

2019

MEDICAL AUDITING
TRAINING

CPMA[®]

CERTIFIED PROFESSIONAL MEDICAL AUDITOR

STUDY GUIDE



AAPC
Advancing the Business of Healthcare

2019

CPMA[®] Certification Study Guide



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Introduction

The medical record is chronological documentation of a patient's medical history and care. Entries are made by all types of providers who provide healthcare services to a patient and include identification information, a patient's health history, medical examination documentation and findings, and test results, among other information. Regulations dictate the privacy of and sharing of this information, as well as what is the required documentation in the medical record. This chapter will discuss the Health Insurance Portability and Accountability Act (HIPAA) and its effect on the medical record, legal requirements for medical records, and basic structure and components of the medical record.

Health Insurance Portability and Accountability Act (HIPAA)

HIPAA was enacted on August 21, 1996 to provide rights and protections for participants and beneficiaries of group health plans. Under this law, exclusions for pre-existing conditions were limited, and discrimination against employees and dependents based on their health status were prohibited. HIPAA also established the Healthcare Fraud and Abuse Control Program, a far-reaching program to combat fraud and abuse in healthcare, which includes both public and private health plans.

HIPAA Administrative Simplification provisions required that sections of the law be publicized to explain the standards for the electronic exchange, privacy, and security of health information. Congress did not enact privacy legislation within the specified time governed by HIPAA; therefore, The U.S. Department of Health and Human Services (HHS) developed a proposed rule, which was published and released in final form on August 14, 2002.

Privacy Rule

The Privacy Rule standards address how an individual's protected health information (PHI) may be used. Its purpose is to protect individual privacy, while promoting high quality healthcare and public health and well-being. All covered entities are required to follow the Privacy Rule. Covered entities are defined as health plans, healthcare clearinghouses, and any healthcare provider who transmits health information in an electronic format.

- **Health Plan** covered entities are organizations that pay providers on behalf of an individual receiving medical care. These plans include health, dental, vision, and prescription drug insurers (for example, Health Maintenance Organizations (HMOs), Medicare, Medicaid, and employer, government, and church-sponsored group health plans). There are exceptions:
 - An employer who solely establishes and maintains the plan with fewer than 50 participants is exempt.
 - Two types of government-funded programs are not health plans: food stamps and community health centers.
 - Insurers providing only worker's compensation, automobile insurance, and property and casualty insurance are not considered to be health plans.
- All **healthcare providers** who electronically transmit health information through certain transactions are covered entities. Some examples of transactions that may be submitted electronically are claim forms, inquiries about eligibility of benefits, and requests for authorization of referrals. Simply using electronic technology, such as sending emails, does not mean a healthcare provider is a covered entity; the transmission must be relating to a standard transaction. The rule applies to all healthcare providers, regardless of whether they transmit the transactions directly, or use a billing service or other third party to transmit on their behalf.
- **Healthcare clearinghouses** include billing services, repricing companies, and community health management information systems that process nonstandard information received from another entity into a standard format (for example, data content), or vice versa.

Transactions occur through electronic exchanges, which allow information to be transferred between two parties for specific purposes. A healthcare provider will send a claim to a health plan to request payment for medical services. HIPAA regulations standardized transactions for Electronic Data Interchange (EDI) of healthcare data. These transactions are: claims, encounter information, payment, remittance advice, claims status, eligibility, enrollment, disenrollment, referrals, authorizations, coordination of benefits, and premium payment.

Under HIPAA, electronic transactions must use the adopted standard and adhere to the content and format requirements of ASC X12N or NCPDP (used for certain pharmacy services) for each transaction. An additional rule was adopted to stan-

Visit	Date	Group	Date	Group	Date	Group	
	_____ min		_____ min		_____ min		
	_____ min		_____ min		_____ min		
Modalities List each below)							
Cold packs	15 min		_____ min		_____ min		
Electrical Stimulation	_____ min		_____ min		_____ min		
Mechanical Traction	15 min		_____ min		_____ min		
Total Time (Code Treatment Time)	90 minutes						
Time IN	9:00						
Time Out	10:30						
PT Initials	MR						

Physical Therapy Fee Ticket

Patient Name	N. Rodriguez
Medical Record Number/Account Number	34789
Referring Physician	L. Stukey, MD
Treating Physician	L. Stukey, MD
Provider	M. Ridenour PT
Insurance Company	Medicare/UHC
Comments	

Date of Service	Facility	Place of service	CPT® Code	Diagnosis Code(s)	Modifier	Quantity	Fee
12/12/20XX	ADT Physical Therapy	11	97530	M54.17	GO	4	\$400.00
12/12/20XX	ADT Physical Therapy	11	97010	M54.17	GP	1	\$100.00
12/12/20XX	ADT Physical Therapy	11	97014	M54.17	GP	1	\$100.00
12/12/20XX	ADT Physical Therapy	11	97012	M54.17	GP	1	\$100.00
Total							\$700.00

47. When summarizing the findings in the audit report, what issue should be addressed regarding the physical therapist's documentation?
- Total duration of time is not documented in the medical record.
 - Time in and out is not documented on the encounter form.
 - 97014 is not supported in the documentation.
 - 97010 is not supported in the documentation.

