

 **CMS**
CENTERS FOR MEDICARE & MEDICAID SERVICES

Your Medical Documentation Matters

Presentation



Presenters

The presenters for today's session are:

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Objective

At the conclusion of this presentation, participants will be able to:

Recognize how medical documentation affects services, billing, and improper payments.

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Goals

- Identify Medicaid medical documentation rules
- Recognize that services rendered must be well documented and that documentation lays the foundation for all coding and billing
- Recognize that improper payments have a national impact

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Medicaid Is Unique

- States have the flexibility of tailoring their Medicaid programs
- It is the medical professional's responsibility to know and adhere to all Medicaid rules
- If there are questions, contact your State Medicaid agency (SMA) at <http://medicaiddirectors.org/>

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Progressive Case Study

Meet J.K.

J.K. is:

- 52 years old
- Male
- 265 pounds
- Married



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Medical Professionals and Documentation

Documentation is an important aspect of patient care and is used for:

- Coordinating services
- Communicating between medical professionals
- Furnishing correct and sufficient services
- Improving patient care
- Complying with Federal and State laws
- Supporting claims billed
- Reducing improper payments

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Purpose of Electronic Health Records

The purpose of electronic health records (EHRs) is to improve health care:

- Quality
- Safety
- Efficiency



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General Principles of Medical Record Documentation

General principles of documentation include:

- The medical record should be complete and legible
- The documentation of each patient encounter should include the:
 - Reason for the encounter and relevant history, physical examination findings, and prior diagnostic results
 - Assessment, clinical impression, or diagnosis
 - Medical plan of care
 - Date and legible identity of the observer

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General Principles of Medical Record Documentation—Continued

Document the:

- Rationale for ordering diagnostic and other ancillary services
- Past and present diagnoses
- Health risk factors
- Patient progress, treatment changes, and response
- Diagnosis and treatment codes reported on the health insurance claim form or billing statement

Emergency Services—Ambulance

J.K. is transported by ambulance to the nearest hospital emergency department (ED). During transport, a brief history was taken, including his:

- Chief complaint
- Vital signs
- Current medications
- Medical ambulance need

Emergency Transportation Documentation—Driver/EMT

At a minimum, document the:

- Patient's identifying information
- Requester's name and address
- Date of transport
- Location pickup and time
- Location drop-off and time
- Loaded mileage



Emergency Transportation Documentation—State-Specific

Know your State-specific documentation expectations, such as:

- Pre-Hospital Care Report
- Dispatcher's log
- Trip ticket
- Ambulance Run Report
- Medical need for the ambulance

Documentation—Lacking

The missing documentation included:

- Medical necessity documentation
- A Physician Certification Statement
- Required signatures



Documentation—Legible

Medicaid medical records should be legible. At a minimum, a medical record should be:

- Written so it can be read
- Written in ink
- Written in clear language
- Written without alterations



Company Oversight

Transportation companies are also responsible for maintaining records, including:

- Provider agreements
- Driver qualifications
- Criminal background checks
- Certification requirements
- Vehicle documentation
- Medical necessity



Emergency Services—Evaluation

History and physical revealed:

- Blood glucose of 260 mg/dL
- 2-centimeter foot ulcer
- Surrounding necrotic tissue extending 2 centimeters
- Foot is red and warm to the touch
- Pinprick test indicates no sensation
- Lacks ankle reflexes

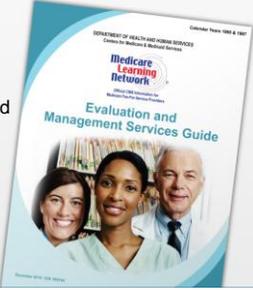
Evaluation and Management Services

- Use 1995 or 1997 guidelines
- The guidelines furnish a systematic approach for diagnosing, treating, and documenting patient care
- Do not intermingle the two sets of guidelines

Evaluation and Management Principles

These principles include:

- Medical necessity
- New or established patient
- Where services are furnished
- Complexity of services—three key components:
 - History
 - Examination
 - Medical decision-making



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Evaluation and Management Principle—Patient Type

- New
- Established



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Evaluation and Management Principle—Setting

- Office/outpatient
- Hospital inpatient
- Emergency department
- Nursing facility



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Evaluation and Management Principle—Determining Service Level

Level of service is made up of three key components:

- History
- Examination
- Medical decision-making



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Key Component—History

TYPE OF HISTORY	CHIEF COMPLAINT	HISTORY OF PRESENT ILLNESS	REVIEW OF SYSTEMS	PAST, FAMILY, AND/OR SOCIAL HISTORY
Problem Focused	Required	Brief	N/A	N/A
Expanded Problem Focused	Required	Brief	Problem Pertinent	N/A
Detailed	Required	Extended	Extended	Pertinent
Comprehensive	Required	Extended	Complete	Complete

