How to Use the
"Level Only"
Audit Tool

Dermatology E/M 2021 Leveling Audit Tool

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START →

"Level Only" Audits

Auditor reviews documentation and an E/M code as provided

- A retrospective audit of 10 randomly selected office visit services is conducted remotely by certified coding professionals. Medical notes, orders, medication lists, and other clinical documentation associated with each office visit was compared with the E/M code selected by the physician or provider.
- Only the E/M code is audited. Modifiers and other services (except prolonged visits, if applicable) are not audited

DECODING DOCTOR

The Audit Tools

- **“Rapid tool”** is for experts that want no help with code calculations
- **“Walk me through”** will make coding suggestions based on your inputs
- **“None”** is when you want to alert your
  - If think you might have made a mistake in a previous submit
  - If you have observed a pattern after multiple audits of a provider and you want that included on the provider’s report, just let us know by using the bottom option.

Which audit tool do you want to use?*

Select the audit type you are providing today

- Rapid Tool: Level the E/M
- Walk Me Through: Level the E/M
- None: I've completed audits & have a new comment OR want to check/change my answer

NEXT →

DECODING DOCTOR

Quick Caution on “Walk me Through”

- This tool is a “jot form” and uses your inputs to hide slides you don’t need to see
- Your inputs calculate coding suggestions when you use the “walk me through” tool. Use caution when skipping back and forth to change your inputs. Changing inputs can cause errors because your new inputs will 1) unhide slides you didn’t see before and 2) hide slides you did see before. This means you can’t “erase” your answers on hidden slides and the tool still uses the hidden information. Refresh your browser and start again if you think this has happened.

Use 2021 CPT® definitions to pick the problems addressed

- Check all that apply to the problem as it is documented.
- The tool gives clinical examples and is not all inclusive –just suggested hints

What problem/s are addressed?*

Check all that apply for this patient's office visit

- [x] 'Minor' (for the purposes of classifying a problem in coding guidelines) is defined as a problem that runs a definite and prescribed course, is transient in nature, and is not likely to permanently alter health status. Common examples may include skin tags, nevi, itchy bug bites, seborrheic keratosis not requiring treatment, etc.
- [ ] 'Acute'(for the purposes of classifying problems in coding guidelines) is defined as a recent or new short-term problem. Common uncomplicated examples may include abrasion, impetigo, contact dermatitis, etc. Acute with systemic symptoms may include examples such as scabies with anxiety, covid-19 rash with SOB, drug induced exfoliative dermatitis with shaking and chills, etc.
- [x] 'Chronic'(for the purposes of classifying a problem in coding guidelines) is defined as a problem with an expected duration of at least a year such as acne, psoriasis, rosacea, BCC or SCC in patients with a history of skin cancer, nummular dermatitis, etc.
- [ ] 'Undiagnosed new problem with uncertain prognosis' (for the purposes of classifying a problem in coding guidelines) is defined as a problem in the differential diagnosis that represents a condition likely to result in a high risk of morbidity. Common examples may include a changing pigmented lesion or actinic keratosis.

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DECODING DOCTOR

Rapid Tool Does Not Make Suggestions

- The Auditor selects the level of service that correlates with the documentation

NUMBER & COMPLEXITY OF PROBLEMS*

What is the correct level (based on highest risk problem)?

- 2 - Prob/s i.e. • 1 self-limited or minor
- 3 - Prob/s i.e. • 2+ minor • 1 CH stable • Acute uncomp
- 4 - Prob/s i.e. • 2 CH stable • CH not@goal • Acute w sys symp • New undx UNK Prog
- 5 - Prob/s i.e. • CH severe exacerbatior

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AMOUNT/COMPLEXITY OF DATA*

What is the correct level?

- 2 - i.e. Data • Less than Two counts or None
- 3 - ie. Data • Two counts •OR req. historian
- 4 - ie. Data • Three counts •OR interpretatio
- 5 - ie. Data • Three counts •AND interpretat

← PREVIOUS

RISK OF PT MANAGEMENT*

Concern regarding the likelihood of a side effect from the recommended treatment to cause long-term function impairment, diminished quality of life, permanent organ damage, or death. What is the correct level (based on highest treatment risk)?

