Documentation

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Poor Documentation

Procedure Note

Procedure:

We did it
It went well
Afterwards, it was over

Codes:

36901
+36908
99152
99153
99153-XU

U. Dumwon, MD

2

Documentation

If it isn't documented, it didn't happen

Sohail Sangi

3

Physician Documentation Has Many Facets

- Pre-procedure assessment
  - Chief complaint/Medical necessity
  - Physical exam and clearance for procedure if needed
  - Previous visits if any
- Procedure Documentation
  - Operative Note including any follow-up plans
- Post Procedure
  - Discharge
  - Review of retained images

Why Is It Important?

- Demonstrates a composite of the patient's health
- Ensures appropriate payment
- Complete documentation of diagnoses and corresponding coding reduces denials and on-site reviews
- Assists your practice/facility to manage increased detail needed for:
  - complying with insurance companies quality measures
  - government programs
  - incentive programs such as MACRA and MIPPS

What Happens At Lifeline Level

- After your superbills are received at Lifeline, one of our certified coders reviews your superbill and compares to the procedure note documentation
- Any discrepancy is reported to the MD or facility manager
- If there is disagreement, it is referred to either me or Dr. Urbanes
- Quarterly code frequency reports are a part of your quarterly financial package
- As part of quality review, we look at procedure mix; repeat encounters and medical necessity
- We contract with an outside coding compliance group who does random review of all centers' coding

Why Is This Important?

- In the final analysis, CMS holds each individual physician is responsible for their coding
- Appropriate reimbursement is dependent upon appropriate coding and documentation
  - Under coding – loss of revenue
  - Over coding – denials – time and effort required to challenge, potential for significant paybacks
- To put it simply, the responsibility of the lifeline coder is to keep you out of trouble

Pre Procedure Documentation

- Give the history of present issue
- Note if the patient has been seen for this in the past
- Use the NextGen boxes to chart systems you reviewed
- Be sure and include critical information in your Procedure Note

Who Is Target Audience?

- Comparison of the coding and the documentation is a critical step in reimbursement.
- It is also a critical step when random case reviews are being made.
- The reviewers are not able to see things that are not clearly obvious.
- In general, they are going to be looking for key words and phrases.

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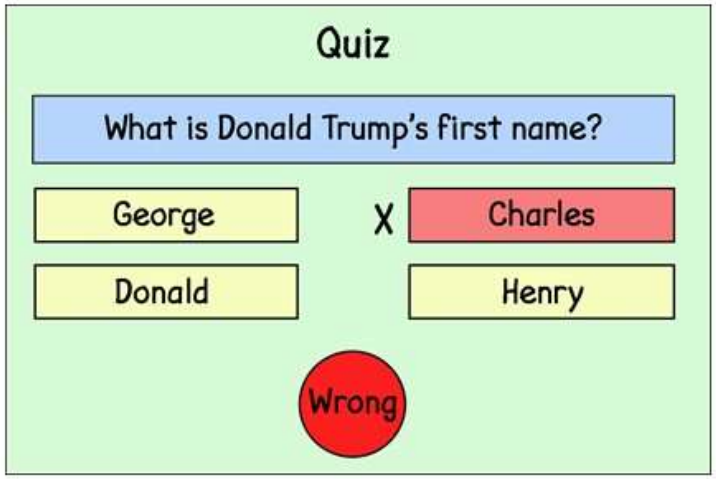
- It is easier to deny than to guess
- If the reviewer has to guess, they will lean toward being conservative
- They are very likely to come to the wrong conclusion



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What's the Difference?

- Tunneled catheter case – 77001 (fluoroscopy) coded
  - A central venogram was accomplished demonstrating the right brachiocephalic vein and superior vena cava to be widely patient. **Obvious to me**
  - Using fluoroscopy, a central venogram was accomplished demonstrating the right brachiocephalic vein and superior vena cava to be widely patient. **Obvious to reviewer**

It only required two words

- Thrombectomy case – 75710 (arteriogram) coded
  - In order to evaluate the inflow to the AVF, an arteriogram was performed to evaluate the proximal feeding artery. **Obvious to me**
  - In order to evaluate the inflow to the AVF, an arteriogram was performed to evaluate the proximal feeding artery to the level of the subclavian. **Obvious to reviewer**

It required six words
That may be too much!!

Procedure Documentation

- Be as specific as you can be related to:
  - Medical indication for the procedure
  - Conduct of the procedure
- Important to document:
  - Outcome of the procedure – successful or unsuccessful
  - Any complications
- Chart and report future treatment plans such as surgical referral, etc.

