



# Common Billing and Coding Problems

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# Documentation

- Copy/paste or bring forward
  - Past history copied from previous date of service needs reviewed
  - Do not copy chief complaint – should be reason for current visit
  - Streamlining processes or shortcuts lead to inaccurate documentation
    - A resolved fracture may show up as a new fracture in the next encounter
  - 'Cloning' refers to documentation that is worded exactly like previous entries
    - May also be referred to as 'cut and paste' or 'carried forward'

***The primary goal of EHR-generated documentation should be concise, history-rich notes that reflect the information gathered and are used to develop an impression, a diagnostic and/or treatment plan, and recommended follow-up.***



# Documentation

- Relevant to patient
  - 5-year old – non-smoker, no alcohol
  - 6-year old female – no pregnancies
- Diagnosis codes for all conditions treated or considered
  - Show the risk of the patient with number of conditions



# Ordering Diagnostic Tests

- Treating provider must be the ordering for diagnostic laboratory tests, x-ray tests and other diagnostic tests
- Medical record should clearly indicate tests to be performed
  - “Run labs” or “Check blood” insufficient
- Documentation must support medical necessity

Date of service: 4/23/2018

- Chief Complaint: Abdominal pain
- History of Present Illness:

32 year old female complains of right sided pain. Says that she was told she has a small stone in her kidney and that her kidney is swollen. No prior history of stones. No fever, nausea or vomiting. Abdominal pain. No hematuria. Dysuria and pain in the flank radiating to lower abdomen. No history of nephrolithiasis.

- Urologic History:

4/17/2018 – CT scan stone protocol at hospital is for right flank pain shows nothing suspicious. Images reviewed with patient and normal urinalysis, creatinine 0.84, hemoglobin 13.0, white blood cell count 8.44

- Social history: smokes 1/4 ppd
  - Family history: no kidney stones, no prostate cancer
  - Medical history: hydronephrosis, nephrolithiasis, recurrent urinary tract infection, migraines
  - Review of Systems:  
Headache, dyspnea, change in appetite, feeling weak in legs, leg pain, backache. No male genital symptoms were present. Urinary urgency, burning sensation during urination.
  - Exam:  
Vitals indicated. Well appearing, well developed, well nourished and in no acute distress.  
Exam included lungs, cardiovascular, back, abdomen, neurological, psychiatric and skin.
- Previous tests:**
- CT scan of abdomen and pelvis without contrast performed 4/17/2018 was reviewed.
- Conclusion: punctate 1 mm right renal calculus. Mild right renal edema. Differential considerations include changes from recently passed calculus versus urinary tract infection or pyelonephritis.

Test	4/23/2018	Range
WBC, urinalysis	2-4	0-5
RBC, urinalysis	0-3	0-5
Epithelial Cells	Many	Neg
Crystals	Negative	Neg
Bacteria, urinalysis	1+	Neg
Color, urine	Yellow	Yellow/clear
Appearance/Clarity, urine	Slightly cloudy	
pH, urine	7.0	5.0-9.0
Occult Blood, urine	Negative	Neg

Assessment: Abdominal pain

Plan: Patient will call for appointment as needed



# CERT Errors Identified

- Idaho CERT errors – 8.4% resulting in \$55,632,865 projected improper payments
  - National error rate – 10.2%
- Missing physicians order for or documentation to support plan/intent to order the EKG
- Missing physician order or intent/plan to order the lumbar MRI
- Missing clinical documentation supporting the medical necessity of the Head/Brain CT scan
- Missing clinical documentation supporting necessity for the duplex scan of extracranial arteries



# Anti-Mark Up

- Diagnostic tests submitted when another provider performs either the professional component (26/PC) or the technical component (TC) and they don't share a practice
- Mark box 20 "Yes" with acquisition costs indicated
- Must indicate name, address and NPI of performing provider in box 32 of the CMS 1500 form or equivalent electronic field
- PC and TC components billed on separate lines; cannot bill global code
  - Paper claims require separate PC and TC on separate claims
- Does not apply to diagnostic lab

[MM6371](#)



# Medicaid Healthy Connection

- Idaho Medicaid requires a referral prior to provision of medically necessary services for all Healthy Connections patients
  - True when Medicaid is primary, secondary or tertiary
- A referral is a documented communication from the patient's primary care physician to another provider for specific covered services.
- Referrals cannot be issued retroactively
- Program Integrity recoupments can include civil monetary penalty (CMP)

# Balance Billing

- Out-of-network providers can balance bill a patient
  - Unless agreement signed with the payer
- Idaho currently does not have a regulation to prevent
- Watch payments
  - May show adjustment
  - Patient responsibility on EOB may only include patient co-pay, coinsurance, deductible
  - Provider remittance shows different amount for patient responsibility

# Questions?

*IMA Reimbursement staff is available to assist our members with coding and reimbursement concerns*

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