



Medical Documentation and Physician Signatures, Part B

September 13-15, 2011



WHEN EXPERIENCE COUNTS & QUALITY MATTERS

Presented By



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WHEN EXPERIENCE COUNTS & QUALITY MATTERS

Housekeeping



- Session
- Cell Phones
- Restrooms
- Handouts
- Available materials

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WHEN EXPERIENCE COUNTS & QUALITY MATTERS

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WHEN EXPERIENCE COUNTS & QUALITY MATTERS

Acronym List



- ADR -- Additional Development Request
- CERT -- Comprehensive Error Rate Testing
- CMS -- Centers for Medicare and Medicaid Services
- IOM -- Internet Only Manuals
- LCD -- Local Coverage Determination
- MAC -- Medicare Administrative Contractor
- MR -- Medical Review
- NCD -- National Coverage Determination
- OIG -- Office of the Inspector General
- PCA -- Progressive Corrective Action
- RAC -- Recovery Auditor Contractor
- NCCI -- National Correct Coding Initiative

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WHEN EXPERIENCE COUNTS & QUALITY MATTERS

Agenda Items



- Medical Necessity
- Medical Documentation
- The Data
- Signature Requirements
- Electronic Signatures
- Make the effort
- Additional Resources
- Questions and Answers

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Learning Objectives



- **At the conclusion of this session you will be able to**
 - Interpret the importance of only providing services that are medically necessary
 - Describe elements and functions of every medical record entry
 - List the steps of the CERT process
 - Use documentation examples to identify documentation errors
 - Recognize proper ways to correct mistakes in medical records
 - Verify Medicare's signature requirements
 - Apply documentation safety tips
 - Make the effort!

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WHEN EXPERIENCE COUNTS & QUALITY MATTERS



Medical Necessity

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WHEN EXPERIENCE COUNTS & QUALITY MATTERS

Medical Necessity



Medicare may only pay for items and 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"

- Title XVIII of the SSA section 1862

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What is CERT?



- Comprehensive Error Rate Testing (CERT) program was developed by the Center for Medicare & Medicaid Services (CMS) to emphasize accountability and measure the accuracy with which contractors pay claims.
- The program produces national, contractor-specific, and service-specific paid claim error rates. The paid claim error rate is a measure of the extent to which the Medicare program is paying claims correctly.

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Medical Necessity Denials



- Reasons for medical necessity denials include
 - Missing signatures from test orders or progress notes
 - Missing documentation of physician's intent to order test
 - Service billed is related to a non-covered service
 - Required clinic circumstances not demonstrated in record

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FCSO 2010 CERT Report



FCSO November 2010 CERT Report - Florida Medically Unnecessary Errors by Specialty

Specialty	Error Code 25 (Medically Unnecessary)
69 - Clinical Laboratory	46.79%
30 - Diagnostic Radiology	30.34%
59 - Ambulance	95.21%
80 - LCSW	73.03%
35 - Chiropractic	60.62%
65 - Physical Therapist	59.10%
49 - ASC	100.00%
41 - Optometry	100.00%
64 - Audiologist	100.00%
03 - Allergy/Immunology	100.00%

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FCSO 2010 CERT Report



FCSO November 2010 CERT Report - Puerto Rico Medically Unnecessary Errors by Specialty	
Specialty	Error Code 25
59 - Ambulance Co	100.00%
13 - Neurology	88.01%
35 - Chiropractic	100.00%

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Medical Necessity Case #1



- **Specialty:** Emergency Medicine
- **Provider Billed:** J1080 (*Testosterone Cypionate Injection*) (*intramuscular*)
- **Documentation:** Received treating physician's signed progress notes which included injection details
- **Issue:**
 - LCD L29287 (Testosterone Cypionate and Testosterone Enanthate)
 - Preferred method of delivery is topical or transcutaneous
 - If method of delivery is parenteral, must justify
- **Outcome:**
 - Record did not support intramuscular injection
 - Service was denied and Medicare issued an overpayment request.

