Effectiveness of Documentation for APRN Services

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Abstract

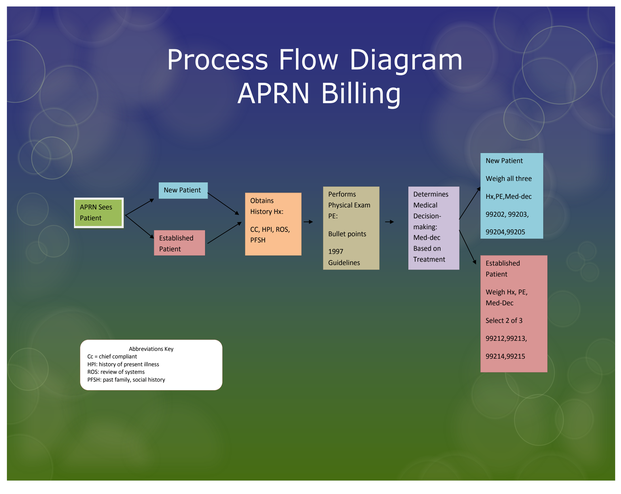
It is every APRNs fiscal responsibility to understand the revenue stream within a practice. APRN education focuses on the clinical aspects of training and little on the business side of generating revenue for a practice by correct coding and documentation for APRN services. APRN documentation reflects what transpired during the rendering of service. Reimbursement for that service requires utilization of history, physical examination and medical decision-making occurring during the time of service. Knowledge of Current Procedural Terminology (CPT) provides documentation of the "What was done?" This includes: procedures and office visit codes. International Classification of Disease (ICD-10) yields the "Why it was done?" This includes classification of diseases and symptoms. The linkage of CPT and ICD-10 equals medical necessity. Lastly, evaluation and management documentation guidelines provide criteria for level of history, physical examination and medical decision-making performed to secure a billable for the APRN service. Without a thorough understanding in utilization of evaluation and management guidelines, documentation to support CPT and ICD-10 coding levels, practice revenue stream can be affected. When a service is under coded, the documentation provided actually supports a higher level of billable and revenue is lost. When a service is overcoded, the service was overvalued for the documentation rendering and overcharge costing the practice financially, increasing potential liability. This project reviewed documentation based on billables for APRN services pre-intervention. Dissemination of best practices in coding, documentation and reimbursement occurred through a PowerPoint presentation. Evaluation of documentation of billables post intervention is still ongoing. APRNs that can accurately document and code their services bring value to a practice and add to the evidence base for the quality and cost-effectiveness of APRN care.

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Introduction

As part of a Quality Improvement Project on assessing accuracy of evaluation and management services documentation and billables for Nurse Practitioner (NP) services, a process flow diagram was created. Data analysis of New and Established Patient visits would identify level of evaluation and management service billed. What were the trends? Were visits undercoded, overcoded or same coded? Would educating NPs to correct coding and documentation for services change coding and documentation behavior? What financial impact would there be to the practice?

Established a relationship with the Billing Supervisor to obtain support for project and data needed.



Materials and Methods

Research Format: Quantitative.

Assessment: Billing information was obtained for the first quarter of 2015 for all the NPs. Billable codes 99202-99205 New Patient Codes and 99212-99215 Established Patient Codes and 99242-99245 Consultation Codes were selected. The Consultation Codes were eliminated due to low yield of usage.

Intervention: A 45-minute video Camtasia presentation provided an in-depth discussion of correct documentation and coding for all NP services. The NPs had 30 days to view the presentation as many times as they needed during this time period.

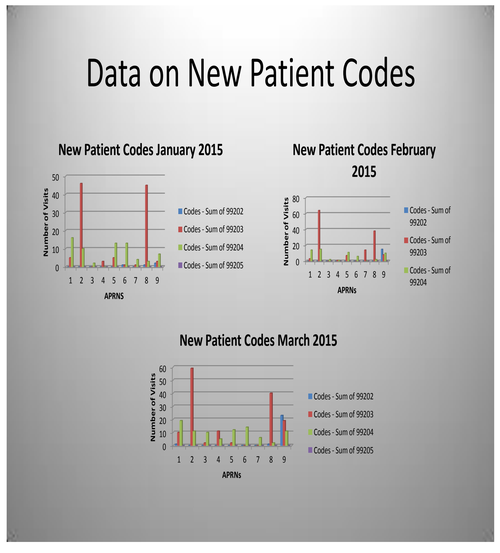
Assessment: Billables for the last quarter of 2015 were obtained from the Billing Supervisor for New Patient Codes and Established Patient Codes.