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Key Component—Examination

TYPE OF EXAMINATION	DESCRIPTION
Problem Focused	Include performance and documentation of one to five elements identified by a bullet, whether in a box with a shaded or unshaded border.
Expanded Problem Focused	Include performance and documentation of at least six elements identified by a bullet, whether in a box with a shaded or unshaded border.
Detailed	Examinations other than the eye and psychiatric examinations should include performance and documentation of at least twelve elements identified by a bullet, whether in a box with a shaded or unshaded border. Eye and psychiatric examinations include the performance and documentation of at least nine elements identified by a bullet, whether in a box with a shaded or unshaded border.
Comprehensive	Include performance of all elements identified by a bullet, whether in a shaded or unshaded box. Documentation of every element in each box with a shaded border and at least one element in a box with an unshaded border is expected.

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Key Component—Medical Decision-Making

TYPE OF DECISION MAKING	NUMBER OF DIAGNOSES OR MANAGEMENT OPTIONS	AMOUNT AND/OR COMPLEXITY OF DATA TO BE REVIEWED	RISK OF SIGNIFICANT COMPLICATIONS, MORBIDITY, AND/OR MORTALITY
Straightforward	Minimal	Minimal or None	Minimal
Low Complexity	Limited	Limited	Low
Moderate Complexity	Multiple	Moderate	Moderate
High Complexity	Extensive	Extensive	High

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Orthopedic Consult Report Documentation

Day of consult:

- C.C.: Swollen painful right foot and leg
- HPI: Extended
- ROS: Extended
- PFSH: Complete
- History: Complete



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Consult Decision

- Comprehensive history
- Extended review of systems
- Detailed examination
- Below the knee amputation (BKA)

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Justify the Codes Billed

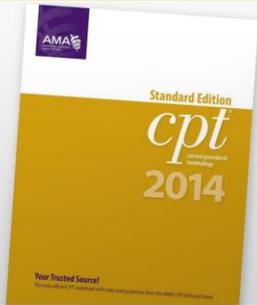
Support the code billed
or return the payment.



Coding

CPT: 99222

Modifier: 57

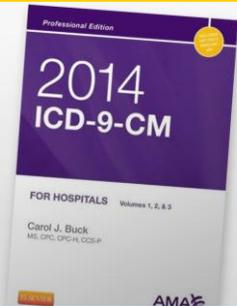


Operation (OP) Notes

- Pre-op diagnosis: Osteomyelitis, right foot with abscess
- Post-op diagnosis: Osteomyelitis, right foot with abscess
- Procedure: Right Below Knee Amputation
- Anesthesia: General

Documented Surgical Codes

- ICD-9-CM: 730.27
- CPT: 27880



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J.K. Post-Surgery

Documentation and coding

- SOAP Notes
 - Subjective
 - Objective
 - Assessment
 - Plan
- Postoperative days
- Code—Global

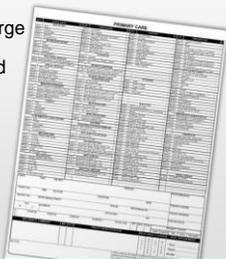


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Global Billing

- Hospital inpatient—4 days
- Global surgery—no additional charge
- Day of discharge—cannot be billed



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Hospital Services—Discharge Summary

A discharge summary is a Medicaid requirement and typically includes:

- Patient outcome after hospitalization
- Case disposition
- Follow-up care



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Rehabilitation

Rehabilitation (rehab) is paid for by Medicaid:

- In an acute-care setting
- When it is medically necessary
- When it is to treat an acute condition or exacerbation



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Physical Therapy Treatment Plan

A treatment plan is required and should include:

- Beneficiary's name
- Beneficiary's Medicaid identifier
- Diagnosis(es)
- Date of onset/date of the acute exacerbation
- Surgery performed
- Date of surgery
- Functional status before PT started and after PT is completed
- Frequency and duration of treatment
- Modalities
- Documentation of any ulcers, including the location, size, and depth

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Physical Therapy Documentation

PT documentation includes:

- A treatment plan
- Ordering physician's signature
- Daily notes
- Date and PT signature
- Medical information that is readily available in the record
- Justification for billing services



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Discharge

Follow-up appointments with a:

- Surgeon
- Durable medical equipment (DME) medical professional
- Mental health practitioner

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Durable Medical Equipment Documentation

Keep your ducks in a row.

