Electronic Medical Records from an Auditor’s Point of View

ASCRS – ASOA Symposium & Congress
Administrator Program
Boston, Massachusetts
April 25-29, 2014

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Financial Interest

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Electronic Medical Records (EMR)

• Both a blessing…
  – More efficient
  – Legible
  – Easily accessed remotely
  – Easily transportable
  – Searchable
  – Comparable
Electronic Medical Records (EMR)

• …and a curse
  – Too efficient - fills in everything
  – Even the nonsense is readable
  – Accessed remotely - by whom?
  – Easily transportable - to whom?
  – Searchable - by whom?
  – Garbage in garbage out

OIG Target

• Inappropriate payments for E&M Services
  – OIG will continue to determine to what extent certain E&M services were inappropriate
    • Will also review multiple E&M services associated with same providers for documentation errors
  – CMS has noticed increase in identical documentation across services

Electronic Medical Records (EMR)

• Cloned Documentation
  – Previous visit findings brought forward including typos & misspelling
    • Exam, assessment & plan
• Pre-populating Fields
  – Load exam with normal findings
• Causes documentation to look dubious
  – Creates contradictions
  – Was the element actually performed
  – Makes it difficult to code
Patient History

- Chief Complaint (CC) & History of Present Illness (HPI)
  - Prompts to document 4 or more
  - Dropdown lists
  - Adding nonsensical HPI
- Patient CC & HPI most important part of the documentation
  - Determines if the service is covered
  - Creates the foundation for exam extent

History Example #1

- Exudative AMD
- "Pt. states his vision is good, no flashes of bright lights, no blurred vision on OU, no pain, no floaters"
- The EMR counted 4 elements for the HPI
  - Location: OU
  - Quality: blurred, good
  - Associated Symptoms: floaters, flashes, pain
  - Context: bright lights

History Example #2

- Exudative AMD
- "Pt. states no changes in vision OU since last visit. No pain OU. No new floaters or flashes of light OU."
- The EMR counted 5 elements for the HPI
  - Location: OU
  - Quality: new
  - Associated Symptoms: floaters, flashes, pain
  - Timing: last visit
  - Modifying Factors: light
### Exam Elements

- All 14 exam elements are filled in on every visit
  - Does the reason for the visit justify all the exam?
  - Frequency of codes
- Medicare would likely deem this not Medically Necessary unless there is a significant change in the patient’s complaint or condition

### Assessment

- Failure to update the Assessment
  - Diagnoses remain “new” despite previously being diagnosed
  - Diagnoses are all listed despite the reason for the visit in the same order
  - Diagnoses are listed that are no longer valid

### Plan

- The exact same plan from visit to visit
  - Regardless of the reason for the visit
- “Canned” plans that are all inclusive
  - e.g., cataract is visually significant & interfering with patient’s visual function. [sic] plan lens calculations [sic] & cataract surgery. May need to employ Malyugin ring, Trypan blue, or iris hooks.
Scanned Documents

- Patient Registration Paperwork Incomplete
  - Assignment of Medicare Benefits
    - Signature on file
  - Privacy Notice
    - Missing signatures
    - Patient identity
    - Dates of signatures

- Inconsistently filed
  - From patient to patient
  - Within a single patient record
- Smeared or cut-off copies
- Large stacks in one scan
- Missing documents
  - Co-management correspondence
  - Operative notes

Templates

- Templates with information to be filled but left blank
  - Pupil size not documented
    - But are PERRLA
  - Cup to disc ratio not documented
    - All other disc findings pre-printed including the instrument used for examination
Templates

• Extended ophthalmoscopy - all retinal disease is the same
  – Edema
  – PVD
  – Hemorrhage
  – Floater
• Fill in the fundus exam

Meaningful Use

• Contradictory notations
  – “Patient never a smoker”
  – “Patient counseled on tobacco cessation”
• Review of Systems
  – “All systems normal”
  – A list of 16 medications is included
    • None for diabetes
  – “Patient counseled on need for blood glucose control”

Diagnostic Tests

• Orders missing or incomplete
  – Written on fee ticket
  – Only a checkbox
    • No date planned, eye marked, type of test, etc.
• Interpretations missing or incomplete
  – Not separate from assessment or plan
  – Bundled together
    • e.g., fundus photos & fluorescein angiogram
**Diagnostic Tests**

- Location of Tests
  - Inconsistent
    - e.g., IOL Master filed under surgery not tests
  - Inaccessible
    - Privileges not allowed
  - Unknown location
    - Stored in instrumentation?

**Automated Coding**

- Established Patient
  - Filling in all elements of the History
    - HPI, ROS, PSFH
  - Filling in all elements of the Exam
    - Plus mental status
- EMR will recommend 99215
  - Or 99222 in one EMR

**Example # 1**

- EP – C/O Cloudy vision
- VA – OD: 20/40 OS: 20/30
- Slit Lamp Exam:
  - Lens - OD: Normal Capsule, Nucleus, Cortex
  - OS: Normal Capsule, Nucleus, Cortex
- Assessment: Pseudophakia Visually Significant PCO OU
- Plan: YAG Capsulotomy OD 1st
Example #2

- NP – CEE & HVF billed
- VA – OD: NLP OS: 20/HM
- CVF – OD: Full OS: Full
- EOM: Full
- Pupils – PERRLA – No APD
- SLE – Iris: OD: pupil surgically fixed @ 5mm
- Diagnosis: vitreous hemorrhage OS
  - (later developed painful ulcer OD)
- HVF: Near total loss
- Findings repeated over 13 visits over 6 weeks by 2 doctors

Example #3

- EP – 2 wk f/up blepharitis
- VA – OD: 20/20 OS: 20/20
- CVF - OD: Full OS: 20/20
- EOM – Ortho
- Lids - Normal for age
- Fundus Exam
  - Cup to Disc: (no that is not a typo on the slide… just a dot)
  - Optic disc: no edema, no neovascularization, good color
  - Vitreous: clear
  - Macula: normal contour and foveal reflex for age
  - Vessels: 2/3 ratio of arterioles/venules w/o tortuosity or abnormality
  - Periphery: flat and attached 360 (indirect ophthalmoscopy)

Example #4

- NP Work-in C/O Foreign Body Sensation OD
- VA – OD: 20/50 (photophobic) tearing 20/20
- Slit Lamp Exam: Lids, lashes, conjunctiva cornea normal OU
- Assessment: corneal foreign body
- Plan: conjunctival foreign body removed