
# Self-Auditing

## Here's why it is so important.

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Do you take the time to audit your own practice? Do you ever review your own charts? If you don't, start doing it as someone else is certain to do it for you! RAC (Recovery Audit Contractors: aka-hired guns) are out there and have ramped up their audits and severity of clawbacks in recent months.

It has become increasingly obvious that every provider thinks they have the "best notes, and I don't have to worry; I always document everything properly." What happens next is they are taken to task by an external auditor, asked for extrapolated monies back and enter distress mode. Let's not let that happen to you.

**Some Key Takeaways:**

- A vital part of an effective compliance program is implementing a method to monitor your practice's coding and documentation.
- The peer-review self-audit process minimizes demands on physicians' time, requires no special audit training, and can be completed in four one-hour sessions annually.
- A peer-review self-audit is not only a cost-effective way to protect against fraud and abuse, but also a valuable educational tool for physicians to improve their coding and documentation skills.

Thinking you have good records is great, but it needs to be proven. How do we do that? It is important to set up an internal audit process with peer review if possible. Perhaps that means your practice needs to hire someone to do it or you can invest the time to do it yourself and learn in the process. Yes, everyone is overwhelmed with administrative burdens and one of the greatest of those is charting, billing, and chasing appeals for charges. Not unlike investing the time into one's EMR up front, learning to audit one's own practice can pay great dividends in avoiding losses via the audit process. Perhaps the audit process can even find monies the practice is losing via lost coding or charges that should be added in.

Proving to these outside payers that you have an internal audit process can help to not only defend your practice but perhaps even keep them away from wanting to audit you more often. Once targeted, it appears that target remains for future clawbacks.

A peer-review audit process can be easily arranged either within your own walls or by utilizing colleagues whom you trust to assist you with such audits. This process can not only help to protect your practice from losing money, it can serve as a training ground for both the seasoned provider and that young physician who is still learning how to code, bill, and document properly.

Make sure such practices are HIPAA-compliant; if within your own walls, that is quite easy. If using outside providers, colleagues you do not have mutual patients with, it is best to redact documents from all PHI before asking them to review the records.

The key here is being transparent, honest, and working cooperatively to achieve a good outcome. The goal is not to go after our colleagues, but to teach each other about good coding and documentation. It is amazing how often some providers think "their language" is the best and no other is either accurate or precise enough. Auditors outside of your practice are looking for key phrases to be able to know exactly what you are trying to say and if you should be paid for said services. If those phrases are not there, clawbacks with extrapolation could occur.

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Not every provider has good notes, good templates, or even invests the time to develop them. It is critical to do so. By sharing information, helping each other build those systems, perhaps we can "win" more audits or even prevent them from occurring.

**TPEs**

TPEs, or targeted provider education audits, are designed, say the payers, to find flaws in the documentation and learn from it. That payer then comes back to see if those errors they relate have been fixed. Why not collaborate with colleagues in or out

*Continued on page 32*

*Self-Auditing (from page 31)*

of one's practice before those audits occur and hope to avoid them?

Self-auditing should ideally occur quarterly. Make it an event for your office or with your colleagues. Break bread together, go through each other's notes and discuss how to make each other better at documentation. Bury your pride and learn from each other. For the peer-review self-audit to be most effective, all providers in the group should be involved. Staff may be helpful as well, especially if you're using scribes in the practice.

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Shortly after the review session, develop a summary report of the review's overall findings. For example, the report might show that there were three instances in which a service was billed as 99212 but documentation would have supported 99213 or vice versa, as well as copies of patient charts with the reviewer's comments. Other follow-up actions may include:

- Revise policies and procedures so that appropriate changes can be made in policies and procedures to correct systemic errors and, if necessary, corrective action can be initiated. (Disciplinary action generally does not result from self-audits.)
- Provide additional training in specific areas. For their education and to improve their coding and documentation, providers review, share, and receive individual feedback as needed. For example, a physician with a pattern of under-coding may be asked to review examples of properly coded and documented charts or articles on proper coding.

Auditing one's own practice can pay huge dividends in advance as opposed to needing to send money back to a payer who took the time to audit you when you did not. **PM**

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