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Medical Necessity Case #2



- **Specialty 69:** Clinical Laboratory
- **Provider Billed:** 87186 (*Sensitivity Studies, Antibiotic; Microtic*)
- **Documentation:** Received standing order sheet, and an “orders log report” test results, hemodialysis treatment record, dialysis nurse’s progress notes, and a patient care conference report
- **Issue:**
 - Order log report didn’t verify author of entry or identification of who approved the order
 - Order for the susceptibility studies, and antimicrobial agent was not included
 - Physician’s progress notes lacked intent to order tests
- **Outcome:**
 - Service was denied and Medicare issued an overpayment request

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Medical Necessity Case #3



- **Specialty:** Pulmonary Disease
- **Provider Billed:** 96372 (*Therapeutic, Prophylactic or Diagnostic Injection*)
- **Documentation:** The documentation indicated medication Decadron was administered via an injection
- **Issue:**
 - The progress note was not signed
 - Medication Decadron was denied (not covered).
 - Therefore injection related to medication was not medically necessary
- **Outcome:**
 - Service was denied for medical necessity and Medicare issued an overpayment request

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Tips to Avoid Medical Necessity Denials



- Identify frequently billed procedure codes
- Locate NCDs and LCDs
 - Medical circumstances when services are covered
 - Medical circumstances when services are non-covered
- Follow medical documentation requirements
- Comply with Medicare signature requirements

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Medical Documentation Write it Right!

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WHEN EXPERIENCE COUNTS & QUALITY MATTERS

Benefits of Healthy Documentation



Promote continuity of care among physicians

Support "medical necessity"

Reduce medical errors

Reduce exposure to audits

Facilitate claims reviews

Support Medicare reimbursement

Keep providers out of the "slammer"

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Consequences of Inadequate Documentation



1. Denied claims
2. Trigger pay review(s)
3. Delay in reimbursement
4. Overpayments
5. Payment recoupments
6. Loss of revenue
7. Sanctions
8. Fines
9. Exclusions
10. Prison

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Regulations & Policies Requiring Appropriate Documentation



- National and Local Coverage Determinations
- National Correct Coding Policy (NCCI)
- CMS's goal to reduce improper payments
- False Claims Act
- Stark Act
- Anti-Kickback statutes

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The Medical Record



- **Medical documentation should answer the following questions**
 - Why did patient present for care?
 - What was done?
 - Why did you do it?
 - Where were services rendered?
 - What is the plan of action?
 - When is patient scheduled to return?
 - Will there be follow-up test or procedures?

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Word of Caution!



Information frequently missed in the record leads to denials

- Medical reasoning
- Signed progress notes
- Test results

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Tips to Healthy Documentation



- Write legibly and neatly
- Use only accepted abbreviations used by your specialty
- Provide clear, concise, accurate information
- Make sure entries are accurately dated and timed
- Always document with a jury in mind
- Do not erase or write over any entries
- Note communication among all health care providers
- Document instances of patient non-compliance
- Protect your signature

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The Data

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WHEN EXPERIENCE COUNTS & QUALITY MATTERS

CERT Process

CERT contractor randomly selects claims

CERT documentation contractor request medical records

Provider submits medical records

CERT review contractor performs medical review

CERT contractor determines accuracy of claim payment

CERT contractor sends FCSO bi-weekly feedback files

FCSO will attempt to procure missing documentation

FCSO develops education

CERT contractor calculates national and contractor error rate

CERT contractor reports error rates to CMS

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CERT Findings



- **National Improper Payment Rates**
 - 2010 Error Rate equals 10.5%
 - 2010 Improper Payments equals \$34.3 billion
- **FCSO Improper Payment Rates 2011**
 - Insufficient Documentation Error Rate equals 62.62% (FL)
 - Insufficient Documentation Error Rate equals 54.60% (PR)
- **FCSO Improper Payment Rates 2010**
 - Insufficient Documentation Error Rate equals 71.27% (FL)
 - Insufficient Documentation Error Rate equals 15.41% (PR)