Post Procedure Documentation

- Discharge sheets signed
- Timely completion of notes
- Ensure Access Coordinator aids patient in outside appointments
- Review the images from the procedure and select the ones to be retained
  - Do not delegate this function to the radiology technologist

Images are Critical

- In virtually all reviews, the radiographic image will be requested
- It is important that you make the choices for image retention
- We often see the “best” images retained, not the images needed for a review (stenosis, fibrin sheath, etc)

Image Documentation

- Patient with brachial-cephalic AVF
- Poor access blood flow
- Diagnosis – stenosis of cephalic arch

- Code
  - 36902

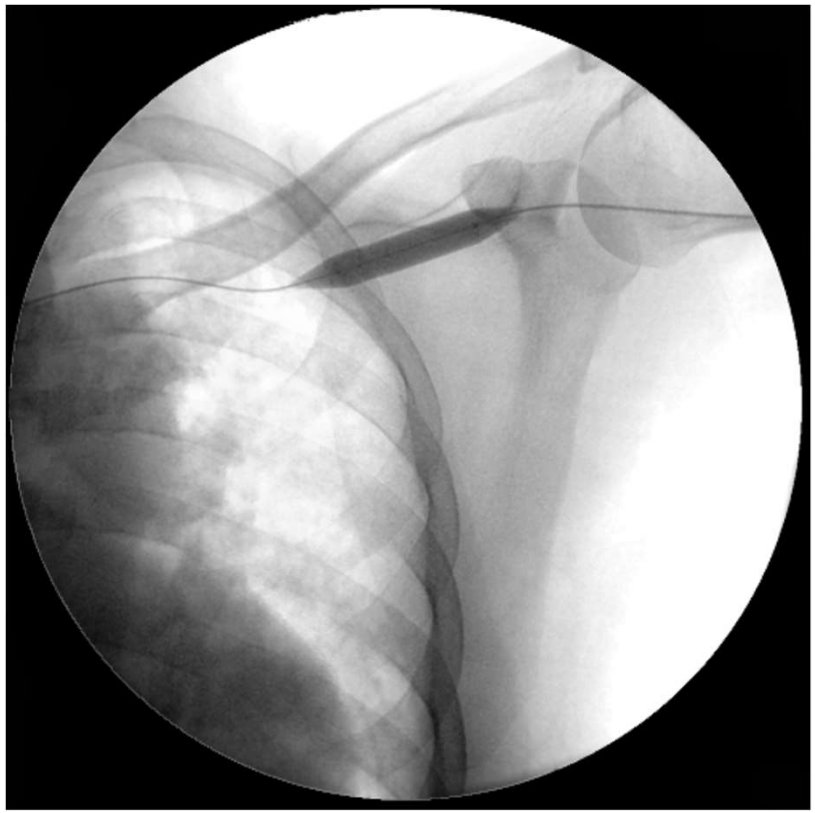
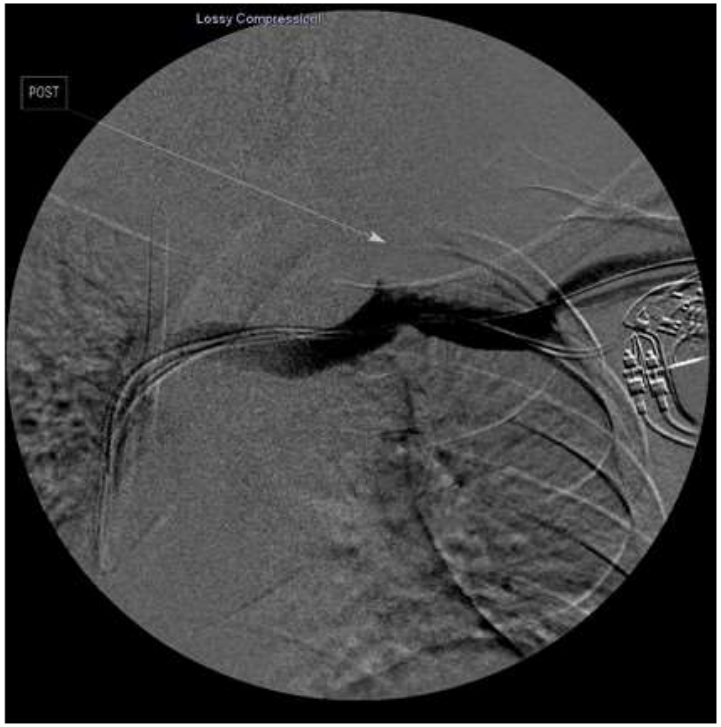


Image Documentation

- Patient with swollen arm
- Stenosis of left brachiocephalic vein diagnosed
- Treated with angioplasty

- Codes
  - 36901
  - +36907



Complete Interventional Report

- Patient name, Referring physician, Date and time of study
- Patient history
- Medical indication for procedure
- Diagnostic and procedural statement
  - Contrast material used, as appropriate; including type, amount, and method of administration
  - Separate description of each procedure performed on the patient.
- Recommendations for follow-up exam or additional studies needed
- Comparison of prior studies, as appropriate
- Summary of conversations with other healthcare providers
- Findings, results, impressions, conclusions
- Signature of operating physician

