

Advanced Medicine Integration Group, LP

Focused on Education and the Future of Value-based Health Care

“Is Your Office Audit-Proof?”

Issue 1: The **payor policy** typically includes what is, and what is not, billable. Have you read it? **Solution:** Read and become familiar with each payor policy.

Issue 2: Clinical Practice Guidelines provide a roadmap for contemporary health care management. **Solution:** *Have you read them? Do you have access to the Clinical Compass Resource Center?*

<https://clinicalcompass.org/resources/the-evidence-center/>

Issue 3: Treatment Planning. As it relates to third party pay, are you aware that the historic patterns of pre-pay and long-term treatment plans from visit #1 are red flags often leading to audit? **Solution:** *Consider an outcomes-based approach for each patient. “Evaluate; treat in short 2-6 visit bursts of care; evaluate, treat, evaluate, treat, discharge.”*

Issue 4: Maintenance Care. Did you know that billing beyond the plateau in recovery = maintenance care (which is not covered within most insurance policies) = red flag? **Solution:** *Create a transition to self-pay system in your office.*

Issue 5: Are **X-Rays** being used as a screening tool on every new patient, or are **passive and/or active therapies** used first visit to last? **Red Flag!**
Solution: *Utilize all imaging, laboratory tests, and therapies/services only when clinically indicated.*

Issue 6: Other issues...use of **97012, 97140, 98943**...can all be red flags if billed inappropriately! **Solution:** *Attend a coding and/or documentation course at least once per year.*