

## Objectives

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

- · Identify Medicaid medical documentation rules
- Explain that services rendered must be well documented and that documentation lays the foundation for all coding and billing
- · Describe the national impact of improper payments

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## Goals

- The participant will become familiar with Medicaid medical documentation rules
- The participant will discover through a case study the importance of complete and detailed documentation as the foundation for coding, billing, and quality of care for the patient
- The participant will learn how insufficient documentation leads to both poor patient care and to improper payments, which have a negative national impact on Medicaid

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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 <a href="http://medicaiddirectors.org/">http://medicaiddirectors.org/</a>

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## Medical Professionals and Documentation

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

- Coordinate services among medical professionals
- · Furnish sufficient services
- Improve patient care
- · Comply with regulations
- · Support claims billed
- · Reduce improper payments

## **Purpose of Electronic Health Records**

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



## General Principles of Medical Record Documentation

General principles of documentation include:

- The medical record should be complete and legibleThe documentation of each patient encounter should
- include the:
- Reason for the encounter and relevant history, physical examination findings, and prior diagnostic results
- o Assessment, clinical impression, or diagnosis
- o Medical plan of care
- o 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 (C.C.)
- · Vital signs
- · Current medications
- · Medical ambulance need

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## 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

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## 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

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## **Documentation—Lacking**

The missing documentation included:

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

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## **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

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- Written in clear language
- · Written without alterations



## **Clarity in EHR**

- Specific to patient
  - Avoid "cloning," auto-fill, or key word features
  - o Document patient's description
  - o Include clinical notes for visit
- · Update patient history and life events
- Check spelling and acronym usage
  - $\circ\;$  Turn off autocorrect spelling (might change acronyms to words)
- Clearly separate individual notes with punctuation, spacing, or paragraph returns

## **Company Oversight**

Transportation companies are also responsible for maintaining records, including:

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

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## **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

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## **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

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## **Evaluation and Management Principles**

- These principles include:
- · Complete and legible record
- Documentation of:
  - o Reason for encounter, including,
    - Relevant history
    - Examination findings
    - Prior diagnostic test results
  - Assessment, clinical impression, or diagnosis

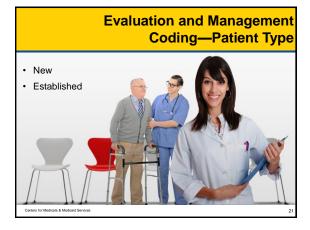
  - Plan of care
- Date and legible identity of observer
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## Evaluation and Management Principles— Continued

- · Rationale for ordering diagnostic and ancillary services
- · Availability of past and present diagnoses for providers
- · Identification of health risk factors

- Patient's progress, response to treatment, and any revision of diagnosis
- · Support for diagnostic and treatment codes used



## Evaluation and Management Coding—Setting

- Office/outpatient
- Hospital inpatient
- Emergency department (ED)



## Evaluation and Management Coding—Determining Service Level

Level of service is made up of three key components:

History

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- Examination
- · Medical decision-making



# 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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mponent—Examinatio
DESCRIPTION
Include performance and documentation of one to five elements identified by a bullet, whether in a box with a shaded or unshaded border.
Include performance and documentation of at least six elements identified by a bullet, whether in a box with a shaded or unshaded border.
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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.

## Key Component—Medical Decision-Making

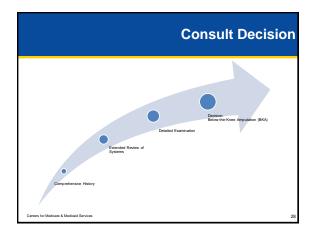
TYPE OF DECISION MAKING	NUMBER OF DIAGNOSES OR MANAGEMENT OPTIONS	AMOUNT AND/ OR COMPLEXITY OF DATA TO BE REVIEWED	RISK OF SIGNIFICANT COMPLICATIONS, MORBIDITY, AND/OR MORTALITY
Straightforward	Minimal	Minimal or None	Minimal
Low Complexity	Limited	Limited	Low
Moderate Complexity	Multiple	Moderate	Moderate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

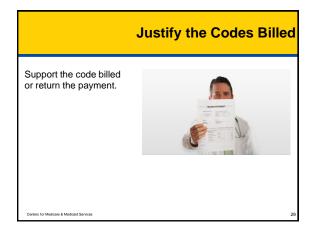
Day of consult:

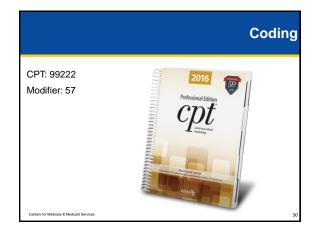
- C.C.: Swollen painful right foot and leg
- HPI: Extended
- ROS: Extended
- PFSH: Complete
- · History: Complete











## **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

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# Dccumented Surgical Codes ICD-10-CM M86.19 CPT: 27880



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

## 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



## **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

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- Date and PT signature
- Medical information that is readily available in the record
- · Justification for billing services



## 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
  - $\circ$  Prescription
    - Diagnosis
    - Prognosis
    - · Length of time needed
    - SignedDated



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## Durable Medical Equipment Documentation—Continued

- · Prior authorization
  - $\circ~$  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

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• Adjustments—90 days



## **Billing Durable Medical Equipment**

- Electronic—Form ASCX12N:837
- Paper claim—CMS-1500

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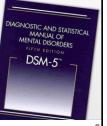
• State-specific information may be required





## 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
- $\circ$  Statistics
- o Prognosis
- Evidence-based treatment approaches



## **Mental Health Benefits**

Mental health services must be:

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

## **Client Assistance Program**

The client assistance program allows for:

· Five visits

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- No prior authorization
- No Axis I diagnosis
- · No formal treatment plan

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## 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

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## **Medicaid Costs**

- Joint Federal-State costs for 2014 were \$476 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
   <u>https://oig.hhs.gov/compliance/compliance-guidance/index.asp</u>
- · 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





## **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) <u>https://oig.hhs.gov/fraud/medicaid-fraud-control-units-mfcu/files/contact-directors.pdf</u>
- 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/

## 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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