

Lessons Learned From the Probe and Educate

Presented by K. Cheyenne Santiago, RN
July 23, 2015



Disclaimer

The information presented and responses to the questions posed are not intended to serve as coding or legal advice. Many variables affect coding decisions and any response to the limited information provided in a question is intended only to provide general information that might be considered in resolving coding issues. All coding must be considered on a case-by-case basis and must be supported by appropriate documentation in the medical record. The CPT codes that are utilized in coding claims are produced and copyrighted by the American Medical Association (AMA). Specific questions regarding the use of CPT codes may be directed to the AMA.

Goals

- Legislation
 - Clarify existing payment policy
 - Increase consistency
- Probe & Educate
 - Educate providers on the new regulations
 - Sample 10/25 claims
 - Educate providers again

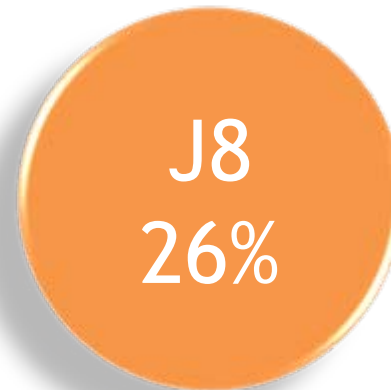
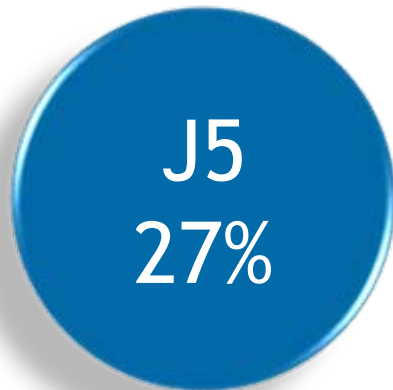
Challenges of Probe 1

- CMS intent vs. impact perception
- Communication
- Evolving guidance
 - Start/stops
 - Re-work of claims
 - Re-training reviewers
- Sampling

Probe 1 - Summary

	J5	J8
Provider Count	800*	300*
# of Providers Sampled	412	151
# of Claims Reviewed	3,625	1,328

- Approximate number



Common Denials

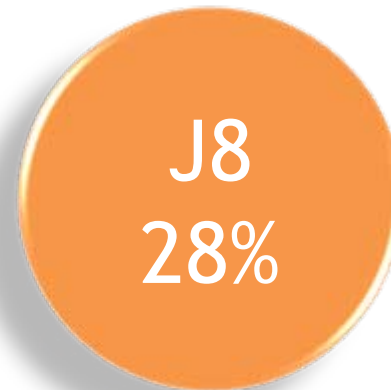
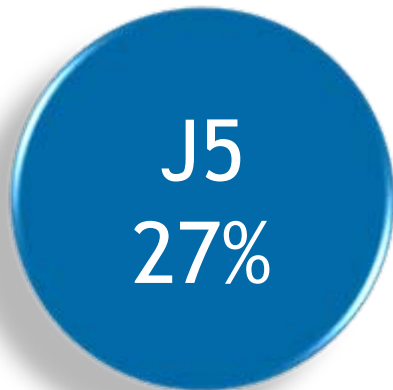
5PC01	Documentation does not support services medically reasonable/necessary
5PC12	Order missing
5PC13	Order unsigned
5PC02	Insufficient documentation

Probe 2

- Short timeline
- Fewer guidance updates
- Better communication
 - Providers themselves
 - WPS and providers

Probe 2

	J5	J8
Provider Count	736	253
# of Providers Sampled	449	162
# of Claims Reviewed	3473	1347



Common Denials

5PC01	Documentation does not support services medically reasonable/necessary	62%
5PC13	Order unsigned	17.5%
5PC12	Order missing	10%
5PC02	Insufficient documentation	7%

Post Review Education

Contract	# of Requests
J5	190
J8	57
All	247

Contract	# of Requests
J5	436
J8	134
Total	570

Initial Teleconference

- Lack of understanding
 - Focus on clinic severity of illness / intensity of services
 - Same day surgeries
 - 2 outpt procedures \neq IOP
 - Timeliness of signatures
- EHR system issues
 - Ability to cosign
 - Screen view vs. print view

Probe 2 Calls

- Increased understanding at UR and Physician Advisor levels
- Same day surgery
- EHR
- Part A to Part B rebilling
- Questions about Probe 3

H.R. 2 Medicare Access and
CHIP Reauthorization Act
(MACRA)



Probe 3

- Provider count
 - J5 419 / J8 160
- Sampling runs through July
- For WPS providers 5PRB3 reason code
 - Focused status review
- Same
 - Sample size, criteria and exclusions

What are the lessons?

Patterns of Denials

- Same day surgery
 - Without complications
 - Stays were <2 midnights
- Order issues
 - Not present
 - Not signed/signed after discharge
- Incomplete records submitted

Expectation Denials

- <2 midnight stay combined with one or more of the following
 - Uncertain course of care
 - Plan of care dependent on consult input
 - Psych & Cardio
 - Full course of care completed

Shorter than expected stay exceptions only occur when something unexpected happens.

Misc Denials

- Admissions for therapeutic infusions
 - Blood
- “High risk” admissions
 - Without complications

All clinical levels of care can be provided under both Part A and Part B payment systems



Physician Order

- On the claim
 - Still best if on claim prior to IOP
 - Can be after IOP if not a CAH
- Signed prior to discharge
- PA/NP
 - If they meet the 3 criteria, they can write and sign their own order
 - If they don't meet the 3 criteria, cosignature

Clear Story

- Not just an attestation of 2 midnights
- Not a rehash of the H&P
- Expected plan of care
 - What/why interventions
 - Explanations in English

Remember most front line review staff are
nurses - not physicians

Internal Communication

- Create consistency with registration
 - Monitor for discrepancies between orders and registration information
 - Make sure UR decision go to registration
- Bill based on orders
- Have a channel for questionable status claims

Approved Short Stays

- Converted observation patients
- Converted same day surgery w/ complications
- Unexpected events
 - Clearly document the unexpected event that occurred
- Transfers into a second facility

Thank you!