48. **Answer:** C. Incorrect modifier appended to 97530.

Rationale: GO is appended to 97530, which represents services delivered under an outpatient occupational therapy plan of care. GP represents services delivered under a physical therapy plan of care.

CASE 10

PATIENT: J. Nichols

DATE: 4/13/20XX

REFERRING PHYSICIAN: Stephen Klein, M.D.

CHIEF COMPLAINT: Chronic UTIs ^[1]

HISTORY OF PRESENT ILLNESS: Ms. Pinkston is a 29-year-old young lady referred to us ^[2] by Dr. Klein for evaluation of the above and advice on treatment. ^[3] She states that she underwent a C-section in 20XX. ^[4] This was complicated by a reaction to the epidural as well as a post-op hematoma. ^[5] It has resulted in decreased sensation ^[6] of her bladder filling. ^[7] She has mild urge incontinence and urgency, ^[8] which was preceded by a stress incontinence that she has not been treated for. ^[9] This has also resulted in a urinary tract infection about once a month. ^[10] She seemed to be doing timed voiding on her own to decrease the amount of urine and to have fewer accidents. She says she has good stream when she voids. She feels like she does not completely empty. She has had no dysuria, frequency, or hematuria but does have nocturia three times a night. Thus Dr. Klein referred her to us for evaluation of the infections and urinary incontinence. She has no history of stones, sexually transmitted disease, or family history of any urologic problems. ^[11]

PAST MEDICAL HISTORY: Significant for depression ^[12]

PAST SURGICAL HISTORY: Tonsillectomy, adenoidectomy, C-section and myringotomy tubes ^[12]

MEDICATIONS: Zoloft ^[12]

ALLERGIES: STADOL, MORPHINE, LATEX, RELPAX ^[13]

SOCIAL HISTORY: She is married and is a medical assistant at Max's Dermatology. She does not smoke. Drinks occasionally. No history of alcohol abuse. Exercises regularly ^[14]

FAMILY HISTORY: Significant for hypertension. ^[15]

REVIEW OF SYSTEMS: Please refer to the chart unless otherwise stated. ^[16]

PHYSICAL EXAM: Constitutional: Well-nourished, well-developed white female ^[17]

Eyes: PERRL ^[18] ENT: Tympanic membranes and external canal normal. No abnormality of sinuses or nasal airways. Normal oropharynx. ^[19] Neck: Supple, no masses. ^[20] Respiratory: Clear to auscultation. ^[21] Cardiovascular: Regular rate and rhythm. ^[22] Gastrointestinal: Abdomen is mildly obese, benign. No hepatosplenomegaly. No CVA tenderness, ^[23] back without deformity. ^[24] Skin: Warm/Dry ^[25] Extremities: Full ROM. Normal gait and station. ^[26] No edema. ^[27] Genitourinary: Genitalia normal to inspection. Normal cervix. No masses or discharge. ^[28]

LABS: Urinalysis ordered. ^[29]

ASSESSMENT/PLAN: We will have her obtain a MESA symptom score, voiding diary, and a local cystourethroscopy. ^[27] We will obtain her records from Dr. Maddox for further evaluation and review. ^[30]

Electronically signed by: Dan Brown, M.D., F.A.C.S. ^[31]

Board Certified Urologist

4/13/20XX

Stephen Klein, M.D.
4444 SW ABC Trail
Colorado Springs, CO 29192

Dear Dr. Klein: ^[32]

I appreciate your request to evaluate Sherry P for her chronic UTIs and urinary incontinence. She was seen today in my office. A brief summary and recommendations are as follows:

We will have her undergo some routine testing including a cystourethroscopy. We will obtain her records from her gynecologist and make further recommendations at that time.

Thank you again for your kind request for evaluation. I appreciate your gesture and will keep you updated regarding her urological progress.

Sincerely,

Dan C. Brown, M.D., F.A.C.S.

Patient Name	J. Nichols
Medical Record Number/Account Number	0987654321
Treating Physician	Dan C. Brown, MD
Referring Physician	Stephen Klein, MD
Insurance Company	Medicare
Comments	

Office Coding Fee Ticket

Date of Surgery	Facility	Place of service	CPT® Code	Diagnosis Code(s)	Modifier	Quantity	Fee
04/13/20XX		11	99243	N39.0, N39.3		1	\$175.00
Total							\$175.00

^[1] Chief complaint—chronic UTIs.

^[2] Noted as a referral.

^[3] Request for consult.

^[4] ROS: Genitourinary.

^[5] HPI: Context.

^[6] HPI: Quality.

^[7] HPI: Location.

^[8] HPI: Severity.

^[9] HPI: Associated Signs & Symptoms.

^[10] HPI: Duration.

^[11] ROS: Genitourinary.

^[12] PFSH: Personal history.



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