PurPOSE
To ensure that UMG affairs are conducted in accordance with applicable laws relating to billing practice and professional fee reimbursement. To provide a method through which identification of potential compliance issues will be identified and outcomes of compliance educational efforts can be measured. Action plans will be developed accordingly.

POLICY
It is the policy of the UMG that all claims for professional reimbursement (1) use the proper code for service provided, (2) include the documentation in the medical record which supports the code, (3) are submitted in the name of the appropriate provider and (4) document presence and participation of the teaching physician if resident(s) are involved.

A UMG single standard for documentation will be applied for all payors. The standard will be CMS (Center for Medicare and Medicaid), Medicare Carriers Manual 15016, Supervising Physicians in a Teaching Setting (June 1996, revised November 2002), and the Documentation Guidelines for Evaluation and Management Services (August 1995 and January 1997). This standard will apply unless a more specific directive is in communicated writing by an individual payor. Future additions or deletions to the standard may change based on revisions in current legislation and organizational needs.

PROCEDURE
Monitoring activities are designed to assess compliance, by department or division, with specific guidelines related to the reporting by providers of both inpatient and outpatient services. Encounter forms, patient medical records, and other documents will be reviewed periodically. Monitoring activities will assist the Compliance Director in the evaluation of the organization’s compliance with applicable federal/state laws, regulations and guidelines. A focused review may be warranted in particular circumstances.

1. The Routine Monitoring Procedure will sample 5-10 encounters of each UMG provider on a regular basis. Newly hired UMG providers will be monitored within 4 months of hiring.

2. Methodologies for service reviews will be determined on a case-by-case basis. Retrospective and concurrent review methodologies will be utilized.

3. Department designee(s) will assist in the coordination of the review.

4. The compliance department will review documentation in the medical record for the services selected. This review may include:
   - Teaching physician physical presence and personal involvement
   - CPT code assignment
   - Modifier code assignment
   - Diagnosis code assignment
   - Date of service reporting
   - Place of service reporting
   - Documentation authenticated

5. The Saint Louis University Compliance Audit Point System (SLUCAPS) will be utilized to determine the final review score or status.

6. The Compliance Director or designee will review the results of the assessment with the provider or their designee to validate the factual accuracy of the information. For example, the department or provider may be able to offer additional documentation or adequate explanation for discrepancies.
7. In cases where a concurrent review methodology is used, the department designee will be informed of the services and claims that meet documentation standards in order to release the claims in a timely manner. Those claims that do not meet the standard will not be released until further information or correct coding is provided.

8. The provider may make amendments to the medical record when the additional work was actually performed and medically justified. In no instance is the original note replaced by a new note. The extra information may be documented by the provider in an amendment that is signed with the current date and refers to the date of service. Amending the medical record solely for the purpose of billing is not allowed. Amendments for patient care purposes are appropriate.

9. A final summary report of findings shall be reported to the department chairperson and the Compliance Director. Based on these findings, the department will develop an action plan for resolving any potential compliance issues. This information should also be utilized for identifying trends to be addressed in subsequent training programs.

10. A summary report of all Compliance Department Monitoring Activity will be given to the General Counsel on a regular basis and annually to the Legal and Legislative Committee of the Board of Trustees and the UMG Governing Board.

DEFINITIONS

Provider: UMG physicians, UMG credentialed Nurse Practitioners, Clinical Nurse Specialists, Physician Assistants, Psychologists and other midlevel practitioners employed by the UMG who bill for their services through SLUCare.

REFERENCES