- Check member Medicaid eligibility monthly
- File medical necessity documents
 - Prescription
 - Diagnosis
 - Prognosis
 - Length of time needed
 - Signed
 - Dated



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Durable Medical Equipment Documentation—Continued

- Prior authorization
 - Prescription or written order
 - Enough medical information for an independent source to make a determination the item(s) is reasonable and necessary
- Proof of the approved authorization



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Durable Medical Equipment Documentation—Continued

- Evaluation
- Fitting
- Repairs—90 days
- Adjustments—90 days



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Billing Durable Medical Equipment

- Electronic—Form ASCX12N:837
- Paper claim—CMS-1500
- State-specific information may be required



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Mental Health Services

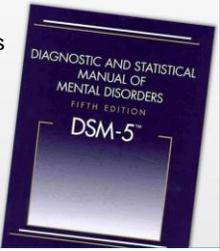
J.K.'s depression shows.



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Diagnostic and Statistical Manual for Mental Disorders

- Published by the American Psychiatric Association
- Covers mental health disorders for children and adults
- The manual lists:
 - Known causes
 - Statistics
 - Prognosis
 - Evidence-based treatment approaches



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Mental Health Benefits

Mental health services must be:

1. Medically necessary
2. The least restrictive
3. Documented, with records retained

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Client Assistance Program

The client assistance program (CAP) allows for:

- Five visits
- No prior authorization
- No Axis I diagnosis
- No formal treatment plan

Solution Focused Brief Therapy

Solution focused brief therapy (SFBT) includes:

- Holding an initial meeting
- Focusing on the present and future
- Establishing goals
- Determining steps to attain the goal

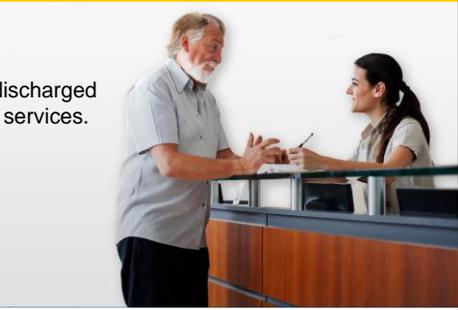
Billing Mental Health Services

- Document each session
- Document progress
- Sign and date notes
- Submit claim within 60 days



Discharge

J.K. is discharged from all services.



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Medicaid Costs

- Joint Federal-State costs for 2012 were ~ \$457 billion
- Medicaid spending has grown by 450 percent in the last 20 years
- Medical professionals can make a difference

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Improper Payments

Claims made for:

- Treatments or services not covered by program rules
- Services not medically necessary
- Services billed but never provided

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Medical Professional Guidelines

- Develop a compliance program
<https://oig.hhs.gov/compliance/compliance-guidance/index.asp>
- Perform self-audits
- Check for exclusions

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Basic Self-Audit Rules

1. Develop a medical record documentation policy
2. Use an audit tool
3. Select charts for review
4. Perform the audit
5. Use the audit results

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Exclusions

Screen for exclusions because:

- Excluded employees cannot participate in Federal health care programs
- Federal health care programs cannot pay for any items or services that are furnished, ordered, or prescribed by an excluded individual
- "Furnished" includes items or services provided or supplied, directly or indirectly

<https://oig.hhs.gov/exclusions/index.asp>

<https://www.sam.gov/index.html/#1>

<https://oig.hhs.gov/exclusions/tips.asp>

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Report It!

- SMA and Medicaid Fraud Control Unit (MFCU)
<http://oig.hhs.gov/fraud/medicaid-fraud-control-units-mfcu/files/contact-directors.pdf>
- HHS-OIG
ATTN: Hotline
P.O. Box 23489 Washington, D.C. 20026
Phone: 1-800-447-8477 (1-800-HHS-TIPS)
TTY: 1-800-377-4950
Fax: 1-800-223-8164
Email: HHSTips@oig.hhs.gov
Website: <https://forms.oig.hhs.gov/hotlineoperations/>

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Conclusion

Documentation done well:

- Justifies billed claims
- Improves patient care and safety
- Protects the medical professional
- Follows Medicaid rules and regulations
- Reduces improper payments

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Questions



Please direct questions or requests to: MedicaidProviderEducation@cms.hhs.gov

To see the electronic version of this presentation and the other products included in the Documentation Matters Toolkit, visit the Medicaid Program Integrity Education page at <http://www.cms.gov/Medicare-Medicaid-Coordination/Fraud-Prevention/Medicaid-Integrity-Education/edmic-landing.html> on the CMS website.

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