



Weekly Auditing and Compliance Tip

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The Auditor's Approach to Variances

With all of the documentation and coding guidelines that we follow on a daily basis, it is inevitable that variances will be found when reviewing a provider's documentation and code selection.

Having to approach our providers on this subject is not a matter of when, but a matter of how.

There is a clear line between the provider's work that is done clinically and what we do from a coding and billing perspective. When I observe issues with an auditor's approach to variances, or a misunderstanding between a provider and myself, it comes down to the clinical perspective vs. coding and documentation guidelines.

So what can we do as auditors to begin bridging this gap? First, our own education and personal growth is key. We should be looking to build our own base knowledge, not only based on the coding and documentation guidelines, but we should also look to better understand the symptom progression and disease processes. Second, our approach and feedback method(s) are important to help set the tone of the

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meetings and interactions we have with our providers.

As coders, we are told that we are never to assume and only to use what is provided in the documentation, but as an auditor we actually need to start thinking outside that box and go a step further into the gray area of assumptions, not for coding purposes, but to better understand what our providers are treating.

When viewing a variance it is often our first response to think that the patient was not severe enough to support a high level of medical necessity or to state that a particular service is not supported. But have you ever stopped and thought to yourself the documentation on this date is not showing me a high severity, or, the documentation does not support a service? The key word to that sentence is-you guessed it- documentation, just because the documentation may not paint a full picture for us it does not mean that the patient did not present clinically at a high severity, or that a service was not provided. If we look to better understand the disease process we can view the information that is provided and use that to recognize areas where the documentation may be deficient.

When I meet with a provider and we are not on the same page with a particular case, my first approach is not to lead with deficient areas from a coding and documentation perspective. Instead, I begin by asking them to explain the case:

- What service did the patient present for?
 - This is very helpful when discussing variances with the use of a -25 modifier
- What condition was the patient in when they presented? How did the patient describe their own severity?
 - This will start to paint the picture for medical necessity

In one scenario, I found none of the -25 modifiers to be supported during an audit. When I met with the provider, the response to the variance was frustration that they could not be reimbursed for all the work they were doing. After me questioning the case as outlined above, I found even though the chief complaint and history of present illness stated the patient



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presented for a specific procedure, they had actually presented to discuss results from the additional work up that had been done. The treatment options and decision for the procedure was not made until the end of the visit. At that time I was able to specifically help that provider with the structure of their documentation and show them how they could change their documentation to paint the proper picture of medical necessity starting with the chief complaint.

Remember that as much as we would like to help our providers improve their documentation and code selection, they would rather focus most of their time on the care of their patients. Coding and auditing should not be 'us vs. them.' We should seek to understand our providers and lessen the burden of the guidelines that we follow on a daily basis while helping them receive reimbursement for the complexity of care that they are providing.

This Week's Audit Tip Written By:

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Stephanie is an Auditing Specialist for our parent organization, DoctorsManagement, LLC



Upcoming Webinar Sessions

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Creating a Culture of Compliance in 2018 (Compliance Webinar Series)

Speaker: Sean Weiss, CHC, CMCO, CEMA, CPMA, CMPE,
CPC-P, CPC
February 20, 2018
2pm EST

Exam of the E&M Encounter

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(Hands-on Webinar Series)

Speaker: Pam Vanderbilt, CPC, CPMA, CPPM, CPC-I,
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February 27, 2018

2pm EST

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