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Common Documentation Errors



- **Error Categories**
 - No Documentation
 - Insufficient Documentation
 - Medically Unnecessary
 - Incorrect Coding

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Causes of Improper Payments



- Problems associated with medical documentation include
 - Incomplete and missing information
 - Incorrect dates of service
 - Doesn't support medical necessity
 - Doesn't support reimbursement
 - Illegible signatures
 - Missing signatures
 - Documentation not received

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CERT Example # 1



- Provider billed: 84443 (Thyroid Stimulating Hormone)
- Documentation required: Documentation to support the need for the diagnostic testing (TSH level) on 1/19/2011
- Documentation received:
 - Authenticated lab requisition, lab test report, progress notes, dated 1/19/2011, 4/18/11, and 6/16/11
- Problem:
 - Progress notes lacked notations of diagnosis or documentation to support need for TSH testing
- Error Category?

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CERT Example # 2



- Provider billed: J1642 (Drug Code)
- Documentation requested: An authenticated operative/progress note to support retinal detachment repair and vitrectomy performed on 1/31/2011.
- Documentation received:
 - An unauthenticated operative report
 - A copy of same report, with signature now added, making this an altered document
- Problem:
 - To be considered valid, an attestation statement must be signed and dated by author
- Error Category ?

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CERT Example #3



- Provider billed : 99285 (Emergency Room visit) for date of service 2/22/11
- Documentation requested: Documentation to support emergency room visit
- Documentation received:
 - Documentation indicating the correct date of service was 01/27/11
 - A note from provider indicating a voided claim and a refund check will be sent to Medicare for incorrect date of service
 - A copy of the refund check
- Problem:
 - The correct date of service was 01/27/11 and was incorrectly filed as 02/22/2011
- Error Category?

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WHEN EXPERIENCE COUNTS & QUALITY MATTERS

Avoid CERT Denials!



- Ensure documentation is complete and supports the service provided
- Code correctly the first time
- Respond timely to requests for documentation
- Procure documentation from third party providers
- Submit complete, legible documentation
- Include a legible identifier for services ordered and provided, as required by Medicare

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Signature Requirements



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WHEN EXPERIENCE COUNTS & QUALITY MATTERS

Medicare's Signature Definition



- A handwritten mark or sign on a document that signifies
 - Knowledge
 - Approval
 - Acceptance
 - Obligation

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WHEN EXPERIENCE COUNTS & QUALITY MATTERS

Acceptable/Unacceptable



- Acceptable Signatures
 - Handwritten
 - Electronic
- Unacceptable Signatures
 - Signature stamps

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WHEN EXPERIENCE COUNTS & QUALITY MATTERS

Change Request 6698: Signature Guidelines for Medical Review



- Change request 6698 addresses
 - Illegible signatures
 - Missing signatures
 - Signature logs
 - Signature attestation statements

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Handwritten Signatures



To be considered valid a handwritten signature must be legible and include either the full signature or the first initial and last name of author, initials alone are not acceptable

Signatures should also contain credentials

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Handwritten Signatures (Cont.)



If documentation contains an illegible signature, a signature log must be submitted

Signature log should include provider's typed or printed name next to signature or initials

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WHEN EXPERIENCE COUNTS & QUALITY MATTERS

Handwritten Signatures (Cont.)





If documentation is missing a signature an attestation statement should be submitted

Attestation statements does not pertain to orders


Signatures missing from orders will be disregarded


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	Signature Guidelines	Signature Requirement Met	Contact billing provider and ask a non-standardized follow up question FIRST COAST SERVICE OPTIONS, INC.
1	Legible full signature	X	
2	Legible first initial and last name	X	
3	Illegible signature over a typed or printed name Example:  John Whigg, MD	X	
4	Illegible signature where the letterhead, addressograph or other information on the page indicates the identity of the signator. Example: An illegible signature appears on a prescription. The letterhead of the prescription lists 3 physicians' names. One of the names is circled.	X	
5	Illegible signature NOT over a typed/printed name and NOT on letterhead, but the submitted documentation is accompanied by: 1) a signature log, or 2) an attestation statement	X	
6	Illegible signature not over a typed/printed name, not on letterhead and the documentation is Unaccompanied by: a) a signature log, or b) an attestation statement Example: 		X

