

MEDICAL NECESSITY While Always IMPORTANT, THE IMPORTANCE OF MEDICAL NECESSITY HAS GROWN MORE IN THE PAST 25 YEARS NOT AS HIGHLY SOPHISTICATED BEFORE; MAINLY DOCTOR-PATIENT ICD CODES MUCH LESS SOPHISTICATED IN MID-1900'S EMPLOYER & GOVERNMENTAL HEALTHCARE PLANS BEGAN DEVELOPING BEGINNING OF NEW PATIENT MINDSET FOR QUICK CURES; MORE VISITS MEDICAL NECESSITY IS THE NEW DRIVER IN HEALTHCARE

2

OVERSIGHT OVERSIGHT NOT AS NECESSARY BEFORE WITH GROWTH OF INSURANCE AND GOVERNMENT HEALTHCARE PLANS, OPPORTUNITIES FOR FRAUD AND ABUSE GREW WITH GROWTH ALSO CAME NEED FOR MORE ADMINISTRATIVE & GOVERNMENTAL OVERSIGHT OVERSIGHT CREATED NEED FOR MEDICAL NECESSITY AS PROOF & TO SET STANDARDS

PATIENTS' RIGHTS • ENSURING PATIENTS' RIGHTS ONE OF THE MAJOR IMPETUS FOR MEDICAL NECESSITY STANDARDS • PATIENTS' RIGHTS INCLUDE - INFORMATION SO CAN MAKE INFORMED CHOICES - PRIVACY & CONFIDENTIALITY - RIGHT TO REVIEW AND OBTAIN INFORMATION - RESPECT - QUALITY & CONTINUITY OF CARE

4

REGULATORY AGENCIES • Federal Government • Regulatory • State agencies • State health department • State health boards • State medical examiner • Licensing boards • Local agencies • County health departments • County medical examiner • Coroner

5



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REGULATORY AGENCIES
DEEMING AUTHORITY GOVERNMENT HAS DETERMINED THAT COMPLIANCE WITH STANDARDS OF A VOLUNTARY AGENCY CAN SUBSTITUTE FOR COMPLIANCE WITH GOVERNMENT REGULATIONS MOST HEALTHCARE STANDARDS SET BY ACCREDITING & PROFESSIONAL AGENCIES ARE VOLUNTARY ARE USED BY GOVERNMENT/LEGAL ENTITIES TO JUDGE LIABILITY & RESPONSIBILITY PROVIDE CERTIFICATIONS & LICENSURE
7 CAHIMA

LEGAL/GOVERNMENTAL FRAUD ABUSE OMISSIONS/ERRORS NEGLIGENCE MALPRACTICE (INTENTIONAL/NONINTENTIONAL) FALSE CLAIMS ACT STARK LAWS ANTI-KICKBACK DEFICIT REDUCTION ACT HIPAA PATIENT PROTECTION & AFFORDABLE CARE ACT

8

LEGAL/GOVERNMENTAL • DENIAL OF PAYMENT • RETURN OF PAYMENTS • \$10,000 FINE PER INCIDENT, PLUS 3 TIMES THE ERROR TIMES ALL OF THE FILES • JAIL TIME • LOSS OF PRIVILEGES TO SERVE PATIENTS

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HIPAA	
INSURANCE PORTABILITY MEDICAL SAVINGS ACCOUNTS DECREASE IN HEALTHCARE COSTS, PROMOTING EMR PRIVACY RULE RELEASE OF INFORMATION STANDARDS SECURITY RULE COMBAT WASTE AND FRAUD FRAUD & ABUSE CONTROL PROGRAM MEDICARE INTEGRITY PROGRAM BENEFICIARY INCENTIVE PROGRAM MEDICAID & ABUSE INITIATIVE FRAUD & ABUSE DATA COLLECTION PROGRAM	
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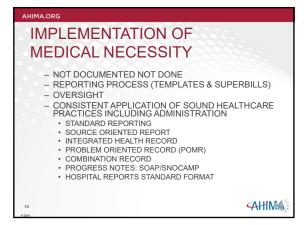
PATIENT AFFORDABLE CARE **ACT 2010**

- · QUALITY HEALTHCARE FOR ALL
- PUBLIC PROGRAMS
- IMPROVING QUALITY & EFFICIENCY
- PREVENTION OF CHRONIC DISEASES
- TRAINING HEALTHCARE WORKFORCE
- TRANSPARENCY & INTEGRITY
- IMPROVING ACCESs
- COMMUNITY LIVING ASSISTANCE
- REVENUE PROVISIONS

