Succeeding with OPTIMISTIC Payment Codes

(i.e. How to Avoid Potential Recoupment from CMS!)

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What We Will Cover

The auditors are looking for a story

What happened?

What did you do?

When did it happen?

Why?
Key Takeaways for Facility Billing Codes

Without these details, **THERE IS NO STORY**

1. Practitioner note in the resident’s chart
2. Time periods and dates
3. Daily documentation in chart from nursing facility staff
4. Clerical consistency
Key Takeaway 1: Practitioner Note

- Documentation must be available in the nursing home’s medical records
- Note has to be an IN PERSON visit
- Must have an Exam, Plan, Identify the Condition, & Qualifying Criteria
Key Takeaway 2: Time Period and Dates

- Dates have to make sense
- Certifications are only 7 days max (5 days for Dehydration)
- Be careful with end of month certifications
Key Takeaway 3: Daily Documentation

- Medical record must show enhanced care being given
- Reference the condition and treatment plan
- Notes should be recorded for EVERY DAY of certification
Key Takeaway 4: Clerical Consistency

- Use the right code
- Clerical errors can and should be corrected
- Submit corrections through the MAC
# Nursing Home Billing Guidance Worksheet

<table>
<thead>
<tr>
<th>Resident Name</th>
<th>Condition</th>
<th>Key Dates (put date in boxes below)</th>
<th>CIC note in chart?</th>
<th>Provider Cert in Chart?</th>
<th>Certifying Provider</th>
<th>REDCap data entered?</th>
<th>Daily documentation in Chart (put date in boxes below)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Example</td>
<td>CHF</td>
<td>CIC 1.18.18 Cert 1.19.18 Begin 1.18.18 End 1.23.18</td>
<td>Yes</td>
<td>Yes</td>
<td>Dr. Sherry Roots</td>
<td>Yes</td>
<td>1 1.18.18 1.19.18 2 1.20.18 3 1.21.18 4 1.22.18 5 1.23.18 6 N/A</td>
</tr>
</tbody>
</table>

*Maximum billing of 6 days. All other conditions allow billing up to 7 days.*

[http://optimistic-care.org/](http://optimistic-care.org/) The OPTIMISTIC Project is a long term care quality initiative of the Indiana University Center for Aging Research, Regenstrief Institute, Indiana University Division of General Internal Medicine and Geriatrics, and the University of Indianapolis Center for Aging & Community. Funding is provided through the Centers for Medicare and Medicaid Services. Copyright © 2016 The Trustees of Indiana University. Version 1.0
Billing Timeline

Two Day Window for provider to certify CIC, in order to begin

Change in Condition is Documented

Day 1 → Day 2 → Day 3 → Day 4 → Day 5 → Day 6 → Day 7

Last day of billing

Maximum Window for provider to certify a CIC

If a provider certifies a CIC in this time frame, billing MUST begin on the day that provider certifies.

For the “Two Day Window”, facilities may document the CIC any time on Day 1. A provider must visit a facility and certify the CIC by 11:59 pm of Day 3. (Note: Essentially, the time period is 12 days from the date when the CIC initially occurred.)

For the “Maximum Window”, facilities may document the CIC any time on Day 1. But, if a provider comes after Day 3, billing must begin on the date the provider certifies the CIC.

PLEASE NOTE: If a provider comes after the “Maximum Window” the process must begin again with a new CIC documented by the facility.
Questions?

• Certification requirements for specific conditions?
• What should a practitioner note contain?
• What should be in nursing facility documentation?
• How do we correct clerical errors?
• Provider billing?
Reminders

• Please take the time to complete the RTI Survey!

• If you are a Payment Only Nursing Home & you participated in this webinar, your February Engagement call will be cancelled.

• OPTIMISTIC Advisory Board Meeting TONIGHT @ 5:30pm at Regenstrief Institute in Indianapolis. Dinner will be served.