- 2 - Risk i.e. • none
- 3 - Risk i.e. • OTC • minor Sx without risk fac
- 4 - Risk i.e. • Rx mgmt. • minor Sx w/ risk fac • social deter.
- 5 - Risk i.e. • medication toxicity management • DNR

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DECODING DOCTOR

But it displays what you enter…

- To help you visualize the correct level of service

Put it together:

Unless coding on time, to qualify for a particular level of medical decision making, two of the three elements for that level of medical decision making must be met or exceeded. You selected:

- 3 - Prob/s i.e. • 2+ minor • 1 CH stable • Acute uncomp
- 3 - ie. Data • Two counts •OR req. historian
- 4 - Risk i.e. • Rx mgmt. • minor Sx w/ risk fac • social deter.

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List your audit result when prompted.

- Do not enter modifiers –this audit is for the level only. If no separately identified E/M code is documented enter N/A

Enter the correct CPT **2021 E/M Code** *

Do **NOT** included modifier. Nothing supported = "N/A"

99214

Enter only one code: the primary E/M code without the modifier

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DECODING DOCTOR

Level only audits also include Prolonged Services (if documented)

- Say “yes” to enter your audit result ONLY if there is a prolonged E/M service secondary to the primary E/M code documented

Were Prolonged Services Supported*

YES NO/NA

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DECODING DOCTOR

Overall Result

- If the E/M code was billed correctly enter "pass"
- If a likely over payment or underpayment would occur based on coding errors the provider made, enter "fail"

AUDITOR FINDING: Payment Accuracy*

Pass | Fail

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DECODING DOCTOR

Enter the cause of any failure

- Click the boxes that correlate with provider coding errors

What was the cause of the failure?*

Check **ALL** that apply and detail in your audit finding notes

- [ ] The "new" status of the patient is not explicit in the document
- [ ] No separately identifiable E/M is documented
- [ ] Wrong CPT EM level
- [ ] Wrong/missing Modifier
- [ ] Wrong/missing units
- [ ] Wrong code category (i.e consultation vs office visit)
- [ ] Wrong/missing Provider (i.e. different doctor, incident-to, teaching, 99211)
- [ ] Illegible/missing/unacceptable signature/s
- [ ] No Chief Complaint
- [ ] Wrong/missing Date of Service
- [ ] Wrong/missing CPT/HCPCS code

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DECODING DOCTOR

Give us your audit reference

- Select from the drop-down box
- If your reference is not there, include in auditor note section

Primary reference that supports audit findings:*

Which reference should be included on your report?

1995 and 1997 CMS Documentation Guidelines for Evaluation and Management Services and Medicare Claim:

GENERAL

MEDICAL NECESSITY : Section 1862(a) (1) (A) of the Social Security Act directs the following: "No payment ma

AMA 2021 CPT® Evaluation and Management (E/M) Office or Other Outpatient (99202-99215) and Prolonged S

1995 and 1997 CMS Documentation Guidelines for Evaluation and Management Services and Medicare Claims

SIGNATURE/DATE: CMS Medicare Program Integrity Manual Chapter 3 Section 3 3 2 4

TIME G2212 HCPCS: Prolonged office or other outpatient evaluation and management service(s) beyond the m

E/M FROM MCM

TEACHING PHYSICIANS: Medicare Claims Processing Manual Chapter 12 - Physicians/Nonphysician Practitior

"INCIDENT TO": Medicare Claims and Processing Manual Chapter 12 - Physicians/Nonphysician Practitioners 3

PREVENTIVE WITH SICK: Medicare Claims and Processing Manual Chapter 12 - Physicians/Nonphysician Prac

NEW VS EST PT: Medicare Claims and Processing Manual Chapter 12 - Physicians/Nonphysician Practitioners

SAME GROUP: Medicare Claims and Processing Manual Chapter 12 - Physicians/Nonphysician Practitioners 3(

MODIFIER

MODIFIER 24: Medicare Claims and Processing Manual Chapter 12 - Physicians/Nonphysician Practitioners 30

MODIFIER 25: Medicare Claims and Processing Manual Chapter 12 - Physicians/Nonphysician Practitioners 30

MODIFIER 51 - Medicare Claims Processing Manual Chapter 12 - Physicians/Nonphysician Practitioners 40.6 -

