TEXAS RETINA ASSOCIATES

Documentation Compliance
Training Scribes and Staff

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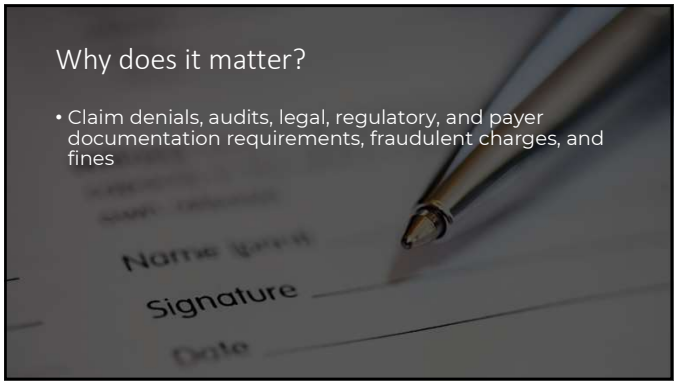
Why does it matter?

- Claim denials, audits, legal, regulatory, and payer documentation requirements, fraudulent charges, and fines



Scribe Models

- Virtual scribes + assistant for drugs
- In person scribes

Image credit: https://medtigo.com/blog/how-virtual-scribes-transform-physician-productivity/

Training a scribe

01
SCRIBES GET TRAINED BY ONE OF THE OFFICE MANAGERS

02
SCRIBES THEN ENTER THE CLINIC WITH AN OVERSEEING SENIOR SCRIBE OR OFFICE MANAGER

03
ONCE INDEPENDENT, THEIR NOTES ARE CHECKED FOR ACCURACY BY THE OFFICE MANAGER

04
FEEDBACK IS GIVEN TO THE OFFICE MANAGER FROM THE PHYSICIAN AND THEN TO THE SCRIBE

Training a scribe

Scribes and technicians should understand the difference in exam codes and inform you if any items are missing or incomplete

https://www.aao.org/Assets/076ecf7c-d748-4a79-92ba-da0100d8374f/638212240529670000/eye-visit-code-cl-pdf?inline=1

Training and retraining

RETINA IS CONSTANTLY CHANGING

AS NEW TREATMENTS ARISE WE (AS PHYSICIANS) NEED TO STAY UP TO DATE TO TRAIN THE SCRIBES APPROPRIATELY

Biggest pitfalls

- Clone documentation–
  - Exam looks identical to the previous visit for a patients coming for injections
  1. Is the exam, imaging, and assessment/plan consistent?
     - For example, if ERM is worsening in A/P, is this consistent in the exam and imaging sections?

Biggest pitfalls

- Incorrect documentation
  - Patient had cataract surgery done appropriately documented in A/P, however the exam says "2+ NS"

Biggest pitfalls

- Chief compliant is not addressed in exam or A/P
  - "Patient complains of irritation and tearing"
  - Per note, this complaint was not addressed during the visit

Biggest pitfalls

- Interpretations of imaging
- Writing 'positive,' 'normal,' or 'no change' is unacceptable

Biggest pitfalls

- Use of modifiers
  - If you exclude the decision to inject, would your note warrant billing an exam? If so, then a modifier 25 with the exam is appropriate

How to avoid pitfalls

Document during or immediately after the visit

Be careful when copying forward

Be specific when talking to scribes

"Please add punctate epithelial erosions to the exam, dry eyes to the assessment, and use artificial tears in the plan"

How to avoid pitfalls

- Correct mistakes made by scribes immediately
- Even with a great office manager, communication directly between the physician and scribe is critical
- Create an environment in which asking questions (at the appropriate time) is welcome

How to avoid pitfalls

- Conduct audits
  - At Texas Retina Associates, we obtain an annual chart audit along with physician feedback
  - Prepares you if you do get audited
  - Impacts billing error and omissions insurance (renewal and premium)