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What Auditors Look for to Confirm & Deny Medical Necessity

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Objectives

- Case analysis
- Understand Auditor constraints
- Importance of Documentation
- Hospital reimbursement

[Its about semantics !]

[67 yr old with rectal bleed and Hgb of 7 and BP 89/67]

[Diagnosis: Anemia, hypotension and LGIB]

Will this be denied?

Diagnosis: Anemia, hypotension and LGIB

Will this be denied?

Acute blood loss anemia with likely source of bleed from rectum with hemodynamic instability requiring 2 units of blood transfusion for stabilization with a history of polyps and atrial fibrillation



[Its about Semantics !]

se·man·tics

sεmantiks/

noun

noun: semantics; noun: logical semantics; noun: lexical semantics

the branch of linguistics and logic concerned with meaning. There are a number of branches and subbranches of semantics, including formal semantics , which studies the logical aspects of meaning, such as sense, reference, implication, and logical form, lexical semantics , which studies word meanings and word relations, and conceptual semantics , which studies the cognitive structure of meaning



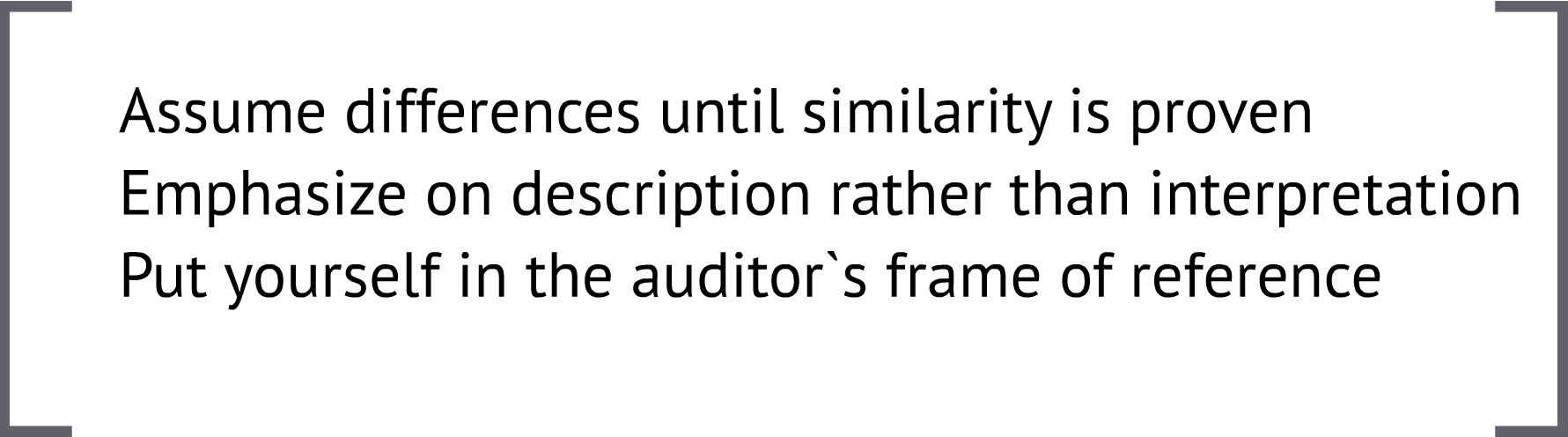
Inside the mind of an auditor

200 page document
15-25 minute per case
MD, PA, NP, RN


Inpatient or Observation

Medical Necessity
Section 1862 of SSA

"services that are reasonable and necessary for the diagnosis or treatment of illness or injury or to improve the functioning of a malformed body member"



Assume differences until similarity is proven
Emphasize on description rather than interpretation
Put yourself in the auditor`s frame of reference





