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Coding audits keep physicians, staff on track

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Patient care is always your physicians' primary role, but accurate and complete documentation to capture services ensures continuity of care, fosters correct coding and billing, and minimizes malpractice risks for doctors and the practice. To ensure quality coding, monitor:

- Evaluation and management services;
- Use of modifiers;
- Procedures; and
- Medicare risk adjustment.

Conducting random audits of the services your physicians provide is a good way to maintain accuracy. This helps you discover and fix problems quickly. However, audits alone are not enough. You must educate physicians and staff about changing rules, codes and processes. After identifying areas for improvement and educating physicians and staff, you have to re-audit to verify understanding and improvement.

In addition, audit records confirm that your practice is meeting documentation guidelines for evaluation and management (E&M) services for the level of care provided. This ensures that the medical necessity of the visit is supported by the level of service reported. You can examine procedure notes for accurate code selection and bundling issues.

Compare the frequency of E&M services against national benchmarks. Benchmarking allows you to capture outliers from the norm. These don't necessarily indicate coding errors – physician practices vary – but help you substantiate that services are documented accurately.

Use reports from your practice management system to determine how frequently providers use modifiers. Modifiers 59 and 25 are often overused, so verify that providers appropriately support them.

Practices with large Medicare populations must educate staff and physicians about hierarchical condition-coding compliance. Understanding risk adjustment and the need for precise documentation promotes accurate diagnosis coding.

By monitoring coding, you can keep your group apprised of compliance concerns, help staff and physicians stay current on coding topics, improve billing processes, reduce claim denials and help the organization capture appropriate reimbursement for services.

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