Performing a Chart Audit

Practical Tools for Seminar Learning

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To earn one (1) continuing education unit, each participant must do the following:

Step 1: Listen to the seminar, via Webcast link, audio CD, or MP3.

Step 2: Complete the assessment quiz contained in this resource book. Use the included answer key. Do not return the quiz to AHIMA. Save it for your records.

Step 3: Fax or mail us the completed sign-in form from this resource book. The fax number and address are located at the bottom of the form.

Step 4: Print the certificate of attendance for each listener. The certificate must be retained by each participant as a record of their participation, along with a copy of their completed quiz.

After listening to the seminar, please let us know what you think, by completing our online evaluation survey at http://campus.ahima.org/audio/fastfactsresources.htm
Susan M. Hull, MPH, RHIA, CCS, CCS-P

Susan M. Hull, MPH, RHIA, CCS, CCS-P is a professional practice resources manager for the American Health Information Management Association (AHIMA). In her role as manager, Susan provides professional expertise to AHIMA members, the media, and outside organizations on coding practice issues, and develops written products aimed at furthering the art and science of coding.

Susan has over 20 years experience in the HIM field. Before joining AHIMA in 2002, she served as Senior Executive Director for HMI Corporation where she oversaw coding reviews; chargemaster maintenance and development; and presented seminars in outpatient, inpatient, and physician documentation and coding. Prior to this, she worked in numerous HIM roles, including consultant, HIM department director, and HIM software developer and manager.

In addition to AHIMA, Susan is actively involved as a volunteer in the HIM profession. She has presented on timely HIM topics to the Health Information Management Associations of California, Tennessee, and Southern Illinois, as well as the Southern Illinois Healthcare Financial Management Association.

Susan received a bachelor of arts degree and a master of public health in Health Services and Hospital Administration from the University of California, Los Angeles.
# Table of Contents

Disclaimer .................................................................................................................................................. i
How to earn one (1) CEU for participation .............................................................................................. i
Faculty ................................................................................................................................................... ii
Monitoring vs. audit .................................................................................................................................. 1
Reasons to perform chart audits .............................................................................................................. 1
Items to audit ........................................................................................................................................... 2-3
How to select records ............................................................................................................................... 4
Causes of coding errors ............................................................................................................................ 4-5
E&M auditing ........................................................................................................................................... 5
Weighting errors ......................................................................................................................................... 6
Frequency of chart audit ............................................................................................................................ 6
OIG compliance guidelines ...................................................................................................................... 7
OIG areas of focus ................................................................................................................................... 7-8

AHIMA Audio Seminars .......................................................................................................................... 8
About assessment quiz .............................................................................................................................. 9
Thank you for attending (with link for evaluation survey) ...................................................................... 9
Appendix .................................................................................................................................................. 10
  Assessment Quiz
  Continuing Education Credit and Compliance Sign-in Form
  Certificate of Attendance and Quiz Completion
  Quiz Answer Key
Performing a Chart Audit

Monitoring vs. audit

**Monitoring**
Ongoing internal review of operations conducted by an organization on a regular basis

**Audit**
Infrequent, retrospective review, usually conducted by an outside agency to ensure objectivity

Reasons to perform chart audits

- To identify potential compliance pitfalls
- To assure that reimbursement is appropriate to services performed
- To determine if polices and procedures are current and appropriate
### Items to audit

- Evaluation and management coding
- Physician Voluntary Reporting Program quality indicators
- Procedural coding
  - Is code assignment supported by operative record?
  - Are codes listed in the appropriate order?
- Consultation request/report rendered
- Appropriate modifier use
- ICD-9-CM coding accuracy and code linkage
- Documentation of medical necessity

**Continued...**

### Items to audit (Continued)

- Are entries legible?
- Do dates of service match on record and claim form?
- Is the patient identification present on each page of the record?
- Are entries dated and authenticated?
  - Check payer guidelines for authentication requirements

**Continued...**
### Items to audit (Continued)

- Is the treatment plan documented and consistent with recorded diagnoses?
- Are special records required by payers present?
  - Immunization records
  - Developmental milestones
  - Problem list

### Items to audit (Continued)

- Are the diagnoses documented within the visit record?
  - Remember...the superbill is not part of the record
- Is documentation consistent across all information sources (e.g., right vs. left)?
- If there are contradictions within the documentation, is it clear why?
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How to select records

- Random sample
- Internally identified problems
- Specific practitioners
- Specific diagnoses and/or procedures
- Specific time frame
- Specific payors
- Sample of cases that show significant variance from benchmarks
- Denied claims

Causes of coding errors

- Poor documentation
- Failure to review entire record
- Insufficient coder education
- Lack of coding knowledge/skills
- Lack of understanding of disease process
- Misinterpretation of coding rules/guidelines
- Lack of familiarity with NCCI edits

Continued...
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Causes of coding errors (Continued)

- Poorly supported encoding software
- Inaccurate superbills
- Selection of first listed diagnosis based upon reimbursement rather than documentation
- Inappropriate use of modifiers
- Lack of or outdated reference materials, including code books