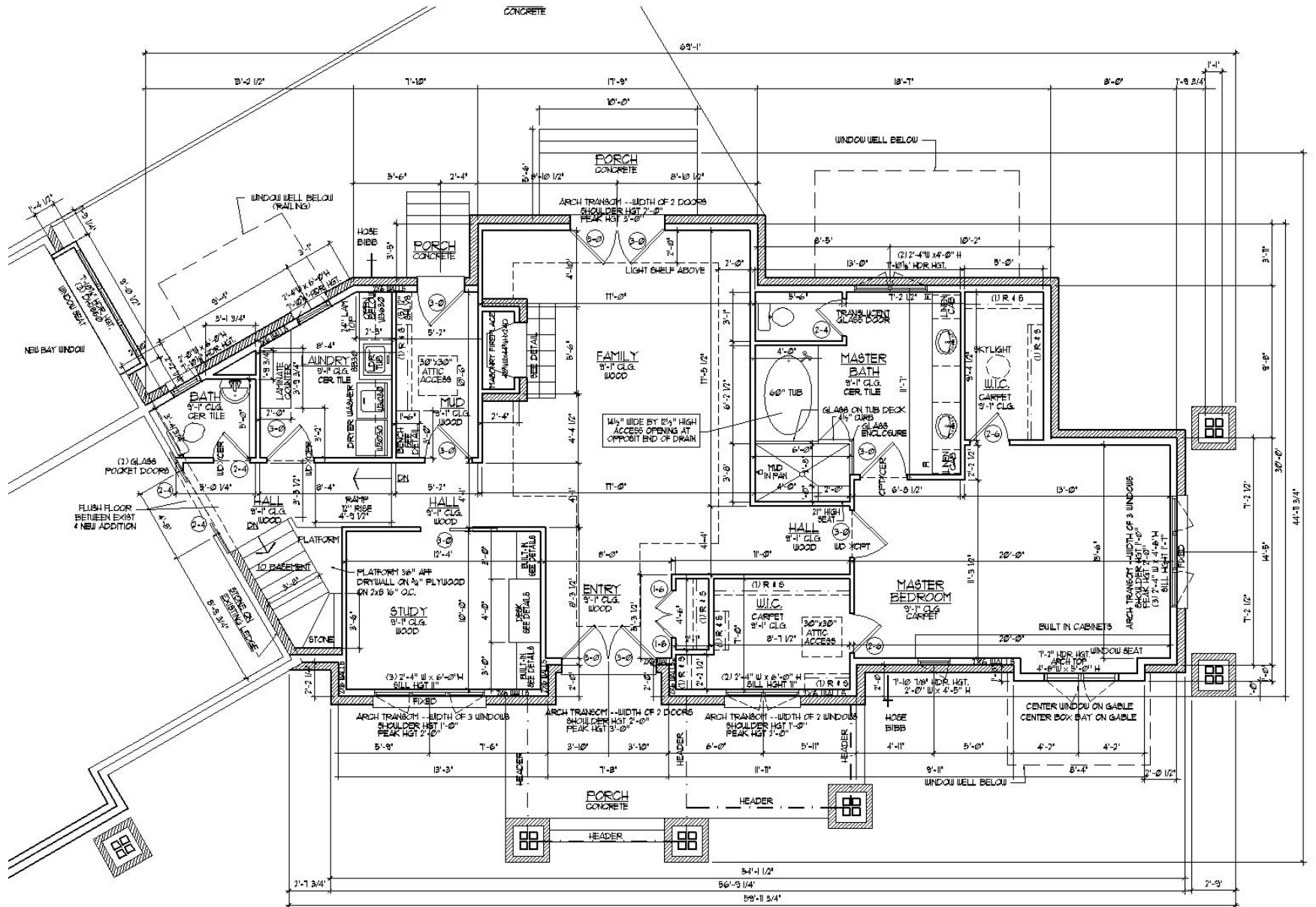
Red Flags within Documentation for Hospitalists

