PA/UR BOOT CAMP 2014

Documentation to Avoid Denials: A Case Study

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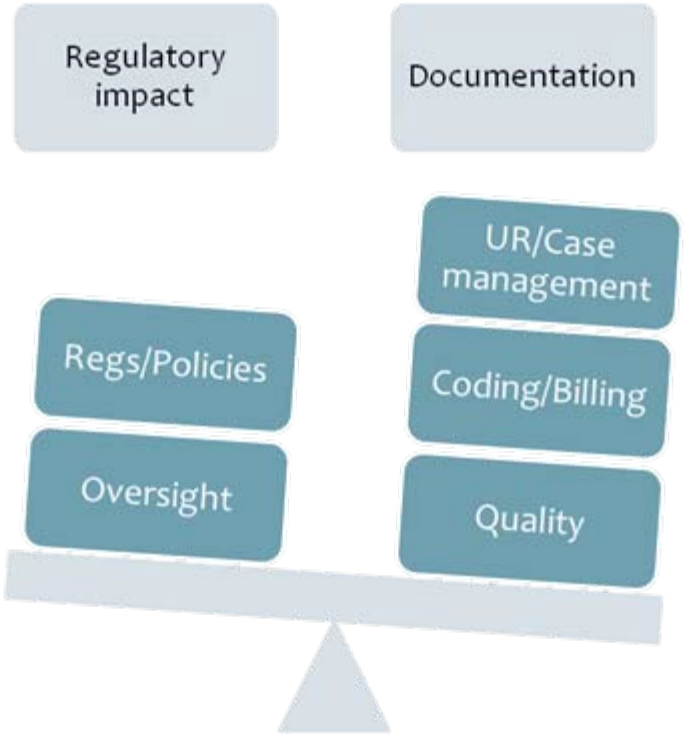
Where is the burden?



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DOCUMENTATION!!!

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Study

* Purpose: Improve physician documentation to positively impact the overall quality of clinical information in the medical record while preparing for ICD-10
* 8 – Small to medium sized acute care rural hospitals; 80-150 beds
  * Hospitalist group
  * Community Physicians - round
* 2 – Small critical access rural hospitals; 10-20 beds

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Results

* Better understanding of writing clinical information
* Increased understanding of what is needed for quality and billing
* Understood why they were being asked the question
* Allowed physician to better utilize his clinical knowledge
* Gave CDI and coders an improved understanding of what to look for and how to query
* Set ICD-10 framework

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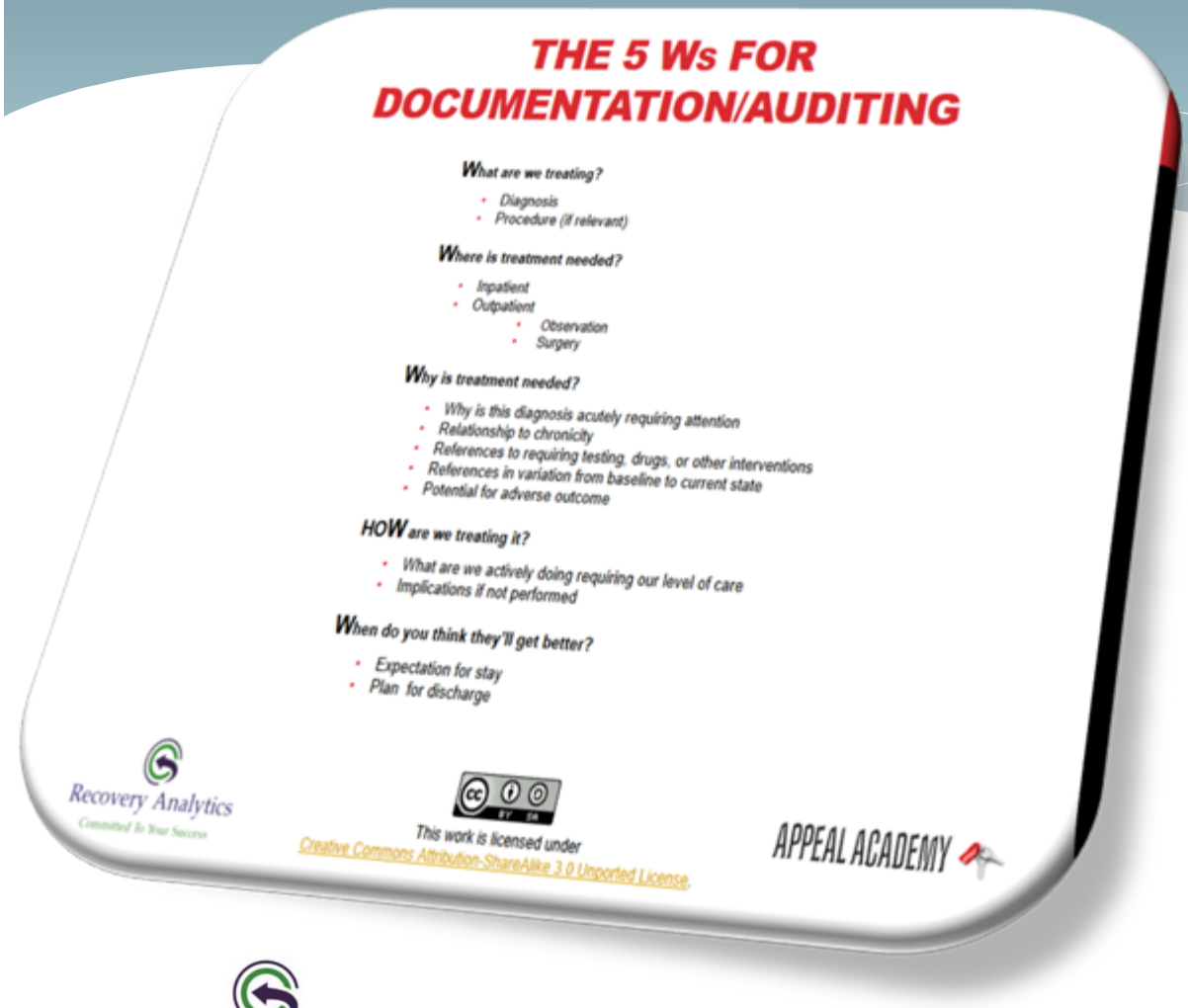
Documentation Challenges

