

Five Best E/M Practices

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- ⇒ **Invest in training.** This includes annual E/M refresher training for all physicians and staff.
- ⇒ **Hire a consultant.** Ask this individual to audit E/M documentation and ensure it supports the level of codes assigned.
- ⇒ **Be mindful of time-saving functionality.** The Office of Inspector General (OIG) monitors copy-paste functionality (often referred to as cloned documentation) as well as auto-populated fields within E/M templates. Experts suggest turning off this functionality to avoid inappropriately upcoding E/M services. They also suggest turning off the automatic E/M calculator. This calculator is often based on a vendor-proprietary algorithm that may not accurately correlate with E/M scoring guidelines. The calculator also isn't able to consider the medical decision-making or complexity of care that's provided.
- ⇒ **Always consider medical necessity.** Is it medically necessary to bill a higher-level E/M code when a lower level of service is warranted? For example, even though CPT guidelines permit physicians to report a level 5 E/M code when performing a comprehensive history and comprehensive exam, it may be appropriate to report a level 3 if the medical decision-making is straightforward (i.e., minimal risk of complications, morbidity, or mortality; minimal or no data reviewed; and minimal number of diagnoses or management options considered). Per the Medicare Claims Processing Manual, CMS considers medical necessity the overarching criterion in selecting an E/M code.
- ⇒ **Partner with a certified coder to validate codes prior to claim submission.** Certified coders are well-versed in E/M guidelines and documentation requirements and can help increase compliance and minimize post-payment audit risk.