Doctor Name
Clinic Name
Date of Review: 7/10/2013
Number of Dates of Service Reviewed: 10

AAPC CLIENT SERVICES

Sample Report

Provider Summary

E/M Coding

Finding	Count	
E/M Level appears to be correct	5	Accurately coded and documented
E/M Level appears to be over-coded	4	Compliance risk
E/M Level appears to be under-coded	0	Revenue enhancement possible

CPT® / HCPCS II Coding

Finding	Count	
Code(s) appear to be correct	5	Accurately coded and documented
Code(s) appear to be incorrect	2	Coded incorrectly
Additional code(s) supported	0	Revenue enhancement possible

ICD-9-CM Coding

Finding	Count	
Code(s) appear to be correct	15	Accurately coded and documented
Code(s) appear to be incorrect	1	Coded incorrectly

ICD-10-CM Assessment

Finding	Count	
Documentation Supports	8	Accurately coded and documented
Documentation Does Not Support	8	Compliance Risk

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Audit Findings

- The E/M sample includes 9 dates of service yielding an accuracy rate of 56%.
- The CPT®/HCPCS II sample includes 7 codes yielding an accuracy rate of 71%.
- The ICD-9-CM sample includes 16 codes yielding an accuracy rate of 94%.
- The sample includes 16 ICD-10 codes yielding an accuracy rate of 50%.
- Over-coded E/M service(s) have insufficient documentation in the following elements: ROS and exam.
- Documentation supports an E/M of a different category on one or more date(s) of service for consultation requirements not met or preventive medicine requirements not met.
- Procedural service(s) not supported because of insufficient documentation.
- Per CMS guidelines in order for a ROS to count as a complete review, all pertinent positives and/or negatives must be documented with a statement saying all others have been reviewed and were negative.
- Only report ICD-9-CM codes for conditions that are documented in the patient's medical record for the encounter. Chronic conditions that do not affect the care provided or conditions that are no longer present should not be reported as if they are active. If appropriate, history codes (e.g.; personal history of cancer) codes may be reported.
- Codes with the global surgery indicator of "XXX" in the MFSDB can be paid separately without a modifier. This guideline can be downloaded at this link, (see page 104): https://www.cms.gov/manuals/downloads/clm104c12.pdf
- Documentation of a procedure should include the following: indication.
- Several codes showed insufficient documentation needed to accurately code these encounters with valid ICD-10-CM codes and would have more than likely created a situation where these encounters would run a high risk of not being paid timely or correctly.
- Documentation in ICD-10-CM for supervision of pregnancy should include if it a normal first, other normal or unspecified pregnancy. Documentation needs to state the type of pregnancy in order for the most specific code to be assigned.
- ICD-10-CM documentation for ovarian cyst must include additional information about the cyst (follicular cyst, corpus luteum, simple, etc.) in order for the codes to be assigned to the highest level of specificity.
- Avoid the use of unspecified codes as this may result in reduced payments or denials in payment.
- Documentation for dysmenorrhea needs to include additional information such as primary or secondary in order to assign most specific ICD-10-CM codes.
- Documentation in ICD-10-CM for leiomyoma of uterus requires that the location (submucous, intramural, or subserosal) be documented in order for the most appropriate ICD-10-CM code to be assigned.
- Documentation in ICD-10-CM for ovarian dysfunction, requires that type or cause be documented in order for the most appropriate ICD-10-CM code to be assigned.

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Audit Details

#	Patient Name	DOS	CPT Reported	CPT Documented	*EM Level	**Key Comp	ICD9 Reported	ICD9 Documented	ICD-10 Equivalent	ICD-10 Code Description	Supports ICD10
1	Redacted	Redacted	99213 25 76817	99213 76817	C	EPF N L	V23.0 620.2	V23.0 620.2	Z34.91 N83.20	Encounter for supervision of normal pregnancy, unspecified, first trimester Unspecified ovarian cysts	No No
Agree with selected E&M Agree with selected procedure Agree with selected diagnosis Improper use of modifier 25 appended to a code with a global indicator of XXX Documentation in ICD-10-CM for supervision of pregnancy should include if it a normal first, other normal or unspecified pregnancy. Documentation needs to state the type of pregnancy in order for the most specific code to be assigned. ICD-10-CM documentation for ovarian cyst must include additional information about the cyst (follicular cyst, corpus luteum, simple, etc.) in order for the codes to be assigned to the highest level of specificity.											
2	Redacted	Redacted	99213 25 76857 87210	99213 76857	C	EPF PF L	256.9	256.9	E28.9	Ovarian dysfunction, unspecified	Yes
Agree with selected E&M Agree with selected procedure Agree with selected diagnosis Insufficient documentation for procedure 87210 - No bill Improper use of modifier 25 appended to a code with a global indicator of XXX Documentation appears to support transition to ICD-10-CM Use of unspecified codes may result in denial of payment or reduction in payment terms											
3	Redacted	Redacted	99203	99202	O	D EPF M	625.9	625.9	R10.2	Pelvic and perineal pain	Yes
E&M service over coded by one level. Elements over coded: Exam Agree with selected diagnosis Documentation appears to support transition to ICD-10-CM											

