Support Staff’s Role in Proper Ambulatory Surgical Center (ASC) Documentation

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Financial Interest

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Surgery Starts in the Clinic

• ASCs have many requirements to meet
  – Little control over some of them
• Technicians/Scribes/Surgery Schedulers
  – Complete bulk of paperwork for the decision for surgery
  – Accurate, detailed, complete paperwork yields smoother uncompromised results
ASC Chart

- Must be legible, completed in a timely manner, and include minimum of:
  - Patient Assignment of Benefits
  - Patient Name and HIC #
  - Medical history and physical, including any known allergies or drug reactions
  - Results from any pre-operative diagnostic tests

ASC Chart

- Informed consents
- Pre-surgical assessments
- Operative report of the surgical procedure
- Anesthesia record
- Final discharge diagnosis
- Financial record of the services billed should be available for review upon request

Pre-Operative Record

- Should include:
  - Time of admission
  - Description of medical condition
  - Vitals, patient's mental status
    - IOP if YAG capsulotomy planned
  - Medications, when administered, and by whom
  - Time transferred from pre-op to OR
### Intra-Operative Record

- Should include:
  - Surgeon’s report of surgical procedure
  - Any complications encountered
  - Circulating nurse’s peri-operative notes
  - Additional comments regarding supplies and medications used by personnel other than surgeon or anesthetist
  - Time surgery began and completed

### Post-Operative Record

- Should include:
  - Description of the patient’s condition upon arrival in recovery area and the time of arrival
  - Vital signs, mental status, IOP for YAG
  - Notation of the administration of post-operative medications

### Post-Operative Record

- Physician’s discharge orders and the signature
- Post-operative instructions to the patient
  - *Patient must acknowledge receipt*
- Description of the ambulatory status of the patient upon discharge
- Notation of post-op phone call made to patient
ASC CfCs

• CMS reversed decision that 24-hour advance notice had to be given to patients prior to surgery
  • Patient rights can now be provided in verbal and written form on the day the procedure is performed
    – Now allows for same day surgery

ASC CfCs

• Additional revisions include:
  – ASCs can treat patients without prior physician referral or patients that self-refer
  – No limitations on types of surgeries an ASC can perform
    • Can use same standards that were in effect prior to 2008 ASC CfC changes
  – Elimination of proposed requirement that patient must obtain written referral

ASC CfCs

– Still need comprehensive H&P within 30 days of admission for all surgeries performed in ASC
  • Complete ROS
  • Exam of pertinent organ systems (e.g., head, heart, lung, abdomen, extremities)
  • MDM – Must state “patient cleared for surgery in ambulatory setting”
  • Can be performed same day as surgery but before patient has been prepped for surgery
ASC CfCs

- Separate surgical Re-assessment day of surgery still required
  - At minimum, exam for any changes in patient's condition since H&P performed
  - If H&P performed same day, can combine findings of H&P and Re-assessment
- Discharge order must now be signed by surgeon and timed
  - Ancillary staff can perform post-surgical assessment

ASC Audits

- ASC is Dependent on Clinic
  - Medical Necessity
  - Satisfying Policy Requirements
  - Current History and Physical
  - Patient Financials
  - Pre-operative Orders
  - Post-operative Follow-up

ASC Audits

- ASC May Rely on Clinic Chart
  - Advanced Directives
  - Consent(s)
  - Assignment of Medicare Benefits
    - Must include the clinic and ASC
Physician Orders

- May be established at ASC
  - Not all Surgeries will follow the same orders
    - Be sure they are accurate to a given case
    - Be sure specific additions or deletions are highlighted
    - Must be signed by surgeon
- Pre-operative
- Intra-operative
- Post-operative

Surgical Supplies

- Document Planned Supplies/Instruments
  - Complex Cataract Surgery
    - Dyes – Trypan Blue – Dense Cataract
    - Iris Hooks/Pupil Expanders – Poor Dilators
    - Capsular Tension Ring – Flomax Patients
  - Pterygium, Glaucoma, Corneal Surgery
    - Amniotic Membrane
    - Grafts
    - Anti-metabolites (e.g., Mitomycin C)

Medical Necessity for Surgery

- Elective Surgeries
  - Cataracts, YAG Capsulotomies, Blepharoplasties
- Disease Present and Described
- Extent of Surgery
  - Severity of Disease, Co-Morbidities and Likely Complications
Medical Necessity for Surgery

- Elective Surgeries
  - Based on Lifestyle Impairments
    - Qualify EACH Eye
    - Visual Function Questionnaire
    - Not typically gathered by ASC staff
  - Objective Finding Supporting Lifestyle Impairments
    - Qualify EACH Eye
    - Testing, Photography, Examination
    - Not typically gathered by ASC staff

