

Provider Audit Results Tip Sheet



THE UNIVERSITY OF
CHICAGO MEDICINE

Office of Corporate Compliance

Date

Provider
Practice

Dear Provider:

As part of the annual physician documentation audit program, the Office of Corporate Compliance completed a review of your documentation and billing.

Auditor: Auditor Name
Auditor Phone: 773-834-XXXX
No. of Cases: 10
Billing Date Range: May 1, 20XX and June 30, 20XX
Score: 90%
Pass/Not Pass: Pass

Letter Highlights: Provider Letter (pg. 1)

Provider Audit Outcome

(Compliance Passing Threshold: 90%)

Provider Audit Outcome Schedule (Next Audit):

Passing	95% - above	2 years
Passing	94% - 90%	1 year
Non-Passing	89% - 81%	6 mos
Non-Passing	80% - below	3 mos

Office of Corporate Compliance
5841 S. Maryland Avenue, MC 1000
Chicago, Illinois 60637
Office: 773-834-4733
Fax: 773-834-3898

Department

Practice

Audit Period

Provider Finding Summary

Section 1: Provider Finding Summary (pg. 1-1)

Quantifies instances when audit findings are identified while separating service category and patient status (i.e. 'E/M' versus 'Procedure'; 'Inpatient' versus 'Outpatient').

EM Services Billed

Instances	Audit Finding	Percentage of Total	Inpatient	Outpatient
PROVIDER				
5	Agree with Coded E&M	62.50%	3	2
1	DOS Error (0.05)	12.50%	1	0
1	E&M Service Overcoded One Level (0.1)	12.50%	0	1
1	Modifier Added- GC	12.50%	1	0
8				
8			5	3
			62.50%	37.50%