Signature Log Example



Full Printed Name with Credentials	Signature as used in medical records	Alternate forms of signature or initials used in records	Date
Marcus Welby, M.D.		N/A	01/01/2011
Leonard McCoy, D.O.	<i>Leonard McCoy DO</i>	<i>LM, DO</i>	01/01/2011
Maxwell Klinger, MA	<i>Maxwell Klinger, MA</i>	<i>MK</i>	01/01/2011
Maggie Houlihan, FNP	<i>Μαγγίε Ηουλίχαν FNP</i>	<i>MH FNP</i>	01/01/2011
Vlad Dracula,	<i>Vlad Dracula</i>	<i>VD</i>	01/01/2011
Florence Nightingale	<i>F. Nightingale</i>	<i>FN.</i>	01/01/2011

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Attestation Statement



- Providers may choose to use this CMS example:
 - I, _____ [print full name of the physician/practitioner]____, hereby attest that the medical record entry for _____[date of service]____ accurately reflects signatures/notations that I made in my capacity as _____[insert provider credentials, e.g., M.D.]____ when I treated/diagnosed the above listed Medicare beneficiary. I do hereby attest that this information is true, accurate and complete to the best of my knowledge and I understand that any falsification, omission, or concealment of material fact may subject me to administrative, civil, or criminal liability.”

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Timeliness of Signatures



- Don't add late signatures to the medical record
- Instead, use the attestation statement to authenticate the medical record

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Signature Dating Requirements



Documentation must contain enough information to determine date service was performed/ordered

- Example: The claim selected for review is for a hospital visit on October 4. The ADR response is one page from the hospital medical record containing three entries. The first entry is dated October 4 and is a physical therapy note. The second entry is a physician visit note that is undated. The third entry is a nursing note dated October 4. The reviewer may conclude that the physician visit was conducted on October 4.

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Electronic Signatures

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WHEN EXPERIENCE COUNTS & QUALITY MATTERS

Electronic Signatures



- Electronic signatures are acceptable, but must be accompanied by a notation that validates them as electronic signatures

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Valid Electronic Signatures



- "Electronically signed by" with provider's name
- "Verified by" with provider's name
- "Reviewed by" with provider's name
- "Signed by" with provider's name
- "Signed: Yvonne Brown, M.D." with provider's name
- Digitalized Signature: Handwritten and scanned into computer
- "Authenticated by Yvonne Brown, M.D."
- Electronic time and date stamped next to provider's name

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WHEN EXPERIENCE COUNTS & QUALITY MATTERS

Electronic Prescribing



- Electronic prescribing (E-prescribing) is transmission of prescription or prescription-related information through electronic media
- E-prescribing takes place between a prescriber, dispenser, pharmacy benefit manager or health plan
- A valid order for any Part B drugs, other than controlled substances, is acceptable through a qualified E-prescribing system
- Part B drugs, other than controlled substances, ordered through a qualified E-Prescribing system, hardcopy pen and ink signatures are not required for review
- For controlled substances, reviewers shall only accept hardcopy pen and ink signatures as evidence of a drug order

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WHEN EXPERIENCE COUNTS & QUALITY MATTERS

Exception #1



- Faxes of original written or electronic signatures are acceptable for the certification of a terminal illness or hospice

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WHEN EXPERIENCE COUNTS & QUALITY MATTERS

Exceptions #2



- Orders for clinical diagnostic test such as labs, or x-rays, are not required to be signed
- If orders are not signed records must show physician's intent for test to be performed
- The progress note must be signed

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WHEN EXPERIENCE COUNTS & QUALITY MATTERS

Exception #3



- Signature requirements listed in a NCD or LCD or CMS Manual relevant to the service being reviewed take precedence over the signature requirements

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Make the Effort!

