EHR’s-New Opportunities for the Confident Coder

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Objective

- EHR basics
- Basic knowledge of selection process
- Implementation team
- System set-up and training
- Documentation and link to coding
- New role of the Coder
EHR

• **Electronic health records (EHRs)** focus on the total health of the patient—going beyond standard clinical data collected in the provider’s office and inclusive of a broader view on a patient’s care. EHRs are designed to reach out *beyond* the health organization that originally collects and compiles the information.
Physician Perspective

Fierce Healthcare, December 2009

*Less than 10% of physician respondents were confident that the federal government’s health information technology and reimbursement standards will lead to higher quality patient records.*
EHR Adoption 2011

Data from the National Ambulatory Medical Care Survey

*In 2011, 57% of office-based physicians used electronic medical record/electronic health record (EMR/EHR) systems, with use by state ranging from 40% in Louisiana to 84% in North Dakota.*

Meaningful Use

- Is a qualification score system to receive federal funding for health information technology. If a health information technology (HIT) system is used in a meaningful way to provide better patient care, physician or health system can qualify to receive federal subsidies to help to pay for the technology. It is to be rolled out in 3 stages, the goal is ultimately to provide better patient care for improved outcomes for all Americans.
THE SELECTION PROCESS
The Steps to EHR Selection

- What are your system requirements, needs
- Buy-in from providers and staff
- Research products
- Create a vendor list
- Contact vendors
- Product demo evaluations
- Rank systems
- Analyze all costs
- Review vendor history and track record
- Visit reference sites that are using the product
IMPLEMENTATION TEAM
The Implementation Team

- Administrator
- Provider
- Nurse
- Lab*
- Medical Records*
- Front-end staff
- Coder
- Biller
- IT (contracted or staff)

* may only be needed in larger practices or health-systems
Keys to Success

- Positive Team Leader
- Designate “Super-User’s”
- Send key team members through certification training
- Map current workflow
- Hold weekly meetings
- Allow ample training
- Provider and Coding training
- Have a plan for your paper
- Cut back on patient load
Where Do You Fit In?

- Procedure fee master (fee schedule)
  - Global days
  - Modifiers
  - Location
- CPT code file
- ICD-9 file
- Template building assistance
- Provider documentation training
## Procedure Fee Master

### Procedure Information
- **Procedure Code:** 11000
- **Local Name:** 11000
- **Procedure Charge:**
- **Local Description:** Debridement of extensive eczematous or infected skin; up to 10% of body surface
- **Effective Date:**
- **Expiration Date:**
- **Service Time:** (minutes)
- **Cost of Service:**
- **Alternate Codes:**
  - DME Procedure
  - Excluded
  - Care Plan Oversight
  - Requires Equipment/Facility Certification
- **Standard Description:** Debridement of extensive eczematous or infected skin; up to 10% of body surface
- **Physician UPIN:**
- **Sex Restriction:**
  - Male
  - Female
  - N/A

### Service Information
- **Type of Service:** 02 - Surgery
- **Service Location:** No Default Location
- **Modality:** No Default Modality
- **Units:** 1
- **Unit Type:** Units
- **EPSDT:**
- **Global Post-Op Days:**
- **EMG:**
- **COB:**

### RVU Information
- **RVU Value:**
- **Revenue Category:** Office Procedures
- **NDC Code:**
- **Price/Unit:**

### Region Information
- **Kansas**
  - Work RVU: 0.9000
  - MalPractice RVU: 0.11484
  - Non Facility PE RVU: 2.27970
  - Non Facility Total RVU: 3.26454
  - Facility PE RVU: 1.16220
  - Facility Total RVU: 2.17704
### CPT Code Search

<table>
<thead>
<tr>
<th>Code</th>
<th>Alt</th>
<th>Local Description</th>
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<tbody>
<tr>
<td>58563</td>
<td>58563</td>
<td>HYSTSC ENDOMETRIAL ABLTJ</td>
</tr>
<tr>
<td>58563</td>
<td>5856380</td>
<td>HYSTSC ENDOMETRIAL ABLTJ</td>
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<tr>
<td>58563</td>
<td>58563FC</td>
<td>HYSTSC ENDOMETRIAL ABLTJ</td>
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</tbody>
</table>

**PrimeSuite Procedures: 3**

**HCFA Procedures: 1**

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>58563</td>
<td>Hysteroscopy, surgical; with endometrial ablation (eg, endometrial resection, elecrosurgical ablation, thermoablation)</td>
</tr>
</tbody>
</table>