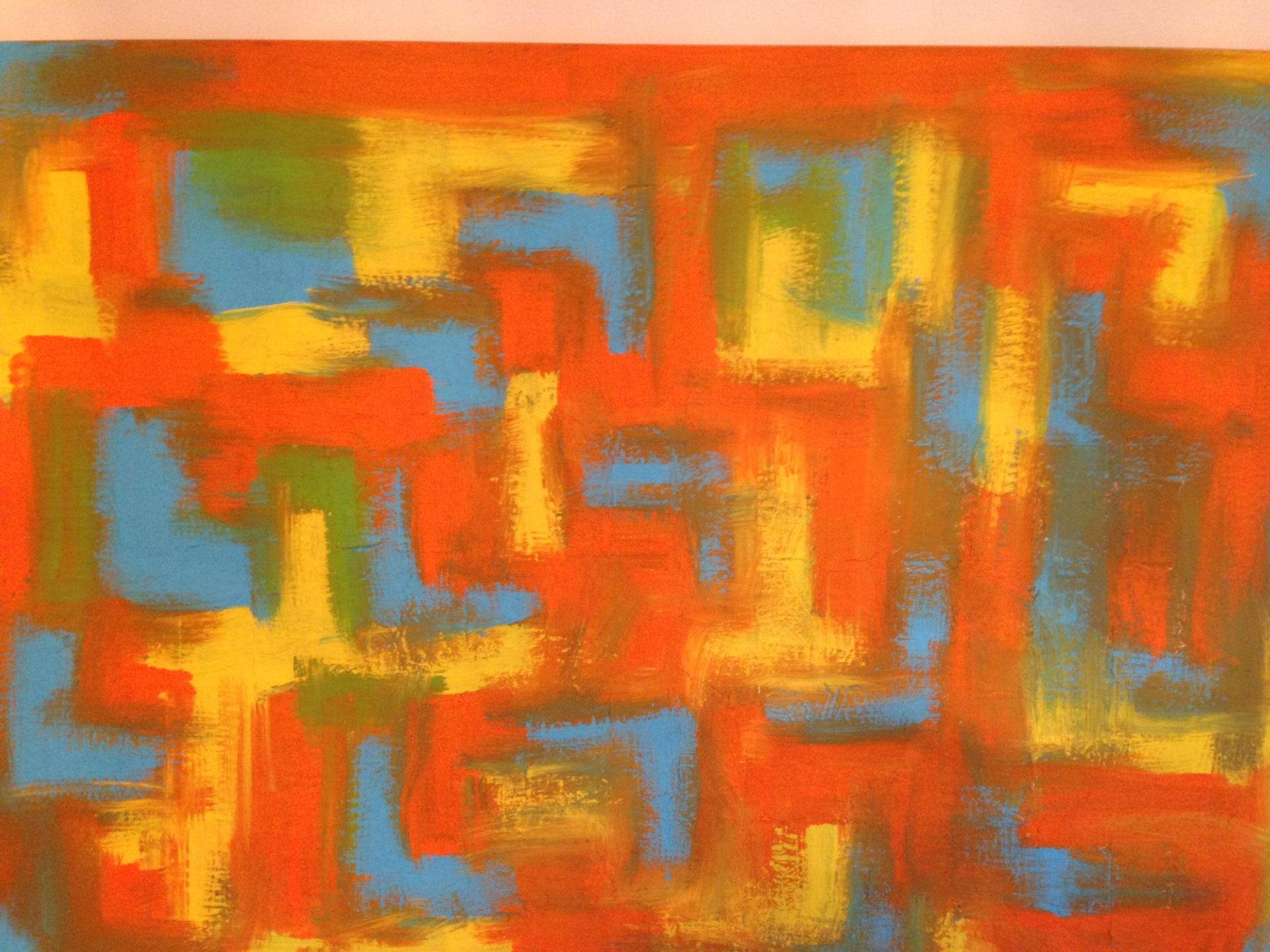
The Hospitalist, July 2011

Make a defensible medical record !

