COMPLIANCE TIP

TO: Compliance Alert Distribution List

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SUBJECT: Issues in the Use of Copy-Paste, Copy-Forward and Templates

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The implementation of the Electronic Health Record (EHR) in our organization was seen as being of benefit to providers by availing a patient’s medical condition, testing or treatments, medications and other clinical information to other providers in a timelier manner than was the case with paper records. This was one positive reason for having an EHR. However, the information is only as good as what is being entered.

In an effort to save time, providers have found shortcuts such as the copy-paste and copy-forward function as well as the use of documentation templates. Copy-paste and copy-forward can be time savers for completing documentation but can also create problems. The same can be said for templates.

The use of the copy-paste and copy-forward functions is a problem when documentation that is pasted or brought forward from other notes is not relevant to why the patient is being seen during the current encounter. Templates can also be a problem, especially if the template prompts the provider to document more than what is necessary based on why the patient is being seen or if the template auto-populates information that is not performed.

It is important that any documentation that has been copied and pasted or copied forward is reviewed by the provider and updated and anything not relevant to the current visit is removed.
If a template is used, the provider should remove anything that was not performed during the current visit and if the template auto-populates the provider must again remove anything that was not performed.

The use of the copy-paste, copy-forward and templates is often attributed to note bloat. Note bloat can cause a coder to assess a level of care higher than the service that was actually performed because of all the extra documentation in the patient’s notes appears to have been performed during the current encounter. For example, copying forward radiology reports or labs that were reviewed at a previous encounter without indicating how this old information is relevant to the current encounter may cause a coder to afford credit for review of diagnostic studies when arriving at the billable level of service for an E/M visit. If this data was previously reviewed, the current encounter should indicate why it is medically necessary to include this information again. The use of the copy-paste and copy-forward function may be apparent when patient notes appear the same, visit after visit; especially if there is an error in documentation that has been copied repeatedly.

When using the copy-paste and copy-forward function or templates to simplify completing documentation some key things to keep in mind are:

- How old is the information being copied?
- Is the information being copied relevant to the patient’s current encounter?
- Is there incorrect or contradictory information?
- Is the information being updated?
- Is the copied documentation attributed to who wrote the note and the date of the note?
- Does the template prompt you to document more than what is medically necessary for the patient’s presenting problem?
- Does the template auto-populate things that you are not performing?

In addition, when using templates providers should look at the exams for all patients seen on a given day. Do the patients all have exactly the same exam? Does the template truly represent what is being examined that day?

The inappropriate use of the copy-paste, copy-forward, and templates can adversely affect the care of the patient, can cause improper billing, and could prompt payer audits and investigations.

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