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11

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DEFINITIONS
DIFFICULT TO DEFINE MEDICAL NECESSITY TENS OF THOUSANDS OF AGENCIES/PRACTICES INVOLVED WITH INCONSISTENCIES WHO'S IN CHARGE? HIGHLY COMPLEX FIELD & BIG BUCKS BASIC DEFINITION: JUSTIFICATION SUPPORTING THE PROVISION OF HEALTHCARE SIMILIARITIES & DIFFERENCES AMONGST DEFINITIONS CONSTANTLY CHANGING DEFINITION JUST AS HEALTHCARE IS & JUST AS EACH PATIENT IS UNIQUE MEDICARE ACT DEFINITION: REASONABLE & NECESSARY FOR DIAGNOSIS OR TREATMENT OF ILLNESS OR INJURY OR TO IMPROVE FUNCTIONING OF A MALFORMED BODY MEMBER AMA DEFINITION: IN ACCORDANCE WITH STANDARDS, CLINICALLY APPROPRIATE, NOT FOR ECONOMIC BENEFIT BUT FOR PATIENT BENEFIT
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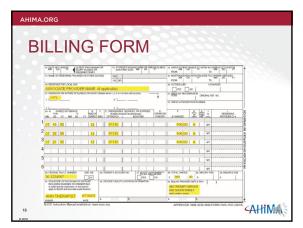
AHIMA.ORG **HEALTH RECORDS** HEALTH RECORDS: "backbone of virtually every professional liability action and to establish standards." PHI/PHR/EMR (Electronic medical records)/paper forms · Reasons for record content regulations - Standardization
- Standardization
- Completeness (not documented, not done)
- Compliance
- Consistency Transferability
 Legal defense
 Ensure proper patient care - Ensure proper payment for healthcare provider AHIMA.

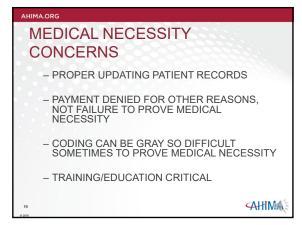
14

AHIMA.ORG **DATA SETS** - Regulations/standards for health records UHDDS (Uniform Hospital Discharge Data Set) Contains patient name, address, DOB, race, record #, admission date and type, discharge date, physician info, diagnoses, procedures, disposition of patient, payment, charges)
 UACDS (Uniform Ambulatory Care Data Set)
 MDS (Minimum Data Set for Long-term Care)
 OASIS (Outcome and Assessment Information Set – home health) DEEDS (Data Elements for Emergency Department Systems – ER visits) EMDS (Essential Medical Data Set – EHR)
 HEDIS (Health Plan Employer Data & Information Set – compare health plans) AHIMA!

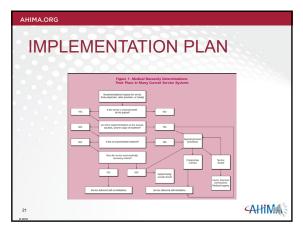












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COVERAGE			
DEFINITION OF GLOBAL GLOBAL PERIODS			
CODING EXTRAS NCCI PHYSICIAN EDITS			
NCD/LCD (NATIONAL & LOC COVERAGE DETERMINATION	CAL ONS)		
www.cms.gov/Medicare/Codi Link between ICD codes & C	ing		
22	SAHIMA		
22			
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MEDICAL NECESSITY	ERRORS		
 Altering claims fraudulently after they has submitted in order to increase payment. Billings for services not rendered. Billing for office visits when only surgical 			
performed. • Unbundling of global services. • Overutilization and billing of laboratory of services.	or radiological		
Billing for consultations when an office v Improper billing for physician services w provided by other staff who are not qual service for billing purposes.	vhen services are		
23	AHIMA		
23			
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MEDICAL NECESSITY	ERRORS	-	
Billing for services by two physicians for that is not billable as a team procedure.			
Changing of dates of service to ensure: Duplicate billing. Billing and/or performing a more costly when not justified as medically necessary.			
 Misidentifying the person receiving the s purposes. 	services for billing		
 Kickbacks, bribes, rebates or other reminder services and referrals. Routine waivers of copays and deductible construed to be an inducement to gain remainder. 	oles which can be		

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POSITIVES/NEGATIVES POSITIVES POSITIVES ENSURING QUALITY AFFORDABLE HEALTHCARE NEGATIVES PROVIDERS NOT DETERMINERS OF PATIENT CARE PROVIDERS DENIED PAYMENTS PROVIDERS PENALIZED/PUNISHED FRAUD & ABUSE PATIENTS DENIED NEEDED SERVICES RATIONING

25

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26

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