Paint a picture of clarity of the patient
condition







Smart Documentation

Acidosis/Alkalosis
Atelectasis
BMI>40 or <14
Cachexia
Dementia senile/vascular
Gastrostomy tube
repositioning/cleaning/
replacement

Dementia with acute change
Encephalopathy
COPD/Asthma exacerbation
Hemiparesis
Malnutrition and stage
Pressure ulcers

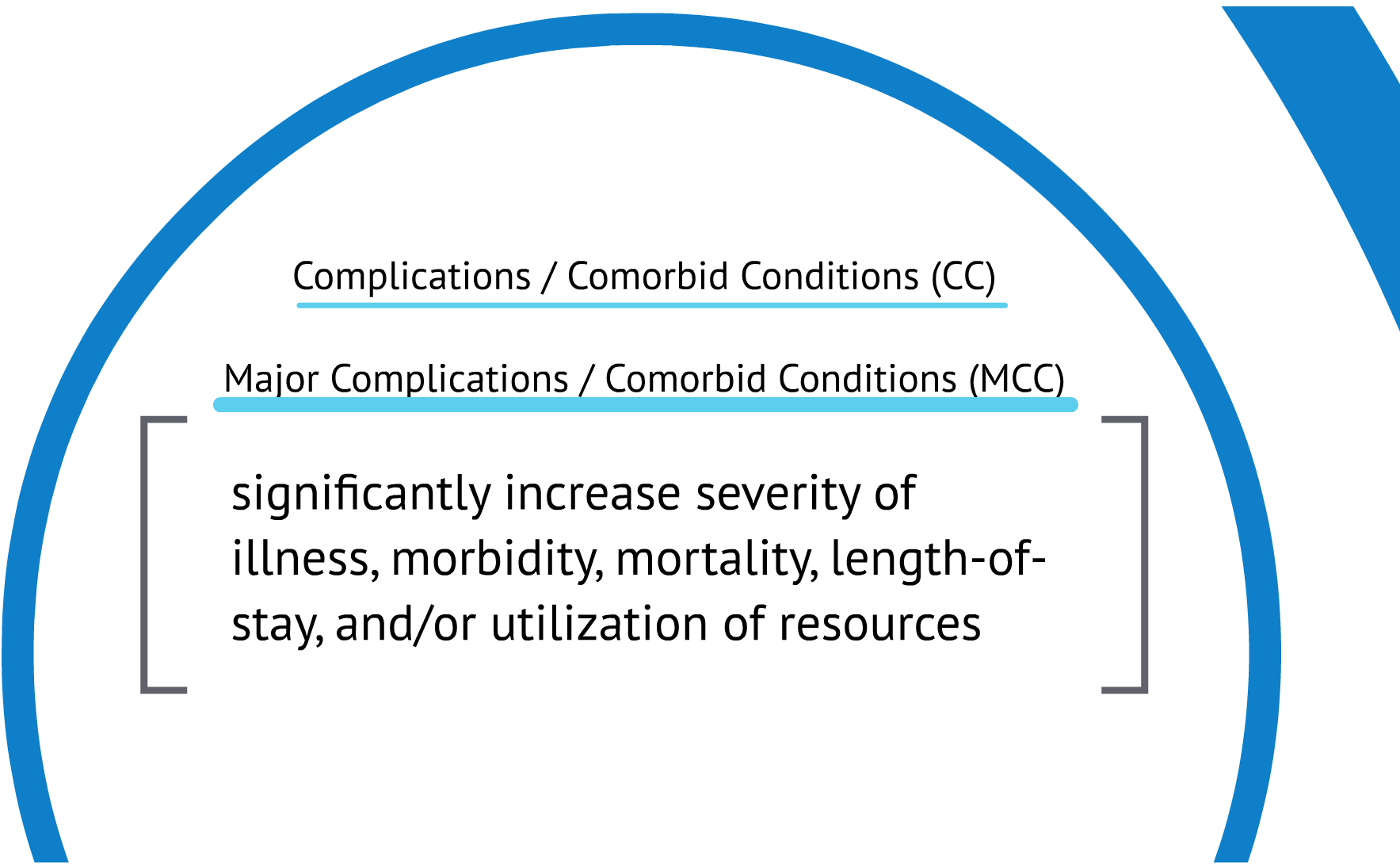
How Will ICD-10 Affect Clinical Documentation?

