

COMPLIANCE CHALLENGES WITH ELECTRONIC HEALTH RECORDS



There are many compliance challenges that result from the use of electronic health records. Some of the challenges are obvious and well known, such as the need to protect patient privacy and avoid inadvertent disclosure of PHI to improper parties.

Unfortunately, some risks are not as clear and require extra attention. For instance, providers may have a false sense of security with EHR generated notes vs. handwritten notes and develop unnecessary risk in billing and coding.

Documentation created through EHR should be carefully considered. Cloning, cutting and pasting, and templates are reason for caution. EHR-generated notes may become too lengthy and not contain pertinent information relative to the date of service.

There are pitfalls that arise in coding, particularly with established patients in Evaluation and Management (E&M) coding. All E&M coding is based on consideration of five components. New patient encounters tend to be more straightforward.

An established patient is defined as someone who has been seen by a physician of the same specialty or group within the previous three years. Established patient encounters rely on the same components as new patient encounters with a two out of three approach to documentation and

the caveat that level of medical decision-making determines the level of billing. There are circumstances when an EHR is unable to make the correct determination upon a return visit of an established patient.

An example of an inadvertent EHR error related to an established patient:

A patient returns to an Otolaryngologist for a routine check after myringotomy tube placement outside the global window period. The physician obtains thorough history and a detailed examination is performed. This visit results in level 5 for the E&M components of History and Exam. However, the medical complexity of the visit would be low for this visit and result in level 2 for that important component. The EHR system may incorrectly state that a level 5 visit is warranted due to the History and the Exam components. This tube check is a very simple visit and does not warrant a level 5 visit.

All EHR systems are unique, but they usually have a disclaimer stating that it is ultimately up to the provider to choose



the correct code for billing. Providers should recognize that an EHR is never an appropriate defense for fraudulent billing. These challenges require detailed documentation and close attention to level of service provided to avoid false claims and penalties.

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