



Don't Clone Your Medical Records Documentation

It does not meet medical necessity requirements.

BY MICHAEL J. KING, DPM

Sure, we are all overwhelmed with the burden of keeping good records, regulatory constraints on our practices and the sheer burdens we face everyday in practice. It is critical, however, that we keep good, accurate medical records for both coding accuracy, protection against audits, and the risk of a malpractice claim ever-hanging over our heads. This list of potential problems is all the more reason to not clone one's medical records.

What Is Cloning?

"The word 'cloning' here refers to documentation that is worded exactly like previous entries. This may also be referred to as 'cut and paste,' 'copy and paste,' or 'carry forward.' Cloned documentation may be handwritten, but it generally occurs when using a pre-printed template or a promoting interoperability (PI) program's electronic record.

While these methods of documenting are acceptable, it would not be expected that the same patient had the same exact problem and symp-

toms, and required the exact same treatment, or the same patient had the same problem/situation on every encounter. Authorship and documentation in an EHR must be authentic.

"Cloned documentation does not meet medical necessity requirements

cal records-keeping. The key point to note from the above statement from Palmetto is, "it would not be expected the same patient had the same exact problem, symptoms, and required the exact same treatment."

Sure, we may be following up the

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for coverage of services. Identification of this type of documentation will lead to denial of services for lack of medical necessity and recoupment of all overpayments made." This is the language directly from the MAC for Palmetto GBA, Medicare.

We all understand that probably 70% or more of our notes are rote, repeatable, and not changing from visit to visit. That is a given in medi-

same problem, even repeating the treatment, e.g., re-injecting a plantar fascia. It is critical that we, at the very least, update how the treatment is going, if there were any changes to note in the location and quality of pain, or any side-effects from the treatment. Did the patient notice improvement, failure to improve? How do we perceive their comments and what is our plan? Re-

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peating phrases we use over and over are fine, but to the above points, one must make the changes to each and every note to reflect what was seen and done on a particular visit.

Clawbacks and Audits from Cloning

A significant number of clawbacks

cut and paste the same examination findings for multiple patients with the click of a button, making it appear that the physicians conducted more thorough exams than (perhaps) they did. So, when auditors look at records and see duplicates, over and over, right away they assume the notes are cloned—and often they are. Again, having many parts the same or with-

how many times does one remove sutures? How is the hardware intact after it had been removed on the prior visit?

The most important part is to make the record reflect what was seen and done on THAT visit. It is fine to bring over, or cut and paste, those components of the note that have not changed, but it is critical to note “there is no change” in those systems from prior encounters. Take the time to address the changes you see, document them, and protect yourself from audits, clawbacks, or even unnecessary malpractice suits. Just do good, accurate notes and coding. **PM**

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of payment are due to note-cloning. Often, experts blame a significant amount of the higher payments due to the increasingly widespread use of electronic health record systems and the ease of cloning. The majority of these programs can automatically generate detailed patient histories. This allows doctors, scribes, or staff to

out change from visit to visit is expected, but one must take the time to document the changes noted, even if minimal, from the prior encounters.

Auditors note it is not unusual to find that a post-operative patient has in note after note, “sutures removed today, wound healing well, no evidence of infection. Hardware intact.” Let’s see...



Dr. King is Medical Director of Upperline Healthcare, Inc. and Past President of the APMA.