Clinical Documentation and the Physician Advisor: Being Sure the Medical Words are Clinically Significant -- Words DO Matter when Justifying Inpatient Status

Presented By: Betty Bibbins, MD, BSN, CHC, CI-CDI, CPEHR, CPHIT

Founder & Chief Executive Physician Educator;

DocuComp® LLC

PO Box 190
Cape Charles, VA 23310-0190

Phone: 740-968-0472

Email: BibbinsMD@DocuCompLLC.com

LEARNING OBJECTIVES

- Communicate the role of explicit medical record documentation and its direct relationship to MS-DRG assignment.
- Discuss how explicit 'clinical judgement' documentation more accurately defines inpatient care that is "reasonable and necessary" to justify utilization of resources/intensity of services.

DOCUMENTATION OF MEDICAL NECESSITY (MEDICARE)

Title XVIII Social Security Act, 1862 (a)(1)(a)

- No payment may be made under part A or part B for any expenses incurred for items or services which are not **reasonable and necessary** for the diagnosis or treatment of illness or injury or to improve the functioning of a malformed body member

THE ROLE OF EFFECTIVE DOCUMENTATION

- Information used by Medicare is contained within the medical record documentation of history, examination and medical decision-making
- Medical necessity of physician services is based on the following attributes of the service that affected the physician's documented work:

THE ROLE OF EFFECTIVE DOCUMENTATION (CONT'D)

Salient Attributes to Capture

- Number, acuity and severity/duration of problems addressed through history, physical and medical decision-making
- The context of the encounter among all other services previously rendered for the same problem
- Complexity of documented comorbidities that clearly influenced physician work
- Physical scope encompassed by the problems (number of physical systems affected by the problems)

RULES OF GOVERNANCE

Chapter 6, Section 6.5.2, of the Medicare Program Integrity Manual states that the review of the medical record must indicate that inpatient hospital care was medically necessary, reasonable, and appropriate for the diagnosis and condition of the beneficiary at any time during the stay.

Inpatient care, rather than outpatient care, is required only if the beneficiary's medical condition, safety, or health would be significantly and directly threatened if care was provided in a less intensive setting.

OUTPATIENT

Outpatient defined

- A hospital outpatient is a person who has not been admitted by the hospital as an inpatient but is registered on the hospital records as an outpatient and receives services (rather than supplies alone) from the hospital

Observation Status Defined

The Medicare definition:

- Observation Services are those services furnished by a hospital on its premises, including the use of a bed, periodic monitoring by nursing and other staff, and any other services that are reasonable and necessary to evaluate a patient's condition or to determine the need for a possible (inpatient) admission to the hospital.

C-APCS (CONT'D)

CY 2016 - Observation Services APC 8011 (major new addition)

- Includes all services provided during the observation stay (with limited exceptions)

C-APC 8011

The 2016 payment for Outpatient Observation is $2,174.14

For 2016, observation continues to be paid under a composite APC entitled "Comprehensive Observation Services (COS) APC" (APC 8011) .

This includes the ED visit costs.

BASIC POINT

Principle of Documentation

- **Describe** versus **Generalize**
- **Show** versus **Tell**

How **sick** is the patient ?

- Severity of signs and symptoms- outline in the CC and HPI-Present Illness
- Risk of adverse outcomes without close medical intervention and workup
- Relevant comorbidities effecting clinical management, are they documented?

Questions?

THANK YOU

Betty Bibbins, MD, BSN, CHC, CI-CDI, CPEHR, CPHIT

Founder & Chief Executive Physician Educator;

DocuComp® LLC

PO Box 190
Cape Charles, VA 23310-0190
Phone: 740-968-0472
Email: BibbinsMD@DocuCompLLC.com