



INFORMATION SERVICES

760 Alexander Road ■ PO Box 1 ■ Princeton, NJ 08543-0001

## Quality Documentation...Quality Coding A Guide to E&M Compliance

Coding and billing for evaluation and management services can be a very complicated process to understand. The many different scenarios are determined by factors that vary from patient to patient and physician to physician. Today's healthcare environment dictates that we all do what we can to ensure what is being billed for can be supported by the documentation in the patient record. With evaluation and management services accounting for over one-third of Medicare payments, the OIG (Office of the Inspector General) is on the lookout for fraud and abuse in these areas. To protect yourself or your institution it is imperative that we become educated regarding the documentation needed in order to bill for the level of services that is provided. Compliance begins with the gathering of complete and accurate information during the admission and registration interview. The majority of the problems with claims originate in the claim development process: from the initial physician order - to the moment a patient presents in your facility - to the admission/registration process - to the clinical areas of patient care and the associated documentation - to coding and finally to billing.

Your E&M levels can only be assigned to the level that the documentation in the chart reflects. The bottom line with Medicare and everyone else is **NOT DOCUMENTED, NOT DONE.**

This program, designed for both clinical and coding staff members, is intended to give practical information and examples that will enhance your organizations ability attain thorough documentation, accurate coding, and compliance.

## PROGRAM OUTLINE

### **PART I:**

#### **COMPLIANCE**

- Medicare Fraud
- OIG Risk Areas
- Coding Compliance
  - Quality Data = Clean Claims = Prompt Payment
- Coding / DRG Overview
  - Diagnosis; Procedures; Complications and Comorbid Conditions
  - Medical Necessity

### **PART II:**

#### **E&M Services and Guidelines**

- Documentation Basics
  - General Documentation Guidelines
  - Evaluation and Monitoring of a Patient's Health
  - Communication and Continuity of Services Between Healthcare Professionals
  - Claims Review and Payment
  - Utilization and Quality Of Care Evaluations
  - Collection of Data For Research And Education Funding
- Commonly Used Definitions
  - New Patient; Established Patient; Chief Complaint; Coordination of Care; Counseling; Family History; History of Present Illness; Nature of Presenting Problem; Past and Social History and Review of Systems
- E&M Components
  - History
  - Exam
  - Medical Decision Making
  - Counseling
  - Coordination of Care
  - Nature of presenting Problem
  - Time

### **Part III:**

#### **Case Studies / Examples**

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This program is approximately 1 1/2 hours in length and will be presented twice during the course of the day to allow you to schedule your staff appropriately.

Your hospital-specific policies, forms and other issues will be incorporated into the program curriculum and the handouts, at your request.

