SAINT LOUIS UNIVERSITY

OFFICE OF UNIVERSITY COMPLIANCE

Reminder Regarding Export Control Regulations

A recent case has illustrated the need for diligence in our adherence to export control regulations. A University of Central Florida employee, Amin Yu, was sentenced to 21 months in prison for illegal export of underwater drone equipment. Yu, while working as an assistant in the College of Engineering and Computer Science, acted as a spy for Harbin Engineering University in China, illegally shipping drone parts to Harbin University over the course of twelve years.

This case serves as a reminder that we need to be attentive to export control regulations and related sanctions when hiring foreign nationals and working with foreign vendors. Saint Louis University requires that foreign visitors, vendors and employees are screened prior to conducting business with SLU. The Export Control Officer can assist in determining if a license is required and assisting in the license application process.

If you have any questions about the export control process, please contact the Export Control Officer, Michael Reeves, mreeves8@slu.edu, 977-5880.

http://www.slu.edu/general-counsel-home/compliance/export-controls

Welcome New Employees!

All new employees of SLU are required to complete compliance training within 30 days of their start date. The module can be found on the "Compliance Requirements" section of your mySLU homepage.

SAINT LOUIS UNIVERSITY
COMPLIANCE
877-525-KNOW

Compliance Personnel Change

Congratulations to Theresa Brewer, our former Program Coordinator, in her new position as Manager in the General Counsel's Office. Best of Luck Theresa!

The CODING CORNER

Coding Pathological fractures due to neoplastic diseases

If a patient is seen for a pathological fracture due to a neoplasm, and the focus of the encounter is for treatment of the fracture, a code from the subcategory M84.5 in Chapter 13: disease of the Musculoskeletal System and Connective Tissue should be used as the primary diagnosis.

The codes in this subcategory are broken down into specific body part (shoulder, humerus, ulna/radius, pelvis and femur, etc.) and laterality (left or right).

Don't forget, our ICD-10-CM guidelines tell us to "Code also" the underlying neoplasm as the secondary diagnosis.

A "Break Down" of Fracture Coding

In ICD 10 the first six digits of the code reflect the fracture type and nature, the seventh digit indicates the type of encounter. These seventh characters are found predominantly in two chapters:

Chapter 19 (Injury, Poisoning and Certain Other Consequences of External Causes) and
Chapter 15 (Pregnancy, Childbirth and the Puerperium).

The details captured with these extra characters are not previously recorded under ICD-9-CM.

The letter D is a seventh character extender for diagnosis codes from Chapter 19. The definition is found in its entirety at the start of the general guidelines. "[Seventh] character 'D' subsequent encounter is used for encounters after the patient has received active treatment of the condition and is receiving routine care for the condition during the healing and recovery phase."

However, not all subsequent care is reported with D. For fractures, there are different seventh characters for fractures with delayed healing, nonunion, and malunion. D is used on trauma codes for visits during the healing phase.
Fracture care has more options.

All fractures require a seventh digit. When selecting a fracture code, a fracture not indicated as displaced or non-displaced should be coded as displaced. Which is opposite of the same rule in ICD 9.

Is the fracture is pathologic or traumatic?
The clinician determines if the fracture is pathologic.

- A pathologic fracture is one in a patient with known osteoporosis who suffers a fracture; even if the patient had a minor fall or trauma, if that trauma would not normally break a bone in a healthy patient.
- A stress fracture is caused by repetitive trauma rather than sudden trauma.

Both of these types of fractures are in the musculoskeletal chapter and start with the letter M and require a seventh character extender.

Seventh characters for fractures with delayed healing, nonunion, or mal-union, and some fractures also have seventh characters that describe the Gustilo classification. There are multiple classification systems that exist for fractures, for ICD-10. It is the most widely used system and is generally accepted as the primary classification system for open fractures. In 1976, Gustilo and Anderson treated 1025 open fractures based on his grading system that offered prognosis about the outcome of infected fractures.

The Gustilo classification denotes the energy of the fracture, soft-tissue damage and the degree of contamination. It is the most widely used system and is generally accepted as the primary classification system for open fractures. It is important to educate providers on the use of this scale for the specific documentation necessary in ICD-10-CM.
This will ensure that proper code assignment can be made without multiple queries to the provider.