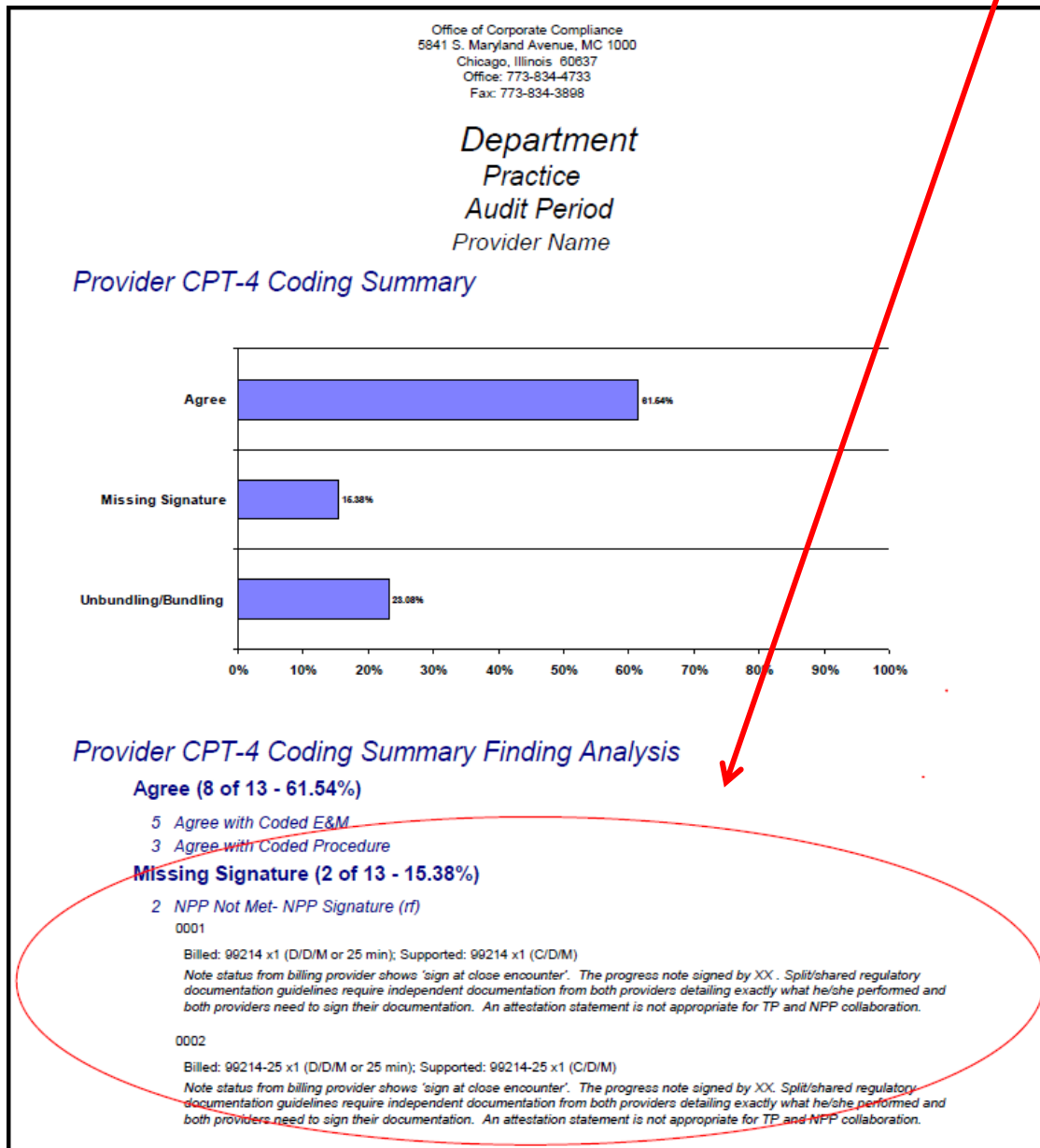
Procedures Billed

Instances	Audit Finding	Percentage of Total	Inpatient	Outpatient
PROVIDER				
4	Agree with Coded Procedure	40.00%	2	2
4	Modifier Added- GC	40.00%	2	2
1	TPR Not Met-Surgeon Presence	10.00%	1	0
1	TPR Not Met-Surgeon Presence (rf) (0.3)	10.00%	1	0
10				
10			6	4
			60.00%	40.00%

Provider Audit Results Tip Sheet

Section 2: Provider CPT-4 Coding Summary Finding Analysis (pg. 2-1)

Graphical and Case detail information of audit deficiencies grouped by **assessment element categories**.



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Section 3: Provider Finding Detail (pg. 3-1)

Audit Case Score: Sum of all points (provider/administrative) accumulated for each audit finding in each transaction.

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Provider Finding Detail

Audit Case: 0000	Audit Score: 0.30
MRN:	Original FSC:
Patient:	Division:
Date of Service:	Location: UNIV OF CHGO HOSP INPT
Audit Date:	Auditor

Invoice Number	Provider	Admin
CPT Billed:		
CPT Supported:		
TPR Not Met-Surgeon Presence (rf)		.30
Insufficient attestation statement: Documentation doesn't support the attending presence during key portion of surgery.		

Refunds (abbreviated 'rf') for deficiencies that trigger repayments are highlighted and included in case detail.

Charge corrections (abbreviated 'cc') for deficiencies requiring charge / code adjustments are highlighted and included in case detail.

Section 3: Provider Finding Detail (last page)

Audit Outcome (Audit Package Score): Total audit finding points accumulated for all transactions audited/ total number of transactions audited. The result subtracted from one and converted into a percentage. Example: total 1.10 points/ 10 cases audited = 0.11. $1 - 0.11 = .89 = 90\%$.

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Provider Finding Detail

Total Cases	Total Services	Provider Score	Administrative Score	Audit Status	Audit Outcome
10	11	1.10	.05	Completed	90%

Audit Score Methodology

The scoring methodology assigns points based on the findings of the documentation review (below). The "Audit Case Score" represents the sum of all points accumulated for each finding in each transaction. The "Audit Outcome" is the total finding points accumulated for all transactions audited divided by the total number of cases audited. The result is subtracted from one and converted into a percentage. Example: total 2.75 points/ 10 cases audited = 0.275, 1-0.275 = .725 = 73%. The compliance "Audit Outcome" threshold for passing is 85%. The category of administrative errors are those issues that are attributed to the administrative or billing staff processes which are beyond the control of the provider. The legend for the scoring system is presented below. Note: Findings that trigger a refund is indicated below (rf). Findings that trigger a charge correction is indicated below (cc).

Provider Findings

Diagnosis

Agree

- .00 Agree with Coded Diagnosis
- .00 Dx- Agree with Coded Dx- Sequence (s/b 1st Listed)

