Complicated Billing

"Let's hope there's no post-op problems –
it complicates the billing."

COMPLIANCE FAQ

Question: If a medical student writes a lengthy History and Physical in the medical record, does the teaching physician need to add any additional documentation in order to bill for the visit?

Answer: The only medical student documentation the teaching physician can reference for billing purposes is the Review of Systems (ROS) and the Past, Family and Social History (PFSH). The teaching physician must document pertinent elements of the history (HPI), exam and medical decision-making (MDM) and his/her presence and personal participation in the service.

RESOURCES

THE NECESSITY OF MEDICAL NECESSITY

Health care providers periodically see their requests for reimbursement denied due to "lack of medical necessity". Payers have at their disposal the opportunity to deny payment to providers when they determine there is insufficient documentation of the need for the service rendered. There remains, however, confusion on behalf of many providers regarding the definition and interpretation of medical necessity. How do payers define and determine when to use it as a reason for payment denial?

The definition of medical necessity the Center of Medicare and Medicaid Services (CMS) provides, and many insurance carriers incorporate, is as follows. CMS defines medical necessity as "a service that is reasonable and necessary for the diagnosis or treatment of illness or injury, or to improve the functioning of a malformed body member." Services must be:

1. *Consistent with the symptoms or diagnoses of the illness or injury under treatment.* The CPT code must relate to the ICD-9-CM. A level 5 visit, for example, would not relate to a sore throat, poison oak rash or a prescription refill.

2. *Necessary and consistent with generally accepted professional medical standards, but not experimental or investigational.*

3. *Not furnished primarily for the convenience of the patient, the attending physician, or another physician or supplier.* Patients often request specific drugs or tests based on recent news articles or television programs, none of which may be based on medical need.

4. *The service must be furnished at the most appropriate level, which can be provided safely and effectively to the patient.* After examining a patient for what appears to be an uncomplicated knee injury, the order of an MRI of the knee, before a conventional X-ray, may result in zero payment.

Medical necessity remains the driver on all code choices. From the payer's point of view, all payments are based on problem-oriented medicine. Identification of the reason for the visit (chief complaint), documentation of the appropriate related history, exam and MDM (medical decision-making) would guide the provider in accurate code selection. Medical necessity is communicated primarily to the payer by accurate and appropriate ICD-9 diagnosis codes.

SLU CODING COURSE

In November 2004, twenty Saint Louis University employees began participation in a coding class moderated by Sally Frese and sponsored by the SLU University Medical Group. The course instructor is Robyn Simmons, CPC. The class meets weekly for instruction in the basics of professional coding for physician practice. This is the second coding course sponsored by the UMG. The first course, held in 1999, had 16 participants. Both courses required participants to commit to a rigorous course of study with plans to sit for the national certification exam offered by the American Academy of Professional Coders.

Guest lecturers have included faculty from the School of Medicine, Mort Kern MD, Department of Internal Medicine/Cardiology, Matthew Ulven MD, Department of Community and Family Medicine, and Keith Naunheim MD, Department of Surgery / Cardiothoracic.

Correct reimbursement for health care professional services is crucial in today's environment of increased financial pressures and government scrutiny. While code selection will always be the physicians' ultimate responsibility, certified coders involvement benefit an organization by ensuring a greater level of accuracy, consistency and quality in selecting the correct codes for provider service. *Congratulations, coding students. We acknowledge your hard work and dedication.*

COMPLIANCE CODING CLINIC: CONSULTATIONS

In 2003, Medicare allowed over $29 billion for (E&M) Evaluation & Management services. Included in the constellation of E&M services are consultations. Building on the 2004 Office of the Inspector General (OIG) Work Plan which singled out consultations as an audit focus, the 2005 Work Plan will continue to target E&M services, specifically services in certain categories that are billed with incorrect or inappropriate codes resulting in large overpayments. In response, many carriers are conducting prepayment reviews of consultations.

First and foremost for an E&M service to qualify as a consultation, medical necessity for the service must be clearly documented. Additionally, documentation of the "3R's" is essential:

1. **R**equest by another appropriate healthcare provider for an opinion or advice;

2. **R**ender the face-to-face E&M service, including documentation of the history, examination and medical decision-making;

3. **R**eport findings and advice in writing that the requesting physician will use in treating the patient.