Lifestyle Impairment

- Lifestyle impairments are required by Medicare to support the need for some surgeries
- This information is best obtained in some type of questionnaire
  - Can be completed by the technician or the patient

Lifestyle Impairment

- Ask questions such as:
  - Are you having difficulty watching TV, reading, golfing, etc.?
  - Do you drive? If yes, do you have difficulty at night with headlights?
- Important – Functional impairment must be documented prior to each eye surgery
Best Corrected Visual Acuity

• Cataract surgery:
  – Distance complaint – Best corrected visual acuity meets Local Policy requirement
  – If BCVA not met must document:
    • Posterior segment disease requiring surgery or laser and cataract or PCO is impairing visualization
  – If complaint of glare includes glare testing
    • Level Low or Medium Not High

Lifestyle Impairment

• YAG laser surgery
  – Complaint of decreased vision
  – Most Medicare contractors require:
    • Visual acuity of 20/30 or worse
    • If glare complaint – 2 line decrease in best corrected visual acuity
      – With glare tests

Lifestyle Impairment

• Blepharoplasty surgery:
  – Feels unsafe driving due to loss of peripheral vision
  – Unable to keep eyes open enough at the end of the day to read
  – Lids itch and are sticky, dermatitis
  – Lifestyle impairment may be supported by visual fields, external photos and exam
  – Interpretation and report for visual fields and photos
Second Eye Cataract

- Second Eye Cataract Surgery
  - A continued complaint of distance, near or glare
  - Does not need new visual acuity
  - Complaint of anisometropia requires MR to document at least 2 diopter difference and a lifestyle impairment
  - If over 90 days since initial evaluation, must re-test for best corrected visual acuity according to complaint

Pinguecula Excision

- Cosmetic – Not Covered
  - Redness, aesthetically displeasing
- Functionally Problematic
  - Discomfort (dryness, stinging etc.)
  - Elevation of lesion interfering with lubrication
  - Irritated at work even when wearing safety goggles
- Photographic record advised

Pterygium Excision

- Cosmetic – Not Covered
  - Redness, aesthetically displeasing
- Functionally Problematic
  - Discomfort (dryness, stinging etc.)
  - Elevation of lesion interfering with lubrication
  - Irritated at work even when wearing safety goggles
  - Inducing corneal warp – decreased vision
**Pterygium Excision**
- Photographic record advised
- Corneal Measurements
  - Keratometry
  - Corneal Topography
- Manifest Refraction

**Non-Elective Surgery**
- Disease is documented in detail in the medical record
- Code chosen may require exam details to support a higher code
  – Example: 67108 vs. 67113
    - Size/severity of retinal detachment
    - Cause of retinal detachment
    - Other findings complicating the condition

**Non-Elective Surgery**
- Disease is documented in detail in the medical record
- Code chosen may require exam details to support a higher code
  – Example: 67840 vs. 11xxx
    - Size extent of Lesion
    - Intended Method of Removal
    - Planned extent of the surgery
Consents

- Avoid vague terms
  - Laser, injection, transplant, etc.
- Avoid abbreviations familiar to us
  - PRP, PI, KPE, PKP, DSAEK, etc.
- Include additional procedures
  - Vitrectomy with Membrane Peel
  - Pterygium Excision with Amniotic Membrane Graft
- Note which is the operative eye

Forms – Paper or EMR

- Form design purpose
  - Complete the form as designed
    - Do Not Leave Blank
- Obtain signature from patient
  - Or bona fide guardian
- Obtain witness signature
  - Identify witness
- Patient ID on all pages

ASC Supplies

- ASC supplies
  - Code V2785, Processing, preserving and transporting corneal tissue only billable supply
    - All other supplies included in ASC facility fee payment
  - Pass-through drugs
    - Some drugs are considered pass-through drugs and payable separately to the ASC
    - Make sure staff is aware of this and bills Medicare accordingly

[Additional content removed for brevity]
ASC Fee Schedule

- ASC Quality Reporting (ASCQR) Program
  - Required to report on up to 5 measures
    - From October 1, 2012 – December 31, 2012
      - Had to report on 50% of claims
    - Reporting was required to avoid a 2% payment penalty in 2014
  - Effective January 1, 2013, ASCs were required to report the G-codes on claims for both Medicare primary and secondary

ASC Fee Schedule

- Three new measures in final rule – two for ophthalmology
  - Measure for Complications within 30 days was withdrawn in final rule
  - ASC 11 - Cataracts: Improvement in patient’s visual function within 90 days following cataract surgery (NQF #1536)
    - ASCRS, AAO, and other medical societies were able to get this measure delayed.
    - Do not have to report in 2014
    - CMS will revisit in 2015 OPPS/ASC payment rule

Questions

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