Billing Education Article By Dr. Rhonda Church

FIVE HABITS OF HIGHLY AUDIT PROOF PRACTICES

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In the 2 ½ years I have been with MSI hundreds of audits have crossed my desk. This month, I thought I would share some general observations regarding the habits and practices of physicians who have had the best audit outcomes.

1. **The physician has read and is familiar with the Preamble and health service code descriptions and regularly reads MSI Bulletins.**

As stated in the very first sentence of the Preamble, health service codes cannot be correctly interpreted without knowledge of the Preamble. It's dense stuff, for sure, but absolutely essential. Sadly, I regularly encounter physicians who have never read the Preamble and only learn that a health service code has been incorrectly used when they are audited.

2. **The physician and billing clerk work as a team.**

When I was in family practice, I was lucky enough to hit the billing clerk jackpot. While they were tremendously knowledgeable, when there was a question about how to bill a service, we had a quick 2 or 3 minute meeting to figure it out. (If we couldn't, we contacted MSI – see below.) Yes, as a practicing physician it is important to be focused on the needs of patients. However, a medical practice is a business and it is important to be fully engaged in the financial aspects of the practice such as providing direction to your billing clerk.

3. **The practice uses an EMR**

While I've seen excellent audits from practices with both paper charts and EMRs, electronic records do offer a number of advantages. Nightingale, for example, is designed in such a way that it is tough to bill for an office based service until the clinical note is completed. As I've mentioned in previous columns lack of a clinical note is a common issue seen at the time of an audit. An EMR also lends itself nicely to the use of templates that can be used to be sure that all of the billing requirements for a particular health service code have been met. For example, I have seen some great templates for the annual chronic disease management incentive. At the time of an audit, it is far easier to retrieve the necessary information if templates and cumulative patient profiles are used and up to date.

4. **Round pegs are used in round holes**

As I mentioned earlier, the best practices I've encountered pay careful attention to Preamble rules, code descriptions and MSI Bulletins and only bill a particular health service code when it exactly matches what was done. If it doesn't fit, MSI is only a phone call or email away and we would be happy to tell you how to correctly bill a particular service. This is particularly important for procedural codes. As techniques change, a health service code that was in use may no longer accurately represent what was done. If there is no health service code for the service you have provided, it should be submitted as Exceptional Clinical Circumstances, as outlined in Preamble section 6.3.3.

5. **The physician and clinic staff are cooperative with the audit process**

If an onsite audit is to be conducted, you will be notified by mail and the auditor will follow up to book a time to come to your clinic to conduct the audit. While there is no requirement for you as the physician to be on site when she is scanning or copying chart material, it can be helpful. We all have our own charting idiosyncrasies and being on hand to explain these can help to fill in any gaps that the auditor may have noticed.

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