

# accurate DOCUMENTATION IS ESSENTIAL

KNOWING WHEN TO QUERY YOUR PROVIDERS

BY PAMELA J. HANEY, MS, RHIA, COC, CIC, CCS, AAPC NEWS

ICD-10 is finally a reality. We have learned to code diagnoses with ICD-10-CM, mastered the root operations in ICD-10-PCS, and we are ready to put our new skills to work.

Documentation challenges plagued us in ICD-9, but become more challenging with ICD-10 due to the increased specificity of the classification system. According to the Office of the Inspector General (OIG), "policies must create a mechanism for HIM/Coding professionals to communicate effectively and accurately with the clinical staff...for proper and timely documentation." This means we must have a process in place to work with our clinicians to clarify ambiguous documentation. A key part of the query process is knowing when to query!

To identify the correct ICD-10 codes, we must identify conditions that require clinical evaluation, therapeutic treatment, further diagnostic studies, procedures or consultation, an extended patient stay, or increase nursing care and/or monitoring.

A well-designed query will be vitally important for successful coding in ICD-10. Query guidelines to keep in mind:

- The condition or diagnosis must already be established in the medical record
- All payer types should be queried, not just those that have an impact on reimbursement
- The query should just state the facts
- Queries should not lead the provider to a specific diagnosis

When should coders query the provider? There are a few key questions to ask that may help determine if a query should be initiated:

1. Is there conflicting information in the medical record? Sometimes documentation in the progress notes may conflict with information in the discharge summary or even another provider's documentation.
2. Is there incomplete information in the medical record such as missing test results, progress notes or discharge summary?
3. Are there any significant reportable conditions or procedures performed that require additional information to be coded correctly?
4. Is there documentation of an unspecified diagnosis when clinical reports suggest a more specific diagnosis? It may be helpful to request further specificity or the degree of severity of a documented condition.

Just as important as knowing when to query is knowing when NOT to query providers. Queries should not question a provider's clinical judgment, when the benefit is strictly for reimbursement, or for clinically insignificant findings or irrelevant information.

Queries are an essential communication tool for accurate documentation and quality coding. They should be fact-based to clarify documentation and improve data integrity. Designing a solid query process will help support providers to continually improve their documentation for ICD-10 success.

## develop a system to collect PATIENT CREDIT CARD INFORMATION

BY MADELINE HYDEN, MGMA CONNECTION

**The popularity of high-deductible health plans (HDHPs) is growing, according to a census report from America's Health Insurance Plans, Washington, D.C., which translates into increased patient financial responsibility and more pressure on medical practices to collect unpaid balances from patients.**

One way to ensure timely payment from patients is to collect at the time of service.

"Billing at the time of service can be difficult because you don't always know what exactly will be billed until after the appointment," says Joe Clark, MBA, CMPE, MGMA member, chief executive officer, Sierra Pacific Orthopedics, Fresno, Calif. "The patient might end up needing an MRI or an unexpected surgery by the end of the visit," adds Clark, who spoke during the MGMA 2015 Financial Management and Payer Contracting Conference in March.

The easiest way to alleviate patient collection pressure, especially for those with HDHPs, is to require patients to provide a credit card, debit card or health savings account card number when they schedule appointments, Clark says. As soon as a visit and any subsequent lab work or procedures are billed and the practice receives the explanation of benefits (EOB) from the payer, a patient's card is charged for the amount owed.

When patients leave without paying, practices are essentially giving them loans, Clark says. "Medical practices aren't lenders. We shouldn't be loaning money like that."

**Here are Clark's tips to set up a credit card number collection process.**

### TECHNOLOGY

The question of where and how to store patient credit card information is a delicate one, as a misstep in the process could make a patient's financial information vulnerable to a breach. Clark recommends that practices use a third-party credit card processor, housed off-site, to store patient credit card information. "That way the practice has no record of any credit card numbers," he explains.

This software should connect to your practice management system (PMS) so that when a patient makes an appointment, staff members can enter card information into the PMS and it is automatically stored in the third-party database. When a patient arrives for an appointment, he or she will need to sign a credit card authorization form giving the practice permission to charge any balance the insurance company did not cover.

The first step is to determine the needs of your PMS, Clark says. Find out what companies your system partners with for processing credit card information and make sure the vendor is certified by the Payment Card Industry.

### TRAINING

"People have a really hard time asking for money," Clark says. This means that your staff needs detailed training on how to tell patients they will need to provide a credit card number.

This training should be a part of all customer service training, Clark says, and should include:

- Education on why the practice is doing this and why it's important.
- Scripts for all staff who might answer the phone and book an appointment, including clinical staff. "It should be communicated as practice-wide policy that is enforced by the entire organization."
- Role-playing between staff members to help them get comfortable.

Getting physicians to accept the policy can be challenging, although "getting doctors' buy-in is simple if you show them what you're writing off in unpaid claims," Clark adds.

One recommendation: Think like a hotel employee, Clark says. You always have to provide a credit card in order to book a hotel room. "It's expected," he adds. "And people no longer question it."

Once your staff is fully trained, pick a day to start implementing the new policy with patients who make appointments.

### COMMUNICATE TO PATIENTS

If patients are hesitant about providing a credit card number, explain the benefit of providing credit card information before appointments and the reason for the policy. Benefits include a reduced chance of overpayment since a credit card is charged only after a claim is processed and quicker refunds if there is an overpayment (no need to mail a check).

Patients also need to understand that the practice isn't taking a payment at the time of service, Clark says. The only payment required on the day of the appointment is a copay, if applicable, and the card will only be charged after the EOB arrives.

"Explain that their insurance company decides the amount that will be charged; we don't," Clark adds.

In his experience, 99% of new patients provided a credit card number with no issue but there will be certain patients who need more hand-holding. "These are generally long-standing patients who are used to managing their billing in a certain way."

### OTHER TIPS:

- Send a letter to all patients who have previously scheduled appointments after the go-live date. It should explain the security measures the practice is taking to protect their information.
- Create FAQs list for your website and have copies available in the office.

If patients refuse to provide credit cards, Clark recommends asking physicians to decide how to handle it.

## in the SPOTLIGHT

GET TO KNOW A PMB TEAM MEMBER!

**NAME:** Laura Perez

**POSITION:** Data Entry

**YEARS WITH PMB:** 1.5 years

**FAVORITE HANGOUT:** I am a mother of two, and my favorite hangout is at home spending quality time with my kids.

**FAVORITE MOVIE:** My favorite movie is *The Pursuit of Happyness*, because it teaches you to never give up no matter what.

**SECRET TALENTS:**

I've had a talent for writing poetry from a very young age.

**WHAT MOTIVATES YOU EVERY DAY?**

My main motivation is my two kids. They motivate me every day to be stronger and better than who I was the day before.