ICD-9 Coding Error

- .05 Dx Billed is Symptom of Primary Condition
- .00 Dx Billed is Symptom of Primary Condition
- .05 Dx Documented is Different than Dx Coded
- .00 Dx Documented is Different than Dx Coded
- .00 Dx Documented is Different than Dx Coded-Coding Rule Violation
- .05 Dx Documented is Different than Dx Coded-Coding Rule Violation
- .10 Dx Documented is Different than Dx Coded-Incorrect 1st Listed
- .00 Dx Documented is Different than Dx Coded-Incorrect 1st Listed
- .00 Dx Documented is Different than Dx Coded-Sequence (s/b 1st listed)
- .10 Dx Documented is Different than Dx Coded-Sequence (s/b 1st Listed)
- .05 Dx Documented is Different than Dx Coded-Specificity
- .00 Dx Documented is Different than Dx Coded-Specificity
- .00 Dx Documented- Not Coded
- .05 Dx Documented- Not Coded
- .10 Dx Documented-Not Coded (s/b 1st Listed code)
- .00 Dx Documented-Not Coded (s/b 1st Listed code)
- .00 Dx Does Not Support Medical Necessity
- .30 Dx Does Not Support Medical Necessity_LCD/NCD(rf)
- .05 Dx Not Documented
- .00 Dx Not Documented
- .10 Dx-1st Listed Code Error
- .00 Dx-1st Listed Code Error

Other

- .00 Dx Not Reviewed
- .00 ICD-9 code DOES NOT Map to ICD-10 code
- .00 ICD-9 Code Maps to ICD-10 Code

Procedure

Agree

- .00 Agree with Coded E&M
- .00 Agree with Coded Modifier
- .00 Agree with Coded Procedure

CPT Code Not Supported by Documentation

- .30 Diagnostic test-orders (rf)
- .00 Insufficient Documentation for Procedure Billed
- .30 Insufficient Documentation for Procedure Billed (rf)
- .30 Service Part of a clinical trial (rf)

CPT Coding Error

- .30 Post-op procedure billed during Post-op period. (rf)
- .20 Procedure Code Added (cc)
- .00 Procedure Code Added (cc)
- .30 Procedure Should Not Have Been Billed (rf)

Date of Service

- .05 NPP Not Met- Date
- .00 NPP Not Met-Date
- .05 TPR Not Met-Date
- .00 TPR Not Met-Date

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E&M Coding Error

- .20 Discharge Summary Time Requirements Not Met or Documented (cc)(.20)
- .20 E&M Service Added (cc)
- .30 Post-op E/M visit billed during Post-op period. (rf)(.30)

Illegibility

- .10 Provider Handwriting CPT code illegible
- .10 Provider Handwriting illegible
- .10 Provider Handwriting-ICD-9 illegible
- .10 Provider Signature-illegible

Incorrect Category

- .20 Consult Criteria Not Met-no opinion (cc)
- .20 Consult Criteria Not Met-no request (cc)
- .20 Critical Care Documentation not Met- Documentation is not sufficient for critical Care code-Time (cc)
- .20 Critical Care Documentation not Met-Documentation is not sufficient for critical Care code-Medical Necessity (cc)
- .00 Incorrect CPT Category (cc)
- .20 Incorrect CPT Category (cc)
- .20 Number Units Over Reported (cc)
- .20 Number Units Under Reported (cc)
- .20 Preventive Visit (cc)
- .20 Preventive Visit sick (cc)
- .20 Preventive Visit-PV (cc)
- .00 Procedure Documented is Different Than Procedure Billed
- .20 Procedure Documented is Different Than Procedure Billed (cc)
- .20 Time-Documentation Does Not Support Time Billed (cc)
- .00 TPR Not Met-Resident time
- .20 TPR Not Met-Resident time (cc)

Missing Documentation

- .00 Insufficient Documentation for E&M Service Billed
- .30 Insufficient Documentation for E&M Service Billed (rf)
- 1.00 Requested E&M Documentation Not Received by Department (rf)
- 1.00 Requested Procedure Documentation Not Received by Department (rf)

Missing Signature

- .00 NPP Not Met- NPP Signature
- .30 NPP Not Met- NPP Signature (rf)
- .00 TPR Not Met- Resident's Signature
- .00 TPR Not Met-Attending Signature
- .30 TPR Not Met-Attending Signature (rf)

Other

- .00 PC Exception Rule- Undercoded/TPR Presence Not Needed/TPR Applicable
- .00 Anesthesia Surgical Position Not Supported by Documentation
- .00 E&M Service Not Reviewed
- .30 LCD/NCD- condition of payment (rf)
- .00 Modifier Not Reviewed
- .00 Procedure Code Not Reviewed
- .00 Scribe Medical Record Documentation