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#	Patient Name	DOS	CPT Reported	CPT Documented	*EM Level	**Key Comp	ICD9 Reported	ICD9 Documented	ICD-10 Equivalent	ICD-10 Code Description	Supports ICD10
4	Redacted	Redacted	99203 36415	99201 36415	O	EPF PF M	218.9	218.9	D25.9	Leiomyoma of uterus, unspecified	No
Agree with selected diagnosis Agree with selected procedure E&M service over coded by two levels. Elements over coded are ROS, Exam Documentation in ICD-10-CM for leiomyoma of uterus requires that the location (submucous, intramural lor subserosal) be documented in order for the most appropriate ICD-10-CM code to be assigned											
5	Redacted	Redacted	S0612	S0612	C	PF EPF N	V72.31	V72.31	Z01.419	Encounter for gynecological examination (general) (routine) without abnormal findings	Yes
Agree with selected E&M Agree with selected diagnosis Documentation appears to support transition to ICD-10-CM											
6	Redacted	Redacted	96372	No code	-	-	218.9	-	No code		No
Insufficient documentation for procedure - No bill There was no documentation of diagnosis The reason for the encounter is inferred to be for an injection. It cannot be determined if this is incident to this physician's plan of care											
7	Redacted	Redacted	99395	99213	O	EPF EPF L	V72.31	V72.31	Z01.419	Encounter for gynecological examination (general) (routine) without abnormal findings	Yes
Incorrect E&M category Insufficient documentation for preventive exam. A complete ROS and age/gender appropriate counseling as well as anticipatory guidance was not documented. Agree with selected diagnosis Documentation appears to support transition to ICD-10-CM											

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#	Patient Name	DOS	CPT Reported	CPT Documented	*EM Level	**Key Comp	ICD9 Reported	ICD9 Documented	ICD-10 Equivalent	ICD-10 Code Description	Supports ICD10
8	Redacted	Redacted	99243	99203	O	D D M	218.9 625.9	218.9 625.9	D25.9 R10.2	Leiomyoma of uterus, unspecified Pelvic and perineal pain	No Yes
Agree with selected diagnosis Incorrect E&M category Consult criterion not met: No consult request, no opinion ordered, or no written report Documentation in ICD-10-CM for leiomyoma of uterus requires that the location (submucous, intramural lor subserosal) be documented in order for the most appropriate ICD-10-CM code to be assigned											
9	Redacted	Redacted	99203 25 76830	99203 76830	C	D D M	256.9 218.9 625.9 626.2	256.9 218.9 625.9 626.2	N94.6 R10.2 D25.9 E28.9	Dysmenorrhea, unspecified Pelvic and perineal pain Leiomyoma of uterus, unspecified Ovarian dysfunction, unspecified	No Yes No No
Agree with selected E&M Agree with selected procedure Improper use of modifier 25 appended to a code with a global indicator of XXX Agree with selected diagnosis Documentation for dysmenorrhea needs to include additional information such as primary or secondary in order to assign most specific ICD-10-CM codes. Documentation in ICD-10-CM for leiomyoma of uterus requires that the location (submucous, intramural, or subserosal) be documented in order for the most appropriate ICD-10-CM code to be assigned. Documentation in ICD-10-CM for ovarian dysfunction, requires that type or cause be documented in order for the most appropriate ICD-10-CM code to be assigned.										
10	Redacted	Redacted	99213 25 76830	99213 76830	C	D N L	625.9 626.2	625.9 626.2	R10.2 N93.8	Pelvic and perineal pain Other specified abnormal uterine and vaginal bleeding	Y Y
Agree with selected E&M Agree with selected procedure Agree with selected diagnosis Improper use of modifier 25 when appended to a code with a global indicator of XXX Documentation appears to support transition to ICD-10-CM											

E/M Level legend:
C - Correct, O - Over-coded, U - Under-coded, Blank - not applicable

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Key Component legend:
PF - Problem Focused, EPF - Expanded Problem Focused, D - Detailed, C - Comprehensive, N - None, S - Straight Forward, L - Low, M - Moderate, H - High