Initial Encounter, Subsequent Encounter, or Sequelae

Acute or Chronic

Right or Left

Normal Healing, Delayed Healing, Nonunion, or Malunion



Complications / Comorbid Conditions (CC)

Major Complications / Comorbid Conditions (MCC)

[significantly increase severity of
illness, morbidity, mortality, length-of-
stay, and/or utilization of resources]

Hospital Reimbursement for GI hemorrhage

GI Hemorrhage
Secondary Dx: CHF
MS-DRG 379 w/o CC/MCC
\$7,377

GI Hemorrhage
Secondary Dx: Systolic heart failure
MS-DRG 378 with CC
\$8,293

GI Hemorrhage
Secondary Dx: Acute on Chronic Systolic heart failure
MS-DRG 377 with MCC
\$9,086



GI Hemorrhage
Secondary Dx: CHF
MS-DRG 379 w/o CC/MCC

\$7,377



Gi Hemorrhage

Secondary Dx: Systolic heart failure

MS-DRG 378 with CC

\$8,293



GI Hemorrhage

Secondary Dx: Acute on Chronic Systolic heart failure

MS-DRG 377with MCC



\$9,086

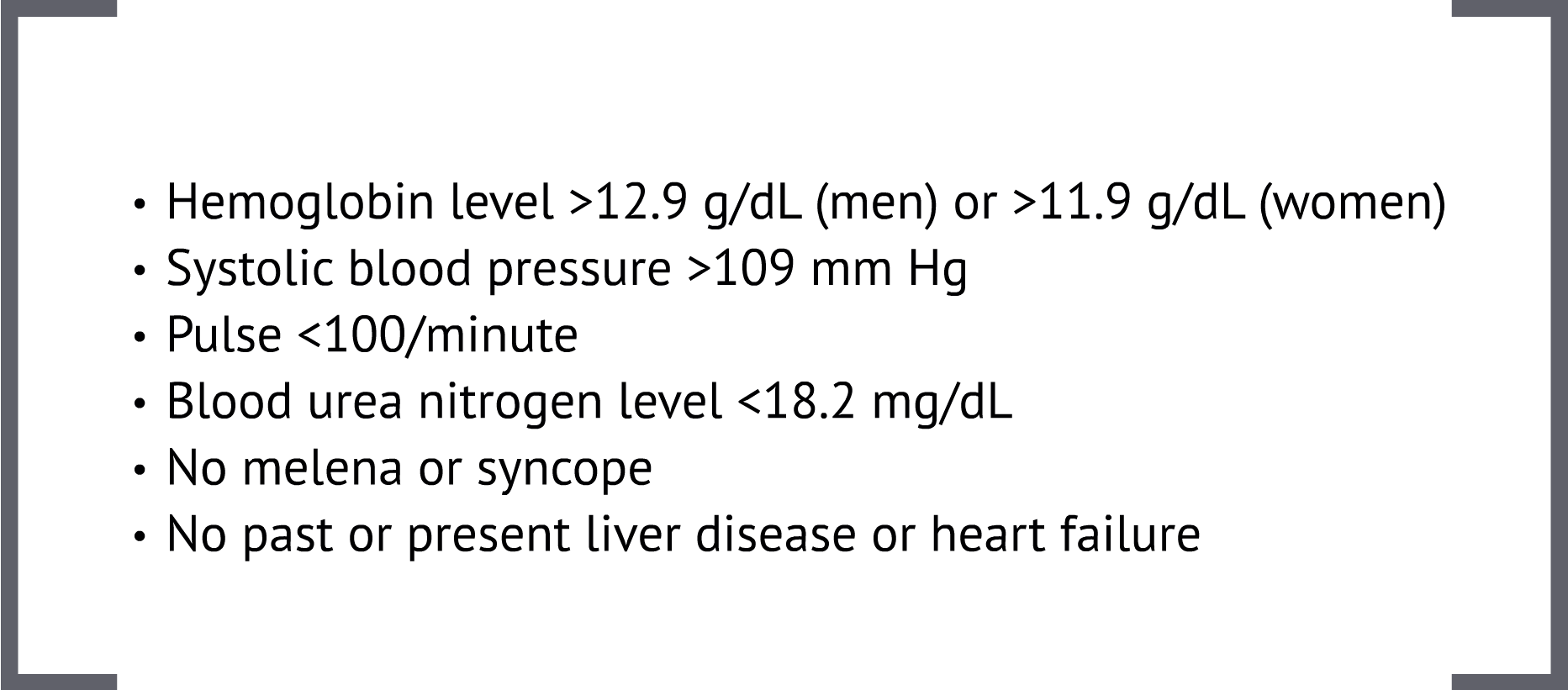



Documentation to support a GI Hemorrhage diagnosis

- Blood Urea
- Hemoglobin (g/L)
- Systolic blood pressure (mm Hg)
- Pulse ≥ 100 (per min)
- Presentation with melena
- Presentation with syncope
- Hepatic disease
- Cardiac failure

- Hemoglobin level >12.9 g/dL (men) or >11.9 g/dL (women)
- Systolic blood pressure >109 mm Hg
- Pulse <100 /minute
- Blood urea nitrogen level <18.2 mg/dL
- No melena or syncope
- No past or present liver disease or heart failure

- 
- 
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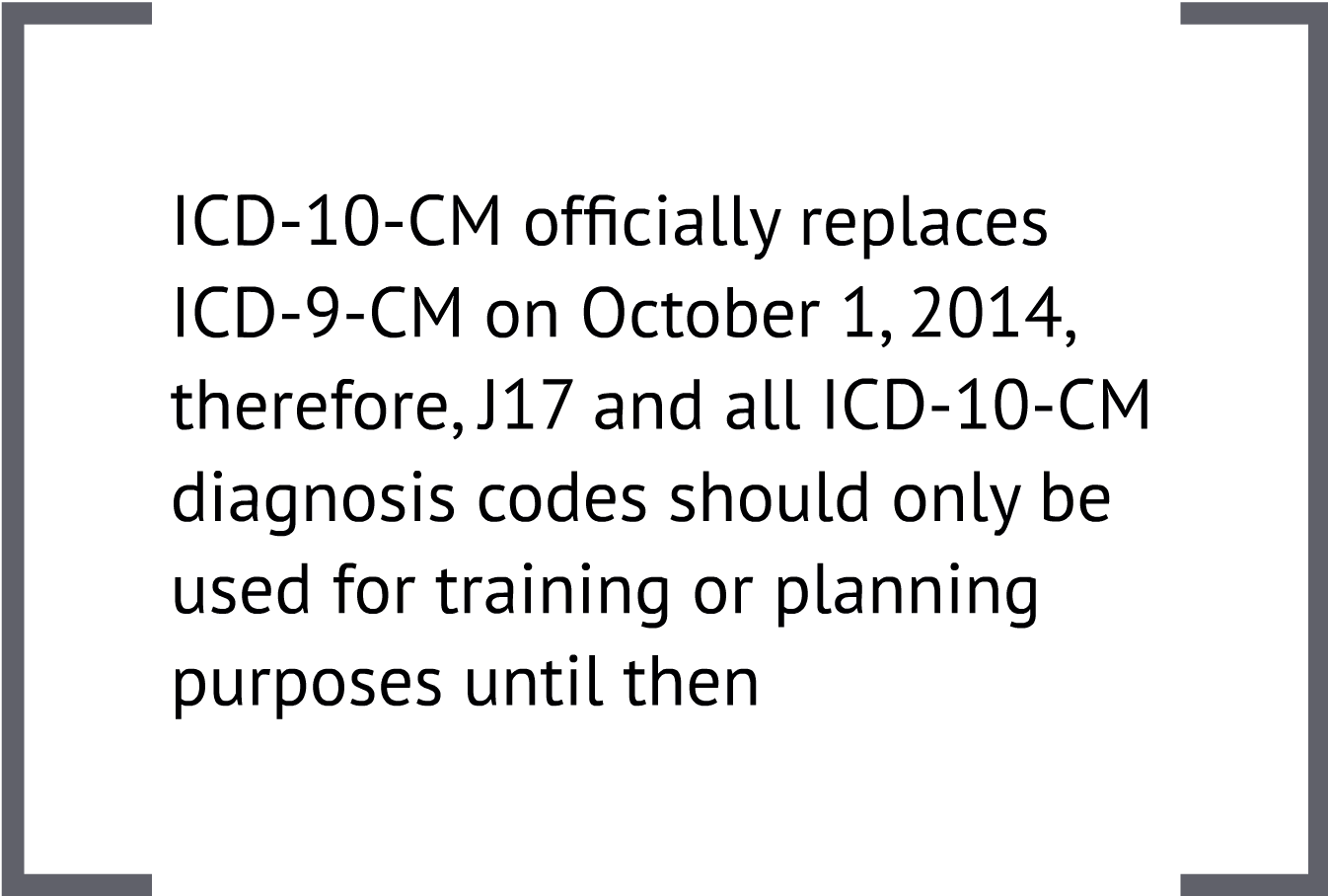

