



| Beyond Medicare: Documenting for Success

Amy Turner, RN, BSN, MMHC, CPC, CHC, CHIAP
Director, Advisory Solutions

amy.turner@ventrahealth.com

May 2022

Presented By



- Amy Turner has a widespread background in clinical operations, revenue cycle, internal audit, risk management and health care administration. She is a Registered Nurse as well as a Certified Professional Coder, Certified Healthcare Compliance specialist and a Certified Healthcare Internal Audit Professional. Amy has 22 years of healthcare experience. Amy's unique blend of clinical training, coding education and revenue cycle, with an overlay of regulatory compliance expertise, offer insights that speak well to both the clinician and executive client. Amy's experience includes working in large and small private practices, academic facilities as well as with hospital-based physicians. She is responsible for proposing, budgeting, staffing, leading and conducting various consulting engagements covering a wide spectrum of healthcare related needs. Amy lives outside of Nashville, TN.

Disclosure/Disclaimer

- I have no financial relationships to disclose.
- This presentation is based upon the interpretation of Amy Turner and is made in good faith with the information available at the time it was prepared. Views are subject to change as new guidance becomes available and this presentation is not intended to constitute and/or substitute for legal advice.

The content contained in this presentation is for educational purposes only. The limited references to any CPT® codes contained herein are not a substitute or replacement for the AMA's Current Procedural Terminology book and may not be used as such.

CPT is a registered trademark of the American Medical Association. Copyright 2019 American Medical Association. All rights reserved.

Medical Necessity

“Health-Care services or supplies needed to prevent, diagnose, or treat an illness, injury, condition, disease, or its symptoms and that meet accepted standards of medicine.”

New Patients

New Patient Questionnaire

- Are you asking the right questions? (think about what the policies require)
- Are the patients answering the questions?
- Is your staff asking the patients follow up questions based on answers or lack of answers?

Records from referring providers

- Are you getting records from the appropriate providers?
- Are you incorporating findings into your notes?

Specifics of Pain

- How long has the pain been present?
 - Minimize use of macros
 - Be specific
 - Length of time pain present varies by payer and procedure
 - Pain score
- Does the pain cause functional deficit?
 - Describe the deficit specifically
 - "Problems with ADL's"- recommend more specificity
- Describe the pain very specifically
 - Location
 - Quality
 - Radicular or not radicular
 - Referred
 - Axial



Conservative Therapy

- Physical Therapy
 - Which body part?
 - If has not had PT, why not?
 - Participation in HEP?
- Cognitive Behavioral Therapy
- Biofeedback
- Functional Restoration
- Chiropractic Therapy
- Electrical Stimulation

Medications

- Add specifics of relief
 - NSAIDS
 - If unable to tolerate, state why
 - Acetaminophen
 - Muscle relaxants
 - Narcotic analgesics
 - Adjuvant therapy



Physical Exam/Assessment

- Medial Branch Blocks

- Severe pain
- Non radicular pain
- Axial
- Pain with extension
- Pain with rotation
- Pain with lateral bending
- Pain not typically associated with neurologic deficits
- Functional Limitations
- RF is being considered
- Location of pain

- Epidural Steroid Injection

- Radicular in nature
- Correlate to imaging
- Positive Straight leg raise, crossed leg raise, Spurling's
- Diagnostic evaluation rules out other potential causes of pain
- Location of pain



Procedure Day

Facet Procedures

Document clearly the medial branches and levels blocked

CPT Asst May 2020

Question: *When performing radiofrequency ablation (RFA) of nerves ([64635](#), [64636](#)), is it necessary that the operative report documents the specific facet joints at which the RFA with imaging occurred as well as the nerves treated or denervated?*

Answer: Yes, RFA procedures should clearly state which nerves were ablated and which joints were treated. Codes [64635](#), *Destruction by neurolytic agent, paravertebral facet joint nerve(s), with imaging guidance (fluoroscopy or CT); lumbar or sacral, single facet joint*, and [64636](#), *Destruction by neurolytic agent, paravertebral facet joint nerve(s), with imaging guidance (fluoroscopy or CT); lumbar or sacral, each additional facet joint (List separately in addition to code for primary procedure)*, are reported for each joint treated, not each nerve treated. Stating the specific nerve and the level it innervates eliminates confusion and ensures accurate reporting.

Procedure Follow up

Asking the right questions is essential!!!!

