How to Conduct a Coding Audit for Family Planning Visits

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This job aid provides Title X agencies with steps and tips to conduct coding audits for family planning visits. Title X grantees can refer to these steps and tips when using the Coding Audit Tool worksheet. Essential to a family planning clinic's compliance program, internal audits can highlight areas for review or correction, thus avoiding a payer's and/or regulator's inquiry and potential payer denial and loss of revenue.[1]

Coding audits are helpful to:

- Ensure compliance with coding guidance and accuracy of documentation entered into an agency's EHR
- Identify under- and/or over-coded services during a visit
- Improve opportunities for revenue capture
- Reduce the likelihood of payment denials
- Identify training and oversight opportunities for individual clinical services providers with significant (>5%) incorrectly coded visits

Frequency of Coding Audits

Title X agency staff determine the frequency and timing of coding audits. It may be helpful to conduct coding audits more frequently at first and then scale back to conducting them on a quarterly or less frequent basis, as clinical services providers and staff become more familiar and compliant with coding guidelines.

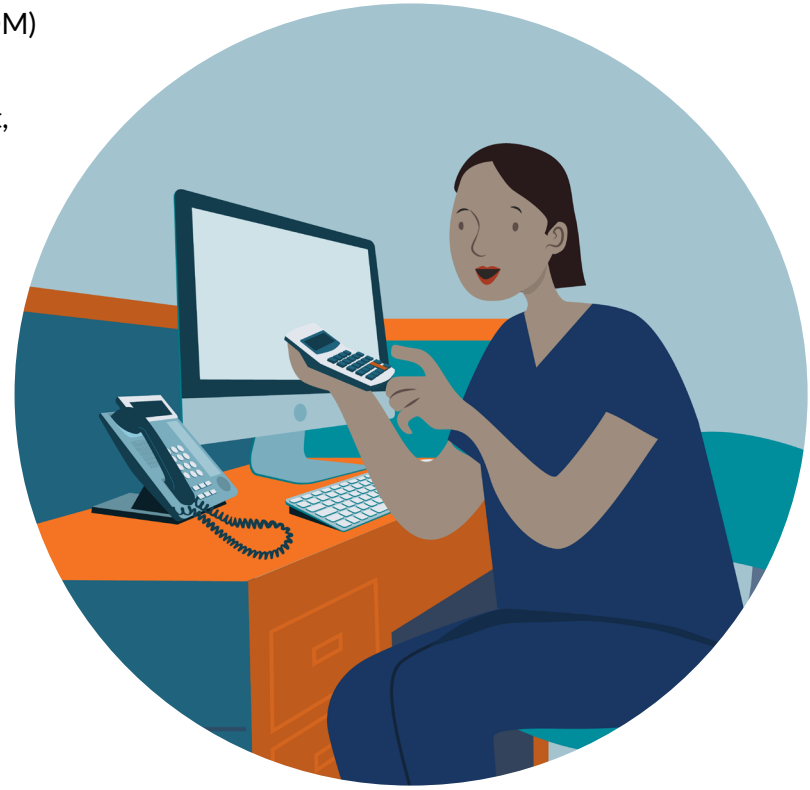
Steps to Complete A Clinical Services Provider Coding Audit

1. Determine scope of coding audit, including:
    - What is the overall goal of this audit? Is it a routine audit of a clinical services provider's coding performance, or does it focus on a specific problem area?
    - Which clinical services providers and what types of visits will be included?
    - How many visits do you want to include in your sample for each clinical services provider?
    - Who will be reviewing the coding and medical record notes for the audit? Do they have the appropriate expertise and coding knowledge? Do they have training to properly handle protected health information?
    - Does the coding audit tool need to be modified before the audit to ensure relevant data is captured consistently for the type of visit being reviewed?
    - If coding errors that led to erroneous payments were found, how will these issues be resolved and corrected?
2. In addition to structured fields, review the visit notes in the selected sample of medical records; document findings on the coding audit tool.
3. Meet with individual clinical services providers to review findings; discuss opportunities for improvement, if needed. Discuss root causes and potential solutions.
4. Once the results of a set of individual clinical services provider audits are available, create a summary of findings that can be shared with management and staff that highlights the overall findings and problems discovered.
5. Arrange a training session as needed for all department staff. Share job aids that are relevant or incorporate relevant job aids into the session.
6. How will you track findings going forward? Does the coding audit tool need to be modified for your system?

[1] Wilde, C. (2019, February 28). Back to the basics: How to do an internal coding audit. MRA. https://www.mrahis.com/blog/internal-coding-audit-best-practices-2.

Tips for Monitoring A Clinical Services Provider Coding Audit

- Document **both** total time on the date of the encounter and medical decision making (MDM) for a visit to ensure optimal E/M coding.
- When dispensing contraception during a visit, document the quantity and code correctly.
- Use a specific ICD-10 diagnosis code for a contraceptive method. Note the code for a new prescription or for surveillance refills. Avoid using unspecified diagnosis codes when prescribing a method.
- Make sure point-of-care tests performed during a visit are ordered and/or coded correctly. Common examples include clinic staff performing urine pregnancy tests or HIV rapid tests or a clinical services provider carrying out microscopy of a vaginal discharge.
- When a client has an office procedure (e.g., LARC insertion) and an E/M service during the same visit, ensure the documentation and ICD coding support the separate and distinct E/M service.



For guidance on assessing E/M distributions, refer to Using Cost Analysis to Support Quality Improvement job aid on rhntc.org.

For guidance on service delivery quality assurance and improvement, the Clinical Chart Review Tool identifies quality indicators that demonstrate compliance with the Title X Program Requirements, OPA policy, and Quality Family Planning (QFP) recommendations.

This publication was supported by the Office of Population Affairs (Grant FPTPA006030). The views expressed do not necessarily reflect the official policies of the Department of Health and Human Services; nor does mention of trade names, commercial practices, or organizations imply endorsement by the U.S. Government.