E&M auditing

May use either 1995 or 1997 guidelines

- May vary from patient to patient
- Must be consistent within each patient
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Weighting errors

- Assign point value for each error
- Compliance issues (such as CPT code not supported by documentation in operative record) have a greater “value” than issues such as undated entries

Frequency of chart audit

- OIG guidelines state at least yearly
- If problems identified, do more frequently
- If multiple practitioners, do more smaller audits
**OIG compliance guidelines**

OIG Compliance Program for Individual and Small Group Physician Practices

http://oig.hhs.gov/authorities/docs/physician.pdf

**OIG areas of focus**

- Billing for items or services not rendered or not provided as claimed
- Submitting claims for equipment, medical supplies and services that are not reasonable and necessary
- Double billing resulting in duplicate payment
- Billing for non-covered services as if covered

Continued...
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**OIG areas of focus**

(Continued)

- Knowing misuse of provider identification numbers, which results in improper billing
- Unbundling (billing for each component of the service instead of billing or using an all-inclusive code)
- Failure to properly use coding modifiers
- Clustering (e.g., coding only level 3 evaluation and management codes)
- Upcoding the level of service

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Assessment

To access the assessment quiz that follows this seminar, download the seminar’s resource book at

http://campus.ahima.org/audio/fastfactsresources.html

Your sign-in form and certificate of completion are also found in the resource book.

Thank you for attending!

Please visit the AHI MA Audio Seminars Web site to complete your evaluation form online at:

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Appendix

Assessment Quiz
Continuing Education Credit and Compliance Sign-in Form
Certificate of Attendance and Quiz Completion
Quiz Answer Key
Assessment Quiz – Performing a Chart Audit

To earn continuing education credit of one (1) AHIMA CEU, Fast Facts Audio Seminar listeners must also complete this 10-question quiz. This CE credit is for attending the audio seminar AND completing this quiz. Please keep a copy of the completed quiz with your certificate of attendance. Do not send a copy to AHIMA.

1. True or false? The main reason for coding errors is failure to correctly apply coding guidelines.
   a. True
   b. False

2. Evaluation and management coding review focuses on ____________.
   a. documentation to support level of care assigned
   b. diagnoses to support medical decision making
   c. documentation of treatment plan
   d. All of the above

3. True or false? When selecting records for a random sample, the most important consideration is to assure that the selection is truly random.
   a. True
   b. False

4. True or false? A practice that consists of a single physician and his or her staff is not required to conduct audits or monitoring.
   a. True
   b. False

5. Clustering is defined as:
   a. Coding only mid-level evaluation and management codes on the theory that everything will even out in the end
   b. Assigning a series of CPT procedure codes to a single procedure
   c. Reporting services performed on different dates with the same date of service
   d. Coding the component parts of a complex code as if they were separate procedures

6. “Ongoing internal review of operations conducted by an organization on a regular basis” is the definition of ____________.
   a. Audit
   b. Monitoring
   c. Periodic assessment
   d. Compliance

7. Code linkage on a physician claim form refers to ____________.
   a. proper alignment of CPT codes so that the one with the highest value is listed first
   b. appropriate correlation between the CPT procedure code and the ICD-9-CM diagnosis code that explains the reason for the procedure
   c. making sure that all four diagnosis code blanks are completed
   d. None of the above

8. True or false? Improper use of modifiers is a major area of focus for the Department of Health and Human Services Office of the Inspector General.
   a. True
   b. False

9. True or false? Documentation of the treatment plan is one of the most commonly overlooked items in the visit record.
   a. True
   b. False

10. True or false? The components of the Physicians Voluntary Reporting Program quality indicators are appropriate issues to review in an audit program.
    a. True
    b. False

Do not send a copy of completed quizzes to AHIMA. Please keep them with your certificate of attendance, for your records. Be sure to complete and send the seminar sign-in sheet found on the next page of this resource book.

Answers to this quiz are found on the last page of the seminar resource book, Practical Tools for Seminar Learning.
Continuing Education Credit and Compliance Sign-in Form

**Fast Facts Audio Seminar - Performing a Chart Audit**

Please duplicate this form so that everyone in attendance may sign-in. Those wishing to receive AHIMA continuing education credit must supply their AHIMA ID number. Those individuals will receive a total of 1 continuing education (CE) clock hour, for attending the seminar AND completing the assessment quiz. The CE certificate is located on the last page of the seminar resource book, *Practical Tools for Seminar Learning*. Each participant should keep a copy of the CE certificate AND the completed quiz on file as proof of training.

Sign below to certify that you have listened to this audio seminar and completed the assessment quiz, to receive a total of 1 AHIMA CEU.

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Certificate of Attendance

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_____________________________________
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_____________________________________
Anne M. Willmore
Project Manager
Distance Education

The American Health Information Management Association has approved this program for one (1) continuing education unit. Participant certifies that he or she has attended this audio seminar and completed the accompanying quiz.

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Quiz Answer Key
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