: Share
How is my message being received?

What if I don’t know the answer?

Know when to stop talking and listen

Body language cues

Ask questions/check in for clarity
Overpayments (over-coded E/M’s, incorrectly unbundling procedure codes)

Other revenue discrepancies (under-coded E/M’s, additional codes)

Correct coding
Don’t speak like a coder…

CPT code 99223 requires high complexity decision making; however, the documentation only supports moderate.
CPT code 99223 requires a comprehensive history; however, the documentation only supports detailed.
Clear and succinct message

Be relevant
Ask for clinical clarification

Missed documentation

Enlist practice staff
How does visit translate to billing?

Process improvement?

Technology?
Step 4: Follow Up
Individual follow up
Group session if relevant
Written findings