



SAINT LOUIS UNIVERSITY  
—  
OFFICE OF UNIVERSITY COMPLIANCE

# February 2017 Compliance Newsletter

## The CODING CORNER

### Avoiding a Medicare Audit is the Goal:

The terms RAC (Recovery Audit Contractor), CERT (Certified Error Rate Testing) and Probe audit, can strike fear into most medical professionals. *“Although all fraudulent claims result in improper payments, not all improper payments are from fraudulent claims; most are due to documentation errors.”*

Common areas of concern:

1. Copy and paste documentation - It is acceptable to use templates; your documentation must be patient specific. EPIC's audit function tells the auditor exactly where and when specifics were copied and pasted.
2. Up-coding charge - Physicians who over-code evaluation and management services (E&M) relative to their peers remain at a greater risk of audit. Audit your providers to make sure that he/she understands all the elements needed for E&M codes. Many times, the medical decision making is documented but the history, review of systems, or exam, is lacking to support a higher level charge.
3. Medical Necessity: Just because a high level history and exam was done, was it necessary? Would most providers feel compelled to do this same level of exam to provide necessary care?
4. Template issues - Talk to your biller/provider. Templates can and should be changed as needed.
5. Smart-phrases- Coders & providers need to remember that Smart-phrases can and should be changed if needed.

Avoidance is the key. It is extremely costly to defend yourself, even when you are billing/coding correctly.

### 2017 Billers' Meeting Schedule

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

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 Role of Clinical Documentation in the Physician Practice**

Clinical documentation improvement programs have been around for some time in the hospital/facility setting. In these programs registered nurses and/or health information management professionals conduct concurrent reviews of provider documentation and send queries that ask for clarification when any inconsistencies or contradictions are found within the record. When provided, this additional information not only improves the communication of the patient's care to other members of the care team but may also increase the Medicare Severity-Diagnosis Related Group (MS-DRG) which equates to higher reimbursement for the facility. These programs however have not been introduced into the physician practices, until recently.

When ICD-10 was introduced, it was insisted that providers concentrate on increasing the level of detail within their documentation to support the more stringent documentation requirements. The billing and coding staff within physician practices had the responsibility of proactively educating their providers, and themselves on the added details within the codes, to help with a smooth transition to the new code set. With the implementation of the Medicare Access and CHIP Reauthorization Act (MACRA), and the Merit-Based Incentive Payment System (MIPS), quality documentation within the medical record is being stressed more than ever. Providers and their support staff will have the obligation to have a strong focus on continuing to improve their practices and processes.

MACRA took effect in January of this year, and has begun to collect data in the four new performance categories: quality, resource use, clinical practice-improvement activities and meaningful use of EHRs, which will impact provider reimbursement beginning in 2019. To ensure that providers are affected in a positive manner billing and coding staff can do their part by working with them to improve their documentation. Collaboration and continuous feedback is critical to achieve positive outcomes. It is sure to also boost claims and quality data that will translate into better quality patient care, higher performance scores, and more accurate reimbursement for the care providers give.

The Compliance Department encourages open lines of communication between the SLUCare providers and their billing and coding staff. As always the Compliance Department is available to assist with questions and facilitate conversation within the departments to help accomplish our goals.

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