* No or limited clinical documentation improvement
* Utilization Review with multiple hats
* Physician engagement
* Training and development
* Regulatory requirements
* Financial resources

Meeting the Challenge…



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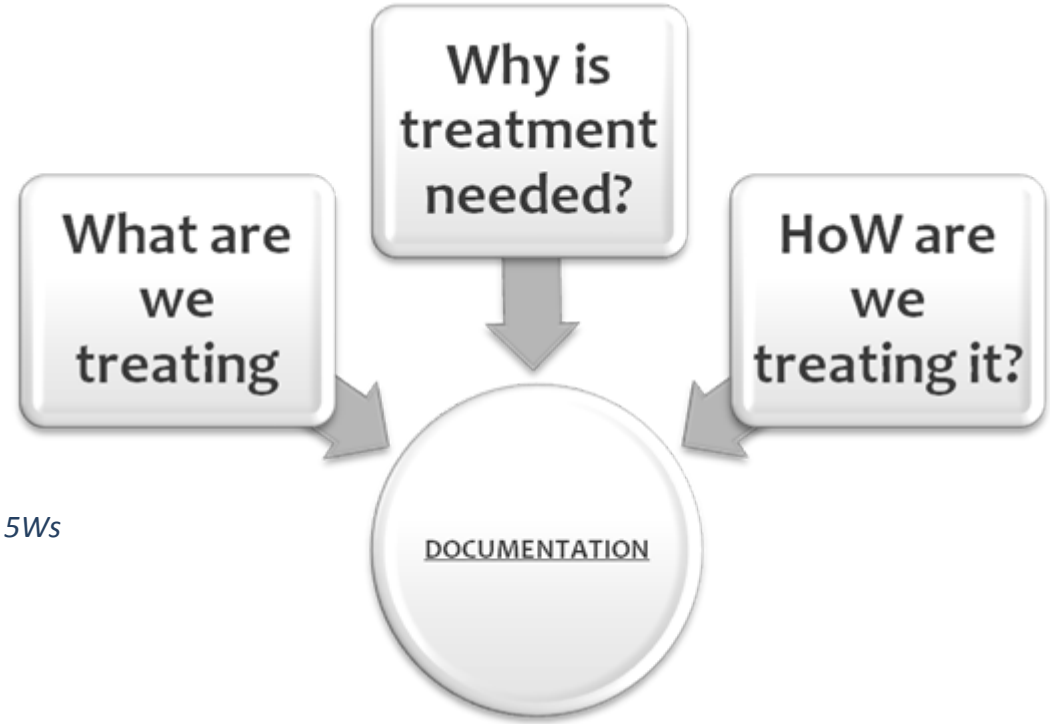
APPEAL ACADEMY

Core Components



Taken from Sharon Easterling's 5Ws

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Basic Documentation Facts

Diagnoses

- Foundation
  - Acuity
  - Chronicity
  - And
  - With
  - Due to
  - Relationships in the disease process

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What Are We Treating?

- What past, current, and possible/probable conditions are you treating
- No longer valid condition, say so
- Status of condition; acute/chronic/exacerbation
- Chronic conditions that effect other organ systems; hypertensive heart and renal disease
- Cause of condition, pathological or traumatic
- Site/organ

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Why Is Treatment Needed?

- Related to assessment of risk
- Patient has underlying cardiac disease impacting new MI
  Due to-helps ensure coding of relationship of disease process
- Complications associated with common disease processes
- Complications following surgery
- Adverse effect

Basic Documentation Facts

Procedures – PCS

- Standard medical language for procedures
- Paint a visual picture with your words
- We weed out what we don't need-you do your job-we follow that mirror image
- Tell us what you are doing and EXACTLY how you are doing it
- Include all descriptors for organ, arteries, vessels, cartilage, bone, tendons, joints

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How Are We Treating It?

- Approach
- Path/route
- Method
- Technique
- Access location and method of access important
- Tools utilized
- Extent of procedure such as discontinued or failed
- Sites/organs used for transplant, transposition, fusion, or grafts

Thank You!!!

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References

* *Sharon Easterling's 5Ws for Documentation and Auditing*

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