



SAINT LOUIS UNIVERSITY  
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OFFICE OF UNIVERSITY COMPLIANCE

# December 2016 Compliance Newsletter

## GCP Training Requirement on NIH Awards

The National Institutes of Health (NIH) has issued a Policy on Good Clinical Practice (GCP) Training for NIH Awardees involved in NIH-funded Clinical Trials which will become effective on January 1, 2017. The Policy requires that all NIH investigators and clinical trial staff should be trained in GCP to demonstrate that they have attained the fundamental knowledge of clinical trial quality standards for designing, conducting, recording and reporting trials that involve human subject participants. The training includes a variety of topics, including safety data, accrual reports, study status, protocol deviations, unanticipated problems, and final data. This GCP training is in addition to the human subjects research education already required (since June 2000) for all NIH-funded investigators, and must be refreshed at least every three years in order to remain current with regulations, standards and guidelines.

The University's Institutional Review Board (IRB) Office offers free online GCP training hosted on the Collaborative Institutional Training Initiative (CITI) website, <https://www.citiprogram.org/>. The CITI program is interwoven with the University's eIRB reporting system so that an investigator's completion of the GCP Training module is logged in their personal profile. Similar to the tracking mechanism for the CITI Human Subjects Training module, the GCP Training module will be included on the investigator's profile serving as a permanent record of their training compliance. Investigators should also keep documentation of training in research records/regulatory binders as the NIH Policy states "Recipients of GCP training are expected to retain documentation of their training".

The CITI's GCP Training module is not the only acceptable source of GCP Training, including the National Institute of Allergy and Infectious Disease (NIAID) GCP Training, <https://gcplearningcenter.niaid.nih.gov/>, and the National Drug Abuse Treatment Clinical Trials Network Good Clinical Practice, <https://gcp.nihtraining.com>. Note that the completion of a GCP module other than CITI will require submission of training documentation to the IRB for review, and if accepted, to manually enter into their database. Once that is completed, the training should auto-populate in eIRB Applications in future submissions. As with CITI training, investigators should keep a copy of the GCP training certification in their research records/regulatory binders.

Please contact the IRB with your questions about the new Policy, including other acceptable alternatives for GCP Training, at [irb@slu.edu](mailto:irb@slu.edu) or 314-977-9813. The IRB's Training and Education website is also a wealth of information, [http://www.slu.edu/division-of-research-administration-home/institutional-review-board-\(irb\)/training-and-education](http://www.slu.edu/division-of-research-administration-home/institutional-review-board-(irb)/training-and-education).

## 2017 Billers' Meeting Schedule

All meetings will be from 10:00-11:00am

January 10, 2017

February 14, 2017

March 14, 2017

April 11, 2017

May 9, 2017

June 13, 2017

## COMPLIANCE REQUIREMENTS:

Please check your mySLU page, "Compliance Requirements" section to make sure you have completed all required training, such as Fair Warning Training, HIPAA Training, Annual Compliance Update, or New Employee Compliance Training.

## 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.

# The CODING CORNER

2017 Coding changes take effect on January 01, 2017. Make sure to review the upcoming changes and familiarize yourself with any coding changes that will affect your Department.

A recent article in (Healthcare Business Monthly, December 2016)

One change that will impact several SLUCare Departments, Conscious Sedation is no longer bundled.

The change with the most far-reaching effect is that CPT no longer defines conscious sedation as an inherent part of any procedure. Both Appendix G, which listed all codes that included conscious sedation, and the “bull’s-eye” symbol that indicated a code’s inclusion of moderate (conscious) sedation, are removed from CPT 2017. Prior codes describing conscious sedation (99143-99140) are deleted and replaced with new codes (99151-99157).

For 2017, codes previously valued to include conscious sedation (when performed) are revalued to no longer include conscious sedation. This change will allow providers to separately report conscious sedation, when performed and **properly documented**, with more accuracy. Per the 2017 Physician Fee Schedule Final Rule, “This coding change [provides] for payment for moderate sedation services only in cases where it is furnished.”

The six new codes to report conscious (moderate) sedation are 99151, 99152, +99153, 99155, 99156, +99157.

A total of 441 (mostly endoscopic) codes no longer include moderate (conscious) sedation, with no further changes to the code descriptors. Two codes (92978 and 92979, which describe endoluminal imaging of coronary vessel or graft) no longer bundle moderate (conscious) sedation, but also include additional descriptor changes.

## Preparing for 2017

With each New Year coding professionals have to spend extra time educating themselves and researching for their practice (or specialty) to ensure that they are up to date with the new, deleted and revised codes and guidelines that could affect their daily operations. One resource that is commonly overlooked is the National Correct Coding Initiative Policy Manuals. According to the Centers for Medicare and Medicaid Services, they developed the NCCI to prevent inappropriate payment of services that should not be reported together. These policy manuals are available on the CMS website for download which feature chapter specific billing guidelines as well as general coding principals to promote appropriate billing practices. These policies are updated annually. Each specialty, department, and/or physician practice is encouraged to review these policies on an annual basis to keep up with the latest billing guidelines. Click this [link](#) to access CMS’s Website for downloads.

Some of the significant revisions for 2017 include:

- *MUE and NCCI PTP edits are based on services provided by the same physician to the same beneficiary on the same date of service. Physicians should not inconvenience beneficiaries nor increase risks to beneficiaries by performing services on different dates of service to avoid MUE or NCCI PTP edits.*
- *An evaluation and management (E&M) service, including emergency department E&M, may be reported with a casting/splinting/strapping CPT code if and only if the E&M service is significant and separately identifiable. Casting/splinting/strapping CPT codes are minor surgical procedures with a “000” global day period. Global surgery rules for minor surgical procedures do not allow a physician to report an E&M service related to deciding whether to perform a minor surgical procedure.*
- *When a comparative imaging study is performed to assess potential complications or completeness of a procedure (e.g., post-reduction, post-intubation, post-catheter placement, etc.), the professional component of the CPT code for the post-procedure imaging study is not separately payable and should not be reported. The technical component of the CPT code for the post-procedure imaging study may be reported.*

**MERRY CHRISTMAS FROM THE COMPLIANCE OFFICE!**