

# OPTIMISTIC

TRANSFORMING CARE

# Succeeding with OPTIMISTIC Payment Codes

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

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# Who We Are



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# What We Will Cover

The auditors are looking for a story

*What happened?*



Why?

What did you do?

When did it happen?

# 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



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## Nursing Home Billing Guidance Worksheet

Pneumonia – G9679

CHF – G9680

COPD – G9681

Skin Infection – G9682

\*Dehydration – G9683

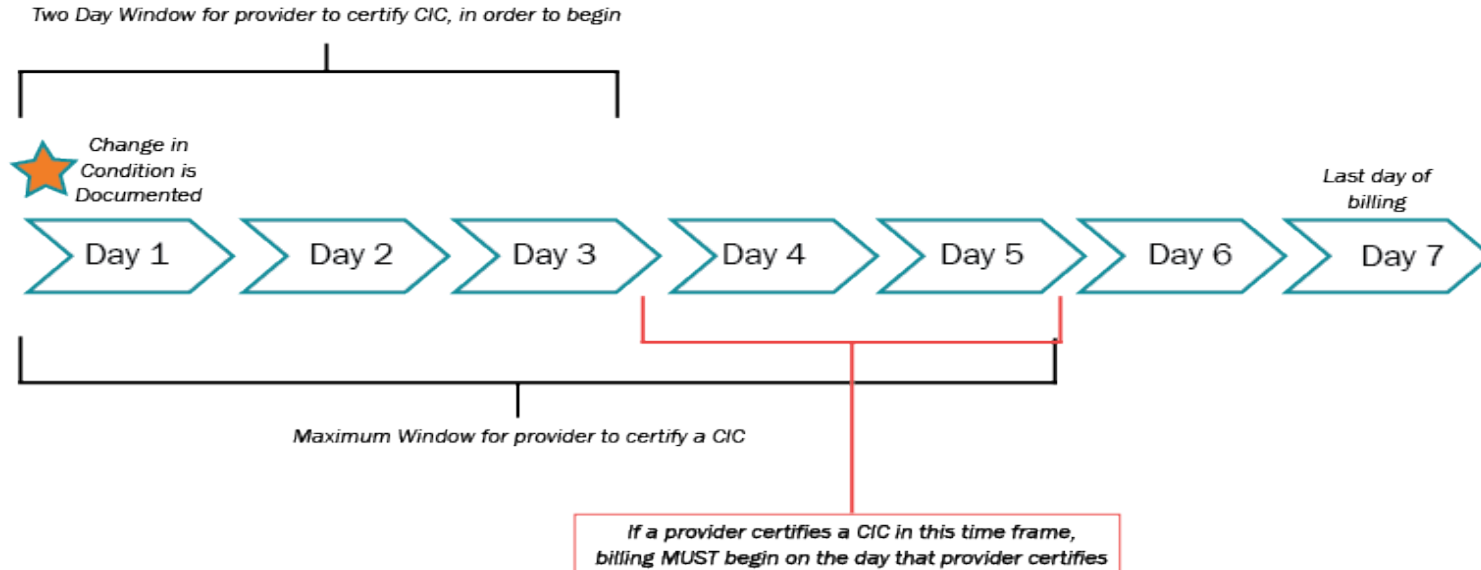
UTI – G9684

Resident Name	Condition	Key Dates (put date in boxes below)				CIC note in chart?	Provider Cert in Chart?	Certifying Provider	REDCap data entered?	Daily documentation in Chart (put date in boxes below)						
		CIC	Cert	Begin	End					1	2	3	4	5	6	7
<i>Example</i> Ruby Mae Sloan	CHF	1.18.18	1.19.18	1.18.18	1.23.18	Yes	Yes	Dr. Sherry Roots	Yes	1.18.18	1.19.18	1.20.18	1.21.18	1.22.18	1.23.18	N/A

\*Maximum billing of 5 days; All other conditions allow billing up to 7 days.

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# Billing Timeline



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 11:59pm of Day 3.

(Note: Essentially, the time period is +2 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.