Evaluation: Lastly, charts were audited for correct documentation to the level of billable code selected. The final results show undercoding costs a practice in revenue. Providing this education resulted in improvement in billables and enhanced appropriate billing resulting in improved revenue stream.

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Billing Data for First Quarter 2015

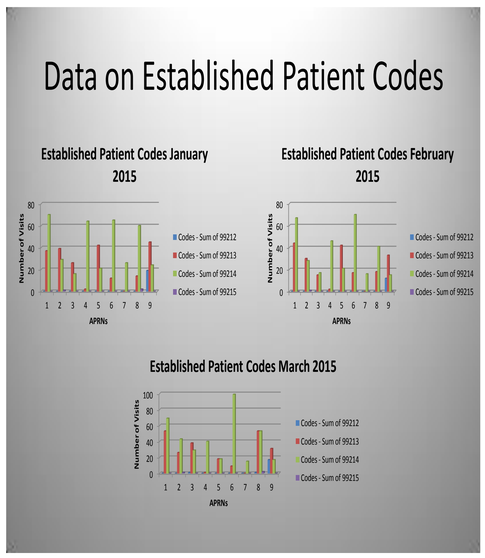
New Patient Codes



Results Show:

99203 was the most billed codes by all NPs
NP #2 and NP #8 saw the most New Patients
NP #9 billed a higher number of 99202
- Potential undercoding which could mean a revenue loss

Established Patient Codes



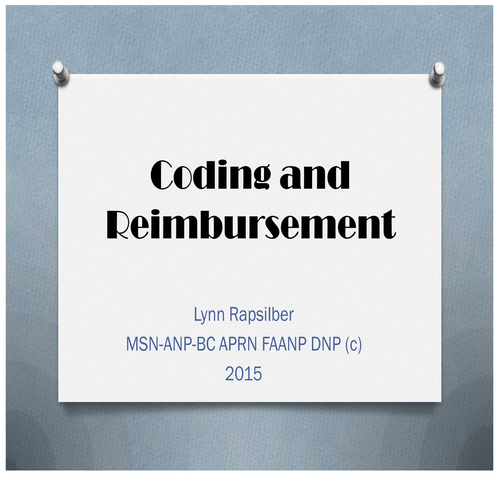
Results Show

99213 and 99214 were most billed codes by NPs
NP #9 billed more 99212 codes than other NPs
- Potential undercoding and revenue loss

NP #6 billed more 99214 codes than other NPs
- Potential overcoding and audit trigger

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Video Camtasia Presentation



Included:
- Overview of Current Procedural Terminology (CPT)
- Overview of International Disease Classification (ICD-10)
- Evaluation and Management (E&M) Documentation Guidelines
- Level of History, Examination and Medical decision-making for each code

Summary

Auditing of charts revealed financial impact of undercoding to a practice. Below is a sample of the findings. Undercoding was noted by NPs. Documentation supports a level higher than billed. Undercoding by one level costs a practice $35.58 per occurrence from level 99213 to 99214 and $29.01 from 99212 to 99213.

CPT Code	Short Description	Non-Facility Price	Facility Price
99212	Office/outpatient visit est	$44.20	$25.87
99213	Office/outpatient visit est	$73.30	$51.38
99214	Office/outpatient visit est	$108.88	$79.41
99215	Office/outpatient visit est	$146.97	$112.83
CPT Code	**Short Description**	**Non-Facility Price**	**Facility Price**
99202	Office/outpatient visit new	$75.46	$50.67
99203	Office/outpatient visit new	$109.60	$77.98
99204	Office/outpatient visit new	$166.73	$131.88
99205	Office/outpatient visit new	$209.49	$171.40

https://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/PhysicianFeeSched/PFS-Relative-Value-Files-Items/RVU15A.html

Sample of Auditing of Documentation to Level Billed

Provider	Code Billed	Level of history	Level of Physical Exam	Level of Med Dec Making	Audited Code	Coded by time	Criteria met > 50% face	Notes
1st QTR								
1	99213	3	4	4	99214			($35.58)
1	99213	3	3	3	99213			
1	99213	4	4	4	99214			($35.59)
2	99213	X	X	X	99214	yes	Not 30 minutes	($35.58)
2	99213	3	3	4	99213			
2	99213	3	3	3	99213			

Conclusions

Evaluation of coding and documentation for NP services to insure accuracy is important for all NPs to understand. Dissemination of best practices in coding, documentation and reimbursement distinguish the business side of NP practice. NPs documentation often reflects a higher level than billable level. Education builds a foundation of fiscal responsibility. Behavior can be influenced to select appropriate billable for NP services. NPs that can accurately document and code their services bring value to a practice and add to the evidence base for the quality and cost-effectiveness of NP care.

Acknowledgements

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