In recent months, numerous questions regarding consultations within the same specialty have surfaced. For example, within the same group practice a general cardiologist is treating a patient with progressive heart failure and sends the patient to the cardiologist who specializes in heart failure for transplant evaluation. Is it appropriate for the second cardiologist to bill for a consultation?

CMS recognizes approximately 50 provider specialties. For the most part, there is no recognition or unique enrollment identifiers for subspecialties. Consult requests within a specialty (cardiology, ophthalmology, thoracic surgery) are generally not reimbursed. Examples of specialties that may bill for consults within a general specialty include orthopaedic surgery and hand surgery, OB/GYN and gynecological oncology and general surgery and surgical oncology.

In the case in which two cardiologists are involved in a patient's care, claim suspensions are common due to edits that detect concurrent care, or services provided by two physicians of the same specialty. Documentation of the medical necessity and unique assessment and management provided by each physician are key elements to support payment.

To ensure reimbursement for comprehensive service to the complex patient population we serve, detailed and specific documentation is essential.

HIPAA UPDATE
Security
It's 10:00 – do you know where your data is?

The HIPAA Security Standards will go into effect on April 21, 2005. These security standards intend to protect electronic health information during processing, storage and transmission. New policies and procedures along with the provision of security awareness training sessions will be forthcoming as the implementation date approaches.

Privacy
Since the implementation of the Privacy Standards on April 14, 2003, the Office of Civil Rights has received more than 8,000 complaints of privacy violations and 125 cases have been forwarded to the Department of Justice for criminal investigation. Both civil and criminal sanctions in pending privacy violation cases are forthcoming and will establish precedence.

To ensure compliance with the HIPAA standards, SLU continues to conduct clinical site visits, audits and education programs. Monthly general awareness HIPAA sessions are offered for new faculty and staff. All faculty or staff members that work with or have exposure to protected health information (PHI) are mandated to complete a general HIPAA information session. The next general session will be held on Tuesday, May 10 at 4:00 p.m. in the LRC Room 113. Specialty specific sessions have recently been held with Medical Records staff, researchers, and several clinical departments. Requests for HIPAA education programs should be forwarded to Sally Frese at 977-5545 or fresesm@SLU.EDU.

HIPAA QUIZ
When a patient requests a copy of his/her medical record, what procedure do I follow?

Instruct the patient to contact the appropriate medical records department to request a copy of the record. The medical records staff will ask the patient to complete a written request form and will explain the process to the patient including the time frame for acceptance/denial of the request, fees for copies if appropriate, and options for obtaining the copies. Medical records personnel document the request and delivery of the protected health information. Complete information regarding this process is outlined in the SLU "Access to Inspect and Copy" Policy. Additional information may be obtained by contacting SLUCare Medical Records Department correspondence service at 268-7012.

CELEBRITY SPOTLIGHT

Jeffrey Mossoff, CMPE, chief executive officer of the University Medical Group is featured in the spotlight this spring. As chief executive officer, Mr. Mossoff is responsible for managing the fifteen department academic clinical practices and the related faculty practice plan of 350 faculty physicians who provide primary and tertiary care services at more than 100 locations in Missouri and Illinois. As a charter member of the Health Care Compliance Association (HCCA), he has demonstrated his commitment to addressing challenging issues in academic care practice.

An integral component of his role at SLU is promoting compliance activities in the organization. Mr. Mossoff is a member of the SLU Legal and Compliance Committee and assists with oversight, planning and project implementation. In a recent interview about the compliance initiative at SLU, Mr. Mossoff described a dual role for compliance activities in the organization. The first is to support the ongoing success and growth of the SLUCare practice with routine and pertinent education for physicians, residents, students and staff. This includes Compliance involvement and support by assisting our faculty (and departments) in the development of new and /or expanding clinical services.

Second, is to provide consistent oversight of documentation, coding and billing through routine audits, feedback and investigation of potential and actual infractions. On a larger, organizational level, Mr. Mossoff notes that compliance issues occur in clinical business ventures, research activities and education responsibilities and relationships. These activities promote high standards in business practice, ethics and integrity.

Mr. Mossoff said, "SLUCare is held to an even higher standard than other organizations because it is a Catholic, Jesuit organization with a well-defined mission statement; the ethics should be unquestionable."