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- 

Use prediction tools !

Glasgow-Blatchford Score

	Score value
Blood urea (mmol/L)	
6.5-7.9	2
8.0-9.9	3
10.0-25.0	4
>25.0	6
Haemoglobin for men (g/L)	
120-129	1
100-119	3
<100	6
Haemoglobin for women (g/L)	
100-119	1
<100	6
Systolic blood pressure (mm Hg)	
100-109	1
90-99	2
<90	3
Other markers	
Pulse \geq 100/min	1
Presentation with melaena	1
Presentation with syncope	2
Hepatic disease*	2
Cardiac failure†	2

*Known history, or clinical and laboratory evidence, of chronic or acute liver disease.
†Known history, or clinical and echocardiographic evidence, of cardiac failure.




ICD-10-CM officially replaces ICD-9-CM on October 1, 2014, therefore, J17 and all ICD-10-CM diagnosis codes should only be used for training or planning purposes until then



Part of Diagnostic Related Group(s) (MS-DRG v28.0):

- 377 G.i. hemorrhage with mcc
- 378 G.i. hemorrhage with cc
- 379 G.i. hemorrhage without cc/mcc

- 
- Bleeding gastrointestinal K92.2
 - Enterorrhagia K92.2
 - Gastrorrhagia K92.2
 - Hemorrhage, hemorrhagic(concealed) R58
 - bowel K92.2
 - cecum K92.2
 - colon K92.2
 - duodenum, duodenal K92.2
 - gastroenteric K92.2
 - gastrointestinal(tract) K92.2
 - intestine K92.2
 - stomach K92.2
 - Rupture, ruptured
 - gastric - see also Rupture, stomach vessel K92.2



Coding Tips

Asthma Exacerbation

Atelectasis

COPD w/ Acute Exacerbation

Emphysema w/ Exacerbation of Chronic Bronchitis

Hemoptysis

Pulmonary Edema

Respiratory Alkalosis / Acidosis

Respiratory Distress, Acute; ARDS

Respiratory Failure, Chronic

Respirator Weaning or Dependence

Semantics !

Azotemia: Obstructive Uropathy, Acute Renal Failure, Chronic Kidney Disease (specify stage)

Diabetes Mellitus: Diabetic Gastroparesis, Diabetic Nephrosis, DKA, etc.

Hypertension: Hypertensive Encephalopathy, Accelerated Hypertension, Hypertension with Chronic Kidney Disease (specify stage)

Hypoalbuminemia :Malnutrition (specify mild, moderate, severe)

Hypercapnea: Acute Respiratory Failure or Acute Exacerbation of COPD

Anemia: Acute Blood Loss Anemia, Aplastic Anemia or Sideroblastic Anemia, Pancytopenia (specify if due to drug effects such as chemo)

GI Bleed: GI Bleed due to Gastritis or other specific GI condition

Cardiac Arrhythmia: Atrial Flutter, Paroxysmal Ventricular Tachycardia, etc.

Cardiomegaly: Acute or Chronic, Systolic or Diastolic Heart Failure

Schizophrenia: Chronic Schizophrenia or other more specific type

[Its about semantics !]

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