



Weekly Auditing and Compliance Tip

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Why Should Physical Medicine Records Include A Differential Diagnosis?

Generating a differential diagnosis - that is, developing a list of the possible conditions that might produce a patient's symptoms and



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signs - is an important part of clinical reasoning. Back in school, providers are taught to order this list by likelihood or probability based on the information gathered from the patient during the history and examination. A sound list of differentials can allow a provider to perform appropriate testing to rule out possibilities and confirm a final diagnosis. Courts view the formulation and documentation of a differential diagnosis as evidence of a physician's competence, prudence, and thoughtfulness.

In 1966, Abraham Maslow, a renowned psychologist, said, "I suppose it is tempting, if the only tool you have is a hammer, to treat everything as if it were a nail." Some providers, especially those who are very specialized, may fall into a pattern where every patient is given the exact same diagnosis and, subsequently, the same care plan. When reviewing records, ask if it looks



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like every patient is treated like a nail. Payers sometimes accuse providers of delivering cookie cutter care where every patient receives the same treatment regardless of the cause of their problem. Documenting a differential diagnosis lets third party reviewers know that all of the possibilities have been considered, not just those that align with the type of treatment offered at a particular facility.

Though it might not be common, consider the following case study. A 57-year-old obese male who is a smoker, complains of severe low back pain that radiates to his abdominal area. Occasionally the pain is so bad that he vomits. X-rays come back normal, so the provider begins physical therapy or chiropractic treatment. Two days later the patient is dead, from a ruptured abdominal aortic aneurysm. The family of the deceased threatens to sue. No provider (or the patient for that matter) wants to find themselves in this situation.

In appropriate clinical circumstances, the medical record should indicate that the diagnosis with the worst prognosis, (in this case abdominal aortic aneurysm) was considered and was pursued if reasonable to do so. The rationale for not investigating should also be clearly documented. This kind of thing, fortunately, does not occur often, but brief mention of it greatly enhances the provider's credibility in the eyes of a third party reviewer.

If every patient chart is just a list of lots of unlikely diagnoses with no commitment to a path for the most probably condition, it could appear that the provider is unable to make a clinical decision. Therefore, there should be a balance. In this example it might have been sufficient to just state: "differential diagnoses such as gastroenteritis and AAA were considered and the patient was advised of the proper actions to take."

Some cases may be so straightforward that there really is no differential diagnosis. Even then, it may be wise to simply state that differential diagnoses were considered and none appeared to apply to this case. Using their best clinical judgment, providers should

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document what they are thinking when they see a patient and avoid being accused of ignoring differentials that could impact the patient and the provider's medico-legal liability. It is a trait of a good provider.

This Week's Audit Tip Written By:



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Upcoming Webinar Sessions

NAMAS is proud to offer the following webinar in June:

Auditing Teaching Physician Services (What You Need to Know Webinar Series)

June 12, 2018

2pm EST

Speaker: Stephanie Allard

QA vs. Precision Testing (Auditing Webinar Series)

June 18, 2018- Note Update Date

2pm EST

Speaker: Shannon DeConda

Corporate Integrity Agreements (CIA) (Compliance Webinar Series)

June 19, 2018

2pm EST

Speaker: Robert Liles, JD

Hands On: Inpatient E/M Services (Hands On Webinar Series)

June 26, 2018

10TH ANNUAL NAMAS Auditing & Compliance Conference 2018



November 2018 | Clearwater Beach, FL
Wyndham Grand Clearwater Beach

Pre-Conference: Sunday, Nov. 11, 2018

Conference: Monday, Nov. 12 -
Wednesday, Nov. 14, 2018

Venue: Wyndham Grand Clearwater
Clearwater Beach, FL

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2pm EST
Speaker: Kathy Pride

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NAMAS Calendar of Events



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