

Association for Rural Health Professional Coding (ARHPC)



Michigan Center for Rural Health Evaluation and Management (E&M) Auditing Bootcamp

Objectives:

This intense 2-day course is intended for clinicians, providers, billers, coders, auditors, office managers, IT professionals and other entities involved the oversight or management of the revenue cycle with emphasis on proper reporting of Evaluations and Management services (E&M). The curriculum will provide attendees with a strong grasp of Evaluation and Management auditing, coding and documentation techniques.

The curriculum is designed to assist in development and mastery of the skills related to Evaluation and Management (E&M) services from clinical documentation, coding, auditing, and billing perspectives. This education and training has been proven to have both a positive financial impact and an increased measure of risk mitigation as it relates to pre- and post-payment review.

Specific items covered include:

- Demonstrating the difference between “Key” E/M Components and Contributory E&M factors
- Identifying the similarities and differences between the CPT E&M guidelines and CMS E&M Guidelines
- Understand how to compare one’s own E&M levels to valid benchmarks in the industry
- Explaining the differences between the 1995 vs. 1997 Examination and documentation guidelines. Specific MAC guidance (e.g., Novitas) will be considered and discussed
- Determining Medical Decision Making levels and how it drives levels of E&M service
- How to properly ‘link’ ICD-10-CM codes to E&M services
- Understanding the limitations of EHRs that give misleading E&M code recommendations
- Distinguishing a Problem-Oriented E&M service and a Preventive E&M service
- Listing the key steps on how to present audit findings to clinicians and track improvement efforts

Day 1 of the program primarily focuses on instruction and review of pertinent source documents (e.g., CPT and AMA published E&M guidance, CMS E&M Documentation Guidelines and (when applicable) Medicare MAC guidance with an emphasis on the “Key Components.”

Day 2 of the program will be used to reinforce highlights from Day 1 with a focus on reviewing the various categories of E/M codes (*preventive medicine, care plan oversight, prolonged services, nursing facility, rest home, etc.*) plus a series of hands-on auditing cases for review and inspection of E&M selected progress notes.

IMPORTANT! - For added value - bring your own notes for solo or small group review so you walk out with completed audits! **Please be sure to remove any and all information that can identify the patient- this is known as being HIPAA de-identified.**

Dates: June 20-21, 2017

Cost: \$299 per person

Venue: Soaring Eagle Casino, 6800 Soaring Eagle Blvd., Mt.Pleasant, MI 48858

Hotel Accommodations: All participants are responsible for making their own hotel reservations. Room rates are \$112 per room/night plus tax. Rooms are held at this rate until **May 29, 2017**. If calling to make your reservation (1-877-232-4532), pressing option #1 for reservations, refer to Evaluation & Management Workshop group. If making reservations online, you must register at www.soaringeaglecasino.com/resort to receive the reduced room rate. Use group code- **MC062117**.

Faculty: Gary Lucas, M.Sc., CPC, AHIMA ICD-10 Ambassador – VP Education Operations

- This class is approved for 10 hours of CEUs approved by the AAPC and ARHPC

Attendee Responsibilities:

Each attendee is expected to present to class with the following:

- 2017 CPT (*AMA Professional Edition strongly encouraged*)
- Up to 5 HIPAA de-identified E&M cases for potential solo and/or group hands-on exercises
- 2 highlighters
- A printed copy of the CMS Evaluation & Management Services Guidelines located at <https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNProducts/Downloads/eval-mgmt-serv-guide-ICN006764.pdf>
- A copy of any internal audit tools, templates, or score sheets currently being utilized by your facility

A slide deck and sample audit tool will be provided to attendees to cover main points and to pass info onto others who couldn't attend class.

Day 1 – Introduction, Overview, & Orientation to Key Reference Materials

9:00 a.m. – 12:00 p.m.

- Introduction and history of E&M codes
- Defining time in the inpatient/outpatient settings
- When to use CPT vs. CMS E&M Documentation Guidelines
- Preventive versus Problem-Oriented E&M Services
- Documenting valid chief complaints
- History of Present Illness and Review of Systems (HPI/ROS)

- Past, Family, Social History (PFSH)
- Hands-on Exercises and QA

12:00 p.m. – 1:00 p.m. - Lunch

1:00 p.m. – 3:00 p.m.

- 1995 vs 1997 CMS Examination Guidelines
- Geographic considerations (e.g., MAC Guidance)
- Medical Decision Making and Medical Necessity
- The role of EHRs and coding software in the auditing process
- Time based E&M coding
- Putting It All Together using the “Key” components
- Overview the ARHPC Audit Tool

Day 2 – Brief review of “Key” Components, Surgical Package/Applicable Modifiers, & Hands on Auditing of E&M Cases with Instructor Oversight and Interaction

9:00 a.m. – 12:00 p.m.

- Review of all CPT E/M categories
- Reinforcement of “key” components, modifiers, and global surgical package considerations
- Selecting the Audit Sample
- Using benchmark data to identify potential areas of concern
- Accurate completion of the E&M Audit Grid
- Using findings for educational purposes and audit risk mitigation

12:00 p.m. – 1:00 p.m. - Lunch

1:00 p.m. – 3:00 p.m.

- Hands-on audit exercises and class interactions