MODIFIER 59 XE XS XP XU - Medicare Claims Processing Manual Chapter 12 - Physicians/Nonphysician Practi

MODIFIER 50 LT RT- Medicare Claims Processing Manual Chapter 12 - Physicians/Nonphysician Practitioners 4

OTHER

SURGERY ASSSITANT: Medicare Claims Processing Manual Chapter 12 - Physicians/Nonphysician Practitioner

ICD-10-CM Official Guidelines for Coding and Reporting FY 2021 – UPDATED January 1 2021

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Enter any Educational Information

- Use the tool to select commonly appropriate information to share

Educational Opportunities/Information

Check all that apply and detail in your audit finding notes

- [ ] SUBJECTIVE DETERMINIATIONS - This auditor allowed implied elements where another might request additional documentation (detailed in Audit Findings.) Concise documentation is recommended to avoid payer audit findings that require peer review, appeal, additional time, and/or cost.
- [x] UNCERTAIN VERSUS UNSPECIFIED - This auditor made an observation with the documented use of D48.5 Neoplasm of “uncertain” behavior of skin. Uncertain has a specific meaning in ICD-10. It means that the specimen has been examined by the pathologist and it can’t be determined if the neoplasm is benign or malignant. An uncertain neoplasm is reported after the pathologist’s report, not when sending the specimen for biopsy. D49.2 Neoplasm of unspecified behavior of bone, soft tissue, and skin is what this auditor expected to see listed.
- [ ] SEPARATELY IDENTIFIABLE: This auditor assumes that the lab/s ordered are not also being separately billed by the same provider. If the provider bills for the test, the provider does not get credit in MDM for the order or reviewing the results.
- [x] MEDICATION TOXICITY MONITORING - If the provider documents that the patient is at high riskregarding the likelihood of side effects from medication to cause long-termfunction impairment, diminished quality of life, permanent organ damage, ordeath, the provider will qualify for a “high” level of risk under the componentof “Risk of Complications and/or Morbidity or Mortality of Patient Management”. However, toxicity monitoring is only one oftwo required aspects under Medical Decision Making and two are required for alevel 5.
- [ ] STABLE VERSUS NOT AT GOAL - This auditor recommends updating EHR terms and using specific language regarding problems that are “Stable”: STABLE for the purposes of categorizing medical decision making is defined by the specific treatment goals for an individual patient. A patient that is not at their treatment goal is not stable, even if the condition has not changed and there is no short-term threat to life or function. A stable

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Enter any findings not addressed

What are your "Auditor Findings"?*

What notes should be included in the audit report (and yourself in the event of a provider education session or expert witness request)?

None

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NEXT →

DECODING DOCTOR

Review

- The last side lets you review your work to determine if you want to change your audit results or findings. In this example the time actually supported a higher level than the auditor selected, and this gives the auditor the chance to spot their mistake.

This is what you picked with the Rapid Tool:

Visit #	Provider Coded	Result
3	99215	**Fail**

You said the correct code is:**99214**

- 4 - Prob/s i.e. • 2 CH stable • CH not@goal • Acute w sys symp • New undx UNK Prog
- 2 - Data i.e. • Less than Two counts or None
- 4 - Risk i.e. • Rx mgmt. • minor Sx w/ risk fac • social deter.
- Problem/s: 'Acute'(for the purposes of classifying problems in coding guidelines) is defined as a recent or new short-term problem. Common UNCOMPLICATED examples may include abrasion, impetigo, contact dermatitis, AK requiring treatment, etc. Acute with SYSTEMIC symptoms may include examples such as scabies with anxiety, covid-19 rash with SOB, drug induced exfoliative dermatitis with shaking and chills, etc.,'Chronic'(for the purposes of classifying a problem in coding guidelines) is defined as a problem with an expected duration of at least a year such as acne, psoriasis, rosacea, BCC or SCC in patients with a history of skin cancer, nummular dermatitis, etc. STABLE conditions are "at goal".

Time - Est: Level 5 New:N/A

You said the added comments should include:

Incorrect code: Wrong E/M level

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THANK YOU!

Contact Stephanie Cecchini 801-664-3639 with any questions