Legal Aspects of Medical Record

Legal Aspects of Charting

- Do not erase or change charts without documenting why
- Make no derogatory statements about other providers
- Never omit critical facts
- Read your note when completed but before finalizing notes
- With AORs, be sure and complete patient status with addendum

Problems with Cloned Notes

Problems with laterality
- L/R changes within same note

Problems with access type
- AVG/AVF changes within same note
- AVF one visit AVG the next

AGE	DIABETES	TIME	SN_PROC_PROCEDURE_1	ACCESS TYPE	PROCEDURE OUTCOME
53	Yes	30	Angioplasty of Dialysis Access	Fistula	Successful
53	Yes	29	Angioplasty of Dialysis Access	Fistula	Successful
53	yes	25	Angioplasty of Dialysis Access	Fistula	Successful
54	Yes	21	Angioplasty of Dialysis Access	Fistula	Successful
54	yes	20	Angioplasty of Dialysis Access	Graft	Successful
54	Yes	26	Angioplasty of Dialysis Access	Fistula	Successful
54	Yes	25	Angioplasty of Dialysis Access	Fistula	Successful
55	Yes	28	Angioplasty of Dialysis Access	Fistula	Successful
55	Yes	29	Angioplasty of Dialysis Access	Fistula	Successful

DOS	PROCEDURE	OUTCOME	COMPLICATION TYPE	COMPLICATION
1/17/2015	Dialysis Access Declotting of Graft	Successful	Minor	Extravasation/Hematoma GR I
1/28/2015	Dialysis Access Declotting of Graft	Successful	None	None
2/14/2015	Dialysis Access Declotting of Graft	Successful	None	
2/28/2015	Dialysis Access Declotting of Graft	Successful	Major	Extravasation
3/10/2015	Dialysis Access Declotting of Graft	Successful	None	None
3/27/2015	Dialysis Access Declotting of Graft	Successful	None	
4/8/2015	Dialysis Access Declotting of Graft	Successful	Minor	Extravasation
4/22/2015	Dialysis Access Declotting of Graft	Successful	None	None
5/6/2015	Dialysis Access Declotting of Graft	Successful	None	
5/18/2015	Dialysis Access Declotting of Graft	Successful	None	
6/10/2015	Dialysis Access Declotting of Graft	Successful	None	
6/27/2015	Dialysis Access Declotting of Graft	Successful	None	None
7/7/2015	Dialysis Access Declotting of Graft	Successful	Minor	Extravasation
7/19/2015	Dialysis Access Declotting of Graft	Successful	None	None
8/4/2015	Dialysis Access Declotting of Graft	Successful	None	None
8/18/2015	Dialysis Access Declotting of Graft	Successful	None	None
9/2/2015	Dialysis Access Declotting of Graft	Successful	None	
10/7/2015	Dialysis Access Declotting of Graft	Successful	Minor	None
11/16/2015	Dialysis Access Declotting of Graft	Successful	None	None
12/22/2015	Dialysis Access Declotting of Graft	Successful	None	

Insanity is doing the same thing, over and over again, but expecting different results.

-Albert Einstein

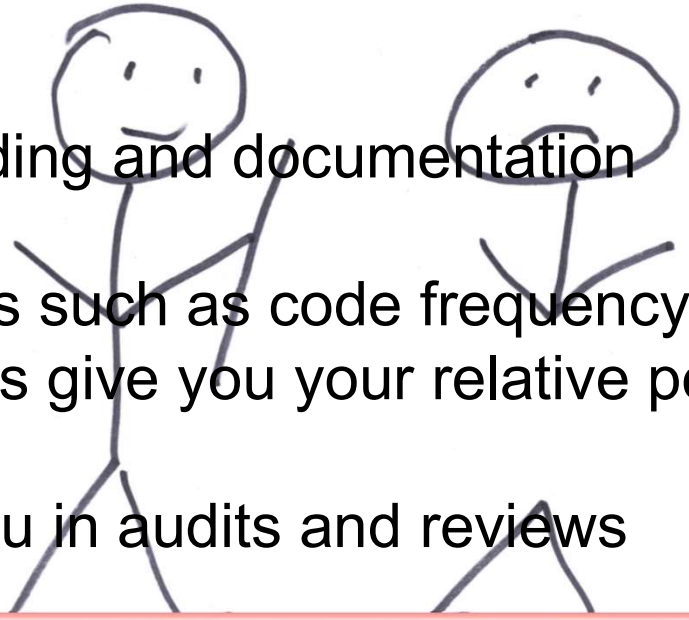
CLINICAL PRACTICE GUIDELINES FOR VASCULAR ACCESS, UPDATE 2006

6.8.2 After percutaneous thrombectomy, primary patency should be 40% at 3 months.

Coders review coding and documentation

We provide reports such as code frequency and ION comparison reports give you your relative position in the system

We will support you in audits and reviews



We need for your documentation to support what you did