



SAINT LOUIS UNIVERSITY
—
OFFICE OF UNIVERSITY COMPLIANCE



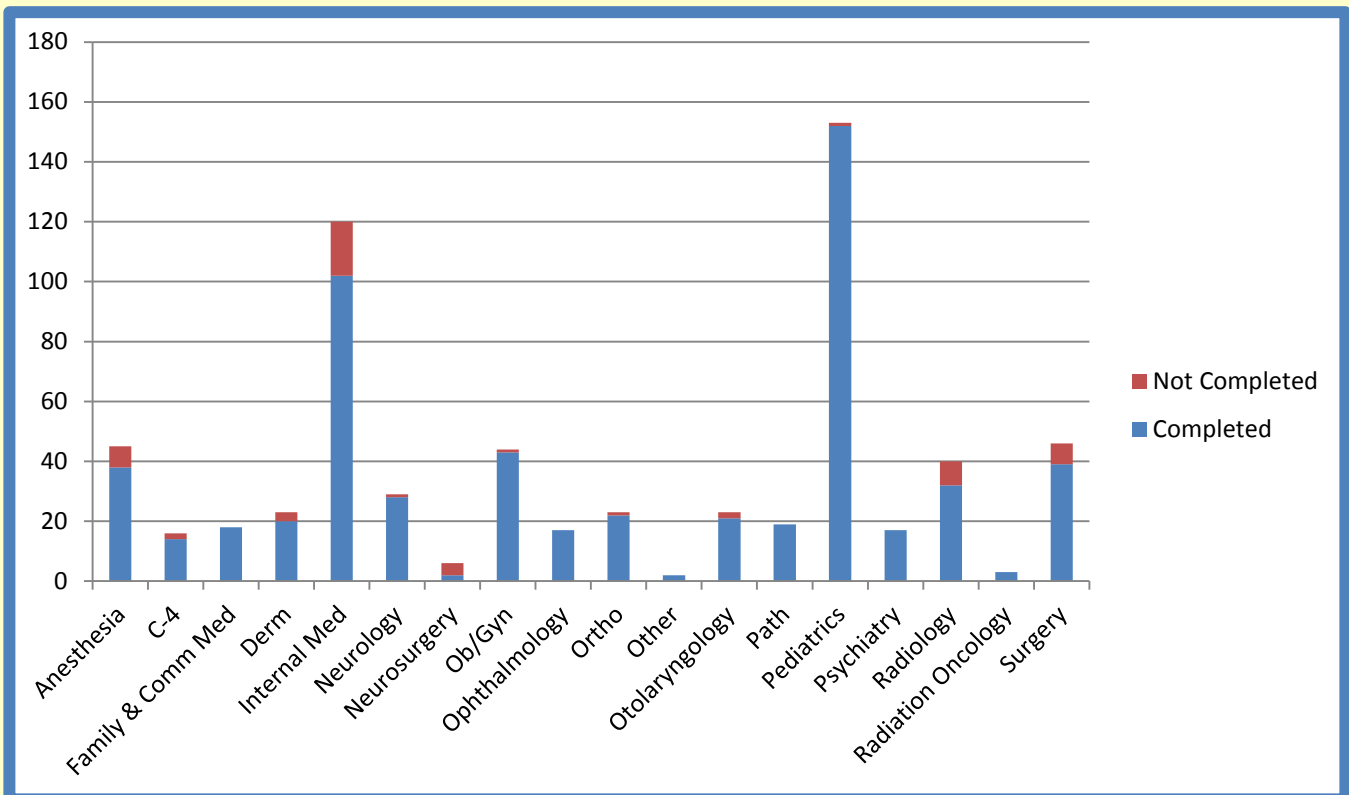
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COMPLIANCE
877-525-KNOW

Department Assistance Appreciated in Physician Disclosure Process

91% of SLUCare’s billing providers have submitted their Annual Disclosure Statement in accordance with the University’s Policy on Medical Center Conflicts of Interest in Patient Care & Service. The departments’ administrative assistants have joined the effort to encourage All Billing Providers to complete a disclosure statement on their financial dealings with health care product companies during the 2015 Calendar Year.

All of the necessary information can be found at this site: <http://www.slu.edu/general-counsel-home/compliance/sunshine-act>. The billing providers are encouraged to select the sun emblem "Click Here for the Disclosure Statement" and they will be prompted to answer a series of questions related to their relationships with industry. The feedback gathered from others is that it takes less than 10 minutes to complete.

The Compliance Office welcomes any question about the disclosure process; kborawsk@slu.edu, and thanks to all for working to satisfy this mandatory annual reporting requirement. Congratulations to the Departments of Family & Community Medicine, Ophthalmology, Pathology, Psychiatry, Radiation Oncology and the Internal Medicine Divisions of Gastroenterology, Geriatrics, and Infectious Disease for 100% Completion!



ICD-10 Coding Tips

Application of the 7th Character

Injury, Poison, and Certain Other Consequences of External Causes (with the exception of fractures)

Initial encounter, Subsequent encounter, Sequela... What to code??? "One of the biggest and most significant misconceptions inherent to the implementation of ICD-10 is the confusion that subsequent encounter means that 'it happened again'. In truth, that designation is meant to describe when the patient has received active treatment for the injury, and the physician is providing routine care for the injury during the healing or recovery phase (hcpro.com)."

A - Initial encounter: To be used while the patient is receiving "Active treatment" (i.e. Surgical treatment, emergency department encounter, evaluation and continued treatment by the same OR *different physician*) ACTIVE treatment is the key

D - Subsequent encounter: Are used for encounters after the patient has received active treatment for the condition. Examples of subsequent care are: Cast change or removal, an x-ray to check healing status of a fracture, removal of external or internal fixation device, medication adjustment, other aftercare and follow up visits following treatment of the injury or condition.

The aftercare Z codes should be used for aftercare conditions such as injuries or poisonings, where 7th characters are provided to identify subsequent care. For example, for aftercare of an injury, assign the acute injury code with the 7th character "D" (subsequent encounter)

S - Sequela is used for complications or conditions that arise as a direct result of a condition, such as a scar formation after a burn, the scars are sequelae of the burn. The "S" is added only to the injury code, not to the sequela code. The 7th character "S" identifies the injury responsible for the sequela. The specific type of sequel (i.e. scar) is sequenced first, followed by the injury code. When using the 7th character "S" it is necessary to use both the injury code that precipitated the sequela and the code for the sequela itself.

Congratulations!

We would like to congratulate Ron Rawson, University Privacy Officer, for passing the exam and becoming certified in Healthcare Privacy Compliance (CHPC).

Coding and Documentation Reminders for Wound Care

Two categories of codes are often used