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WHEN EXPERIENCE COUNTS & QUALITY MATTERS

FCSO Making the Effort

- **Efforts to lower the error rate through plans that address problems that result in payment errors**
 - Developed comparative billing reports to help providers analyze claims data and identify potential problems
 - Increased and refined one-on-one educational contacts with providers found to be billing in error
 - Revised educational offerings and tools to clarify requirements

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WHEN EXPERIENCE COUNTS & QUALITY MATTERS

Your Turn to Make the Effort!



- Take advantage of the educational offerings
- Bill what you documented
- Stay away from creative billing
- Follow billing and coding guidelines
- Understand the regulations
- Document Medical necessity
- Document the procedure
- Document the visit
- Perform the service
- Live happily ever after

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WHEN EXPERIENCE COUNTS & QUALITY MATTERS



Additional Resources

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First Coast Service Options Inc.

medicare.fcso.com
medicareespanol.fcso.com

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FCSO Resources

- **CERT Center**
 - <http://medicare.fcso.com/Landing/203608.asp>

- **Medical Documentation**
 - <http://medicare.fcso.com/Landing/179638.asp>

- **Documentation Checklist**
 - http://medicare.fcso.com/Medical_documentation/175803.pdf

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FCSO Resources (cont.)



- **Physician Signature Requirements**
 - http://medicare.fcso.com/Medical_documentation/166303.asp

- **Medical Coverage**
 - <http://medicare.fcso.com/Landing/139800.asp>

- **LCD Lookup Tool**
 - http://medicare.fcso.com/coverage_find_lcds_and_ncds/lcd_search.asp

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FCSO Resources (cont.)



- **Education**
 - <http://medicare.fcso.com/Landing/139820.asp>

- **FCSO University**
 - <https://gm1.geolearning.com/geonext/fcso/login.geo>

- **Events Calendar**
 - <http://medicare.fcso.com/Events/139814.asp>

- **Events Resources**
 - <http://medicare.fcso.com/Events/>

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WHEN EXPERIENCE COUNTS & QUALITY MATTERS

- **Web-based training**
 - Comprehensive Error Rate Testing (CERT)
 - Medical Documentation Errors
 - Medical Documentation Request
 - Evaluation & Management (E/M) Documentation

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Centers for Medicare & Medicaid Services

www.cms.gov

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CMS Resources



- **Internet Only Manuals**
 - 100-03 Medicare National Coverage Determinations Manual
 - 100-08 Medicare Program Integrity

- **CERT**
 - <http://www.cms.gov/CERT/>

- **List of NCDs**
 - <http://www.cms.gov/medicare-coverage-database/overview-and-quick-search.aspx>

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WHEN EXPERIENCE COUNTS & QUALITY MATTERS

CMS Resources



- **Signature Guidelines for Medical Review Purposes**
 - <http://www.cms.gov/MLNMattersArticles/downloads/MM6698.pdf>

- **Signature Requirements Fact Sheet**
 - [http://www.cms.gov/MLNProducts/downloads/Signature Requirements Fact Sheet ICN905364.pdf](http://www.cms.gov/MLNProducts/downloads/Signature_Requirements_Fact_Sheet_ICN905364.pdf)

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WHEN EXPERIENCE COUNTS & QUALITY MATTERS

Question & Answer Session



- What questions do you have?



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WHEN EXPERIENCE COUNTS & QUALITY MATTERS

Summary of Today's Topics



- Today we have reviewed
 - The importance of only providing medically necessary services
 - Elements and functions of medical record entries
 - The CERT process
 - Documentation examples to identify documentation errors
 - The proper way to correct mistakes in medical records
 - Medicare's signature requirements
 - Making the effort!
 - Resources

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Post Test

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WHEN EXPERIENCE COUNTS & QUALITY MATTERS

Thank You for Participating

- FCSO values your feedback
 - It is important that you complete the evaluation form and return it before leaving the class



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