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**CPT Code File**
<table>
<thead>
<tr>
<th>Problem Name</th>
<th>ICD-9 Description</th>
<th>ICD-9 Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>Fistula, Vesicorectal</td>
<td>Intestinovesical Fistula Fistula: enterovesical, vesicoceleic, vesicoenteric, vesicorectal</td>
<td>596.1</td>
</tr>
<tr>
<td>Foreign Body In Bladder/Urethra</td>
<td>Foreign Body In Bladder And Urethra</td>
<td>939.0</td>
</tr>
<tr>
<td>Foreign Body In Genitourinary Tract</td>
<td>Foreign Body In Unspecified Site In Genitourinary Tract</td>
<td>939.9</td>
</tr>
<tr>
<td>Glomerulonephritis, Acute</td>
<td>Acute Glomerulonephritis In Diseases Classified Elsewhere</td>
<td>580.81</td>
</tr>
<tr>
<td>Glomerulonephritis, Chronic</td>
<td>Chronic Glomerulonephritis With Unspecified Pathological Lesion In Kidney</td>
<td>582.9</td>
</tr>
<tr>
<td>Hematuria</td>
<td>Hematuria</td>
<td>599.7</td>
</tr>
<tr>
<td>Hydronephrosis</td>
<td>Hydronephrosis</td>
<td>591</td>
</tr>
<tr>
<td>Hydroureter</td>
<td>Hydroureter</td>
<td>593.5</td>
</tr>
<tr>
<td>Hypertrophy Of Kidney</td>
<td>Hypertrophy Of Kidney</td>
<td>593.1</td>
</tr>
<tr>
<td>Incomplete Bladder Emptying</td>
<td>Incomplete Bladder Emptying</td>
<td>788.21</td>
</tr>
<tr>
<td>Incontinence Without SensoryAwareness</td>
<td>Incontinence without sensory awareness</td>
<td>788.34</td>
</tr>
<tr>
<td>Infection Of Kidney</td>
<td>Infection Of Kidney, Unspecified</td>
<td>590.9</td>
</tr>
<tr>
<td>Intestino-vesical Fistula</td>
<td>Intestinovesical Fistula</td>
<td>596.1</td>
</tr>
<tr>
<td>Intrinsic Urethral Sphincter Deficiency</td>
<td>Intrinsic (urethral) Sphincter Deficiency [ISD]</td>
<td>599.82</td>
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</table>
History of Present Illness

Is this the primary complaint? — The patient is a...

Is she having menses? — Light menses

Is she having menses? — Light menses

Is this the primary complaint? — The patient also complains of...

Are there other symptom complaints? — Light menses

Is she having menses? — No menses

When did the last period occur? — (per the chart) on...

When did the last period occur? — On...

When did the last period occur? — On approximately...

Is she having menses? — No menses

Her last period occurred on LMP and lasted...

How long did the period last? — She currently has periods approximately every...

How frequent are her periods? — She currently has periods approximately every...

How frequent are her periods? — Her last period occurred...

When did the last period occur? — LMP

On which date was the LMP? — How long ago was the last period? — Ago.

Prior to this period, her cycles were...

What is the regularity of her menses? — Occurring approximately every...

How frequent are her periods? —
Documentation Training
DOCUMENTATION AND LINK TO CODING
E/M Calculation

- How does it work

<table>
<thead>
<tr>
<th>E&amp;M Service Coding</th>
<th>Sketch Pad</th>
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</thead>
</table>

Service Category: **Outpatient Services**

Is this a new patient?  ☑️ No  ☐ Yes  ☐

Is visit focus primarily counseling or coordination of care?  ☑️ No  ☐ Yes  ☐

Complexity of Medical Decision Making: **Straightforward**

Override Complexity

Examination Type: [ ]

[Calculate]

PrimeChart Calculated E&M Code*: [ ]  E&M Code For Encounter: [ ]  Modifiers: [ ]

*Only exams to which you have mapped content will appear on the Exam Type list.
E/M Visit

- Template creation
- Auto populate
- Cut and paste
- Shared templates
The Goal

- Improved documentation
- Better patient experience
- Improved workflow for provider
The Good Note

- Presenting problem clearly stated
- PFSH appropriate
- ROS and Exam patient specific
- Provider thought process obvious
- Care plan generates appropriate follow-up
The Bad Note

- Defaulted findings
- History and ROS contradictory
- Shared template
- Copy and paste
- Lack of description
- Over documentation
Flexibility Pros and Cons

- Physician typing
- Dragon speak
- Dictation
- Templates with only check boxes
Problem Areas

- E/M leveling
- Procedure code master
- Diagnosis code master
- Loss of productivity
- Charge capture
- Typos perpetuated through templates
- Cloning
Complete EHR

- Patient portal
- Active Problem List
- Orders tracking and results
- Flowsheets and treatment logs
- Documentation completed timely
- Outside records and correspondence
- Patient and staff communication
THE NEW ROLE OF THE CODER
Rescue and Recovery

James M. Taylor, MD, CPC, is medical director of revenue cycle, Kaiser Permanente, Denver
Educator and Auditor

James M. Taylor, MD, CPC, is medical director of revenue cycle, Kaiser Permanente, Denver
Coders as Educators

- Linking diagnosis for all services
- Selecting appropriate service codes
- Add on codes
- Modifier usage
- NCCI and other payer specific edits
Some Things Never Change

EHR

CMS Rules
CMS and Payer Guidelines

- 95 and 97 E/M Documentation Guidelines
- NCD’s and LCD’s
- ABN’s
- Time based billing
- Special Payer policies
Benefits

- Records legible
- Track corrections
- Documentation complete
- Orders tracking
- Audit logs
Validation

- Password required at save and sign
- Physician signature
- Responsibility to show all work entries
- Authorship vs. countersigning
OIG Work Plan 2012

• Evaluation and Management Services: Potentially Inappropriate Payments
  – We will also review multiple E/M services for the same providers and beneficiaries to identify electronic health records documentation practice associated with potentially improper payments

• Fraud Vulnerabilities Presented by Electronic Health Records (NEW)
  – We will identify fraud and abuse vulnerabilities in electronic health records (EHR) systems as articulated in literature and by experts and determine how certified EHR systems address these vulnerabilities
OIG Work Plan 2012

- Medicare Incentive Payments for Electronic Health Records
- Community Health Centers Receiving Health Information Technology Funding
- HRSA Health Information Technology Grants (New)
Changing Roles for Coders

- Education
- Auditing
- Validation
- CDS for CDI
Resources

- Coding in an EMR: Impact on Clinicians and Coders
- EMR vs EHR – What is the Difference?
- EHR Incentive Programs
- Office of Inspector General
- Use of Electronic Health Record Systems in 2011 Among Medicare Physicians Providing E/M Services
Embrace technology, never turn down an opportunity to learn, and you will continue to grow.