Overcoded

- .30 E&M Service Overcoded Four Levels (cc)
- .00 E&M Service Overcoded Four Levels (cc)
- .10 E&M Service Overcoded One Level
- .00 E&M Service Overcoded One Level
- .30 E&M Service Overcoded Three Levels (cc)
- .00 E&M Service Overcoded Three Levels (cc)
- .20 E&M Service Overcoded Two Levels (cc)
- .00 E&M Service Overcoded Two Levels (cc)
- .20 E&M Service Overcoded Two Levels- Medical Necessity (cc)
- .00 PC Exception Rule/TPR Not Applicable--Overcoded
- .10 PC Exception Rule/TPR Not Applicable--Overcoded
- .20 PC Exception Rule/TPR Not Applicable--Overcoded (cc)

Participation

- .00 NPP Not Met-Resident/Med Student
- .30 NPP Not Met-Resident/Med Student (rf)
- .30 Provider Identify (rf)
- .30 Supervision Requirement Not Met- Presence (rf)
- .00 Supervision Requirement Not Met- Presence (rf)
- .30 TPR Not Met- Other (rf)

- .00 TPR Not Met-co-sign only
- .30 TPR Not Met-co-sign only (rf)
- .00 TPR Not Met-Med Student
- .30 TPR Not Met-Med Student (rf)
- .00 TPR Not Met-Presence
- .30 TPR Not Met-Presence (rf)
- .00 TPR Not Met-Resident's Note Not Available
- .30 TPR Not Met-Resident's Note Not Available (rf)
- .00 TPR Not Met-Surgeon Presence
- .30 TPR Not Met-Surgeon Presence (rf)
- .00 TPR Not Met-TPR Statement
- .30 TPR Not Met-TPR Statement (rf)
- .00 TPR-Wrong Resident
- .30 TPR-Wrong resident (rf)

Undercoded

- .30 E&M Service Undercoded Four Levels (cc)
- .00 E&M Service Undercoded Four Levels (cc)
- .10 E&M Service Undercoded One Level
- .00 E&M Service Undercoded One Level
- .30 E&M Service Undercoded Three Levels (cc)
- .00 E&M Service Undercoded Three Levels (cc)
- .20 E&M Service Undercoded Two Levels (cc)
- .00 E&M Service Undercoded Two Levels (cc)
- .20 E&M Service Undercoded Two Levels- Medical Necessity (cc)
- .10 PC Exception Rule-Undercoded / TP Presence Not Needed / TPR Not Applicable
- .20 PC Exception Rule-Undercoded / TP Presence Not Needed / TPR Not Applicable (cc)
- .00 PC Exception Rule-Undercoded / TP Presence Not Needed / TPR Not Applicable (cc)

Administrative Findings

Diagnosis

ICD-9 Coding Error

- .05 Dx Code(s) Selected by Provider on Charge Ticket Not Billed

Procedure

Date of Service

- .05 DOS Error
- .00 DOS Error

Modifier Error

- .05 Modifier Added
- .00 Modifier Added- GC
- .00 Modifier Added- GE
- .05 Modifier Selected- Disagree
- .00 Modifier Usage- Inappropriate
- .05 Modifier Usage-Inappropriate
- .00 Modifier(s) Selected by Provider on Charge Ticket Not Billed

Other

- .00 Anesthesia Additional Units Billed for Surgical Position Not Supported by Documentation
- .05 Anesthesia Additional Units Billed for Surgical Position Not Supported by Documentation
- .00 Anesthesia Additional Units Supported for Surgical Position Not Billed
- .05 Anesthesia Additional Units Supported for Surgical Position Not Billed
- .00 Anesthesia Documentation Doesn't Support for Qualifying Circumstances Code
- .00 Anesthesia Physical Status Billed Not Supported by Documentation
- .05 Anesthesia Physical Status Billed Not Supported by Documentation
- .30 Clinic visit cancelled (rf)
- .20 Duplicate charge error (cc)
- .00 Duplicate charge error (cc)
- .00 LCD-Documentation does not support all elements required by the LCD
- .00 NCD-Documentation does not support all elements required by the NCD
- .30 Non Provider Error (rf)

Participation

- .00 Billing Provider Differs From Documenting (TP, NPP) Provider
- .20 Billing Provider Differs From Documenting (TP, NPP) Provider (cc)
- .20 Billing Provider Differs From Documenting Provider Split Shared Service (cc)
- .30 Billing Provider Differs From Documenting Provider-not licensed (rf)

Place of Service

- .10 Place of Service Incorrect-11
- .10 Place of Service Incorrect-22

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Unbundling/Bundling

- .30 Bundling/Unbundling- E&M (rf)
- .30 Bundling/Unbundling-Procedure (rf)
- .00 Bundling/Unbundling-Procedure (rf)