Table 1: Gustilo classification of open fractures[4]

Classification	Description
Type 1	Puncture wound of less than or equal to 1 cm with minimal soft tissue injury Minimal wound contamination or muscle crushing
Type 2	Wound is greater than 1 cm in length Moderate soft-tissue injury Soft tissue coverage of the bone is adequate Comminution is minimal
Type 3a	Extensive soft tissue damage Includes massively contaminated, severely comminuted, or segmental fractures Soft tissue coverage of the bone is adequate
Type 3b	Extensive soft tissue damage with periosteal stripping and bone exposure Usually severely contaminated and comminuted Flap coverage is required to provide soft tissue coverage
Type 3c	Associated with an arterial injury requiring repair for limb salvage

Look for greater specificity in location (proximal, mid, distal), type (greenstick, torus), and episode of care.
If you're not familiar with what the difference between a closed and an open fracture is, an "open" simply means the skin is open, there is an open wound, most of the time the bone has caused that opening leaving the wound open for infection. Because bones run throughout your entire body, if you get an infection in your bone and blood products that are made in the bone marrow, it can become a big, bad scenario very fast!

Below is the 7th character extender box for category S52, An example of facture of the forearm using the Gustilo classification table to choose the correct code:

The appropriate 7th character is to be added to all codes from category S52 (unless otherwise indicated).

- A initial encounter for closed fracture
- B initial encounter for **open fracture type I or II**
  initial encounter for open fracture NOS
- C initial encounter for **open fracture type IIIA, IIIB, or IIIC**
- D subsequent encounter for closed fracture with routine healing
- E subsequent encounter for **open fracture type I or II with routine healing**
- F subsequent encounter for **open fracture type IIIA, IIIB, or IIIC with routine healing**
- G subsequent encounter for closed fracture with delayed healing
- H subsequent encounter for **open fracture type I or II with delayed healing**
- J subsequent encounter for **open fracture type IIIA, IIIB, or IIIC with delayed healing**
- K subsequent encounter for closed fracture with nonunion
- M subsequent encounter for **open fracture type I or II with nonunion**
- N subsequent encounter for **open fracture type IIIA, IIIB, or IIIC with nonunion**
- P subsequent encounter for closed fracture with malunion
- Q subsequent encounter for **open fracture type I or II with malunion**
- R subsequent encounter for **open fracture type IIIA, IIIB, or IIIC with malunion**
- S sequela

It is important to educate providers on the use of this scale for the specific documentation necessary in ICD-10-CM. This will ensure that proper code assignment can be made without multiple queries to the provider.

Privacy Monitoring Update

Online **Patient Privacy – FairWarning** Education

The Due Date has passed!

Please complete the required training if it still appears on the "Compliance Requirements" section of your mySLU homepage.

FairWarning® Monitoring of Epic User Activity

The University is actively monitoring access of patient charts within the Electronic Health Record (EHR), Epic. Use of the FairWarning monitoring system began this past summer. This tool allows for automated review of a patient's record and will be used to identify inappropriate access that does not qualify as treatment related or other legitimate job task.

DETECTION OF INAPPROPRIATE ACCESS

- CO-WORKER'S RECORD
- FAMILY MEMBER'S RECORD

Epic users may be contacted by EHR Quality Assurance or the Privacy Officer as part of the review process if access is flagged as inappropriate or there are questions regarding activity within a patient's record. Individuals, whose access to a patient's record is deemed inappropriate, are subject to sanctions under the HIPAA Violation Sanctions policy.

If you have any questions, please contact the Privacy Officer at (314) 977-5545.

Appropriate Documentation

The patient's medical record serves many purposes, but primarily to provide communication between providers. It is also the legal record of care provided, and important to compliance matters, it is the stand alone record to determine the appropriateness of a bill. Bills must reflect only services provided within that encounter, or date of service.

Medical records should be clear, specific, and credible. Notes that are copied and pasted, or overly rote or homogeneous detract from credibility. Copy and pasted notes are much more obvious to the reader than a provider may recognize. Further, with new updates to EPIC, copy and pasted notes can be highlighted to display not only what portions of the record were copied, but also the original author, and source. The practice of copy and paste is common at SLUCare, despite being "discouraged" and limited only to the author's own notes by SLUCare policy.

In the extreme, federal courts have found completely copy and pasted notes carried forward over the course of years, when billed at a level 4 service, to be fraudulent. While the grievousness of copy and paste could be viewed in a continuum, is it never an ideal charting methodology. Factors in determining whether the cut and paste is acceptable include: the time between the original and copied note, and the type of information copied. An entirely copied note, a copied exam, or a large copied portion from a visit distant in time will not produce a defensible, billable event. Copy and pasted exams and entire notes copied (with perhaps only dates of verb tenses changed) will not be considered sufficient to support a physician bill. Contact compliance if you wish to discuss individual notes or other situations.

Q: What is the most important subject a witch learns in school?
A: Spelling.