

Documentation from a Reviewer Perspective

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**PUBLIC HEALTH &
HUMAN SERVICES**

WHO

- Providers of Services



WHAT

- Tracking
- Informational
- Review
- **Common Sense**

ARM 37.85.414 (1) All providers of service must maintain records which fully demonstrate the extent, nature and medical necessity of services and items provided to Montana Medicaid recipients. The records must support the fee charged or payment sought for the services and items and demonstrate compliance with all applicable requirements.



WHEN

- As it happens

ARM 37.85.414 (1)(a) All records which support a claim for a service or item must be complete within 90 days after the date on which the claim was submitted to Medicaid for reimbursement. A record that is required to be signed and dated, including but not limited to an order, prescription, certificate of medical necessity, referral or progress note, is not complete until it has been signed and dated.

- Addendums/Corrections

Records cannot be altered and must reflect the services provided. If a record needs to be corrected, a provider should...

- ▶ For Written Documentation:
 - ▶ Cross out with a single line
 - ▶ Write correct information
 - ▶ Date and initial the correction
- ▶ For Electronic Health Records:
 - ▶ Add an addendum to the note/ documentation indicating what's incorrect and what's correct
 - ▶ Date and initial the correction

WHERE

- Retention (6 years & 3 months from the date of service)
- Personally Provided Services

ARM 37.85.406 (16) A person enrolled as an individual provider may not submit a claim for services that the provider did not personally provide, inclusive of services provided by another person under the provider's supervision, unless authorization to bill for and receive reimbursement for services the provider did not personally provide is stated in administrative rule or a Montana Medicaid program manual and is in compliance with any supervision requirements in state law or rule governing the provider's professional practice and the practice of assistants and aides.



WHY

*If it isn't documented the
service cannot be
substantiated!*



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Top Examples of Documentation Errors



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Incomplete records:

- An incomplete record can hinder effective patient care and can lead to misunderstandings or mistakes.
- In addition, it does not give a reviewer the full picture of what happened within the service.





Illegible handwriting:

- This can create confusion for other providers who need to access the patient's history and can affect the patient's continuity of care.
- Not to mention making it very difficult for a reviewing party to know what transpired during the service.



Failure to appropriately document corrections:

- Records are required to be signed, dated, and completed within 90 days of billing a claim to Montana Medicaid per ARM 37.85.414.
- If a document must be corrected, the additional information must be signed, dated, and completed within 90 days of the billed service.



Missing signatures:

- Properly signed documents are essential for legal and billing purposes.
- A record is not complete until it is signed and dated.





Missing time in and out and/or duration when billing time-based codes:

- Some services are based on the time spent with the patient or performing the service. The begin and end time and/or duration should be clearly documented on the medical record.



Missing patient identifying information on the records:

- In order to verify the documentation is for the billed patient and date of service, the identifying information needs to be listed on each page of the document.
- This includes page count.



Contradicting/Conflicting Information:

- When this type of error is within a document it makes it difficult for a reviewer to verify the correct or accurate information.



Resources



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- Documentation for Medical Record Training
 - <https://www.youtube.com/watch?v=dgcXVb3LQFM>
- Administrative Rules of Montana (ARMs)
 - <http://mtrules.org>
- General Information for Providers Manual
 - <http://medicaidprovider.mt.gov/providertype>
- Federal Register
 - Vol. 65, No. 194 / Thursday, October 5, 2000 / Notices pg. 59440
 - <https://www.gpo.gov/fdsys/pkg/FR-2000-10-05/pdf/FR-2000-10-05.pdf>
- Documentation Matters Toolkit
 - <https://www.cms.gov/medicare/medicaid-coordination/states/documentation-matters-toolkit>
- HEAT Provider Compliance Training
 - <https://oig.hhs.gov/compliance/provider-compliance-training/>
- Program Officer





The more information
the better!

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