

## Documentation, Lessons Learned, When is Enough Enough?

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#### **Disclosure**

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## My Disclosure

## Accreditation for Cardiovascular Excellence "ACE"

Not for profit organization sponsored by SCAI Foundation







(CC)



Percutaneous Coronary Intervention (PCI)



Peripheral Vascular Intervention (PVI)



#### Outline

Why?
What?
Where?
How to Implement?



#### WHY?

## Proactive PROTECTION



For Everyone !!!!!!!!



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## Public Reporting

## There are now > 85 different entities issuing public reports

- Federal and State Government
  - HospitalCompare, PhysicianCompare, NY State PCI database, MASSDAC
- Private / commercial entities (Leapfrog, HealthGrades, Thomson-Reuters, US News & World Reports
- Insurance companies
- Others: Angie's List, www.rateMDs.com



Medical necessity: looking for justification for service rendered based on documentation. Appropriate setting: looking for justification for in-patient care based on documentation. Appropriateness measured against existing standards in the local, regional or national environment, and which are supported by medical literature.



## Major Cause of Improper Payment

Physician orders missing
Illegible/missing signatures
National policy or Local policy
requirements not met

The medical record does not support medical necessity/AUC.



# Best Protection?



## Let's Discuss

# One Type of Documentation



Structured Report includes key components each time individualized for the patient.

Not cut and paste !!!!!!

Best Practice is a CCL Stand Alone Report which

Includes AUC.

The only connection between coders, payors, regulators, and practitioners = documentation

## clude H&P IN CCL REPORT

#### Admitting H&P: justify procedure and setting:

- State clearly indications for cath and/or PCI.
- "Chest Pain", "Angina", "Unstable angina" are not
- enough also must reference EKG, stress test, biomarker, other supporting data.
- List all relevant co-morbidities.
- Do not write "see old chart."
- No 'cut-and-paste.'



## Does Your Program admit all PCIs?

"Automatic" admission of PCI patients (≈100% patients) to the inpatient setting after PCI is a red flag.

Factors influencing determination:

- Presentation (elective, urgent, or emergency).
  - Patient-related factors (co-morbidities).
- Procedure-related factors (complications and complexities).

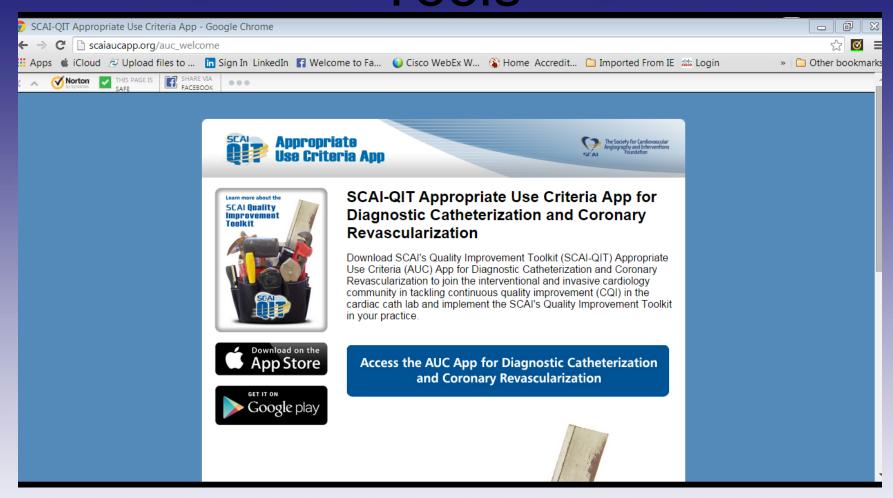


### **Educate Your Team**

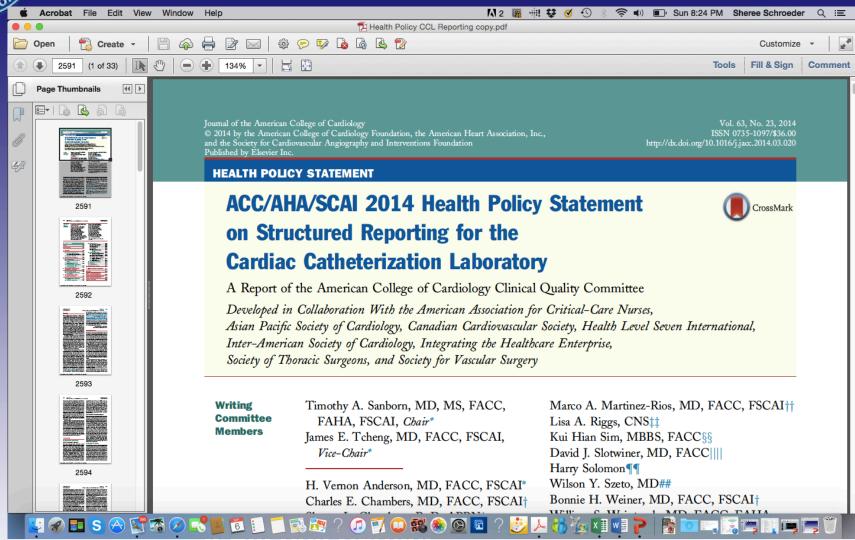




## You Have Access to Great Tools



## Health Policy Statement





## Free Resources

# Health Policy Statement

- www.cvexcel.org
- www.scai-qit.org



### Just Do it..... NOW!

## Discuss Health Policy Document

- Include your billers/codersMake Your Template
- –Implement with a PDCA Followup q 6 Months Audit / Peer Review.



## ONE BAD ACTOR WILL TAKE DOWN YOUR PROGRAM!!!!!







#### Review

## Why? Right Thing, Job Security, Proactive, Customers What is Structured Reporting?

- Key Components Individualized for the Patient
  - Stand Alone Document with AUC

#### Where?

- Resource Document/Health Policy Statement 2014
- ACE
- SCAI
- ACC

How to Implement? Just do it Now!!



## Thank You!

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#### Reference

## J Am Coll Cardiol 2014;63:25912 014;63:2591