- What patients tell staff versus provider can be completely different.
 - Train staff to ask the right questions
-
- Intake Staff: Hello Mr. Jones. It looks like you are here to follow up after your medial branch block we did last week. Did that help you?
 - Patient: Nope, not at all. Feel the same as I did before that shot.
 - Intake Staff: Let me ask this a different way. How did you feel when you got home the day of the shot?
 - Patient: Oh, the day of that shot I felt great!!
 - Intake Staff: If you had to give me a percentage of relief, how much relief would you say you received?
 - Patient: A good 90%
 - Intake Staff: How many hours did that relief last?
 - Patient: probably about 12 hours
 - Intake Staff: Did it gradually return after 12 hours?
 - Patient: yes, it came back gradually to my normal pain.
 - Intake Staff: What were you able to do during that 12 hours that is normally painful for you to do?
 - Patient: I was able to work a little out in my shop which usually hurts pretty bad and make some lunch. Walked to the mailbox which was easier than normal.

Epidural Procedure Follow up

- *Intake Staff:* Hi Mrs. Smith. How are you doing since your epidural two weeks ago?
- *Patient:* Much better.
- *Intake Staff:* What percentage relief do you think you have received?
- *Patient:* about 80%
- *Intake Staff:* Was that 80% relief of your low back pain or of your leg pain?
- *Patient:* My back pain is not much better but my leg pain is what is 80% relieved.
- *Intake Staff:* Are you able to perform any tasks that have previously been painful for you?
- *Patient:* Oh yes, it is easier to walk to the mailbox. And I feel more stable getting in and out of the shower.

It is important to ascertain exactly how much and what body part received pain relief. Many times patients present with low back pain and leg pain and receive relief of their leg pain with the epidural but proceed to medial branch blocks for their low back pain. Making this distinction in pain relief is important!!!

Post Procedure

- Be aware of payer requirements
- Be specific with relief
 - MBB
 - No- > 80 % relief for the duration of the local anesthetic
 - 80% relief for 12 hours
 - ESI
 - No- 90% relief for 2 month
 - With further questioning, 90% relief for 2 months with 50% relief afterward
- Be specific with functional improvement
 - No- ADL's improved
 - Able to walk to mailbox



Audit Response Examples

- The documentation shows that the first bilateral MBB was done on 2/7/2019 and there was 50% pain relief for one day.
 - The second bilateral MBB was done on 3/28/2019 with 80% pain relief for two days, then 50% for two weeks. The first bilateral MBB did not meet the required 80% pain relief needed to consider the RFA performed on 9/4/2019. Therefore, this service is denied as not reasonable and necessary.
- The billed service, Current Procedural Terminology (CPT) code 64635, is denied as not reasonable and necessary. The beneficiary was seen on 9/5/2019 for radiofrequency ablation (RFA) of the lumbar medial branch nerves for the diagnosis of lumbar spondylosis. Only when dual medial branch blocks (MBBs) provide greater than or equal to 80% relief of the primary or index pain, with ability to perform previously painful movements consistent with the expected physiological effects of the agents utilized radiofrequency medical branch neurotomy be considered.

Audit Response Examples

- Previous treatment was noted to include physical therapy, epidural injection, and NSAIDs/narcotics.
 - However, the duration of the previous treatment that was tried and failed was not recorded.
- Also, the history of present illness did not include a patient description of low back pain or the intensity of low back pain. It was not indicated that these previous treatments were for the indication of low back pain.
- The Problem list identified "lumbosacral spondylosis without myelopathy" with an onset date of 12/5/2019. This does not support a history of at least 3 months of moderate to severe pain with functional impairment and failed conservative treatment for the indication of low back pain/ lumbosacral spondylosis without myelopathy. Therefore, the claim is denied as not reasonable and necessary.

Audit Response Examples

- She was noted to take Norco and MS Contin for pain but the duration the medication has been tried and inadequately controlled her pain was not recorded.
- The physical exam reported tenderness along the paraspinous muscles, but her pain was not described as predominately axial.
- Also, her last lumbar radiofrequency ablation (RFA) was performed 4/1/2019. The patient's response to this procedure was not recorded. LCD L35996 states "Recurrent pain at the site of previously treated facet joint may be treated without additional diagnostic blocks if > 50% pain relief from the previous block(s) lasted at least 3 months." The indications for coverage were not met for the service billed.



Thank you!

Amy Turner, RN, BSN, MMHC, CPC, CHC, CHIAP

615-849-5539

amy.turner@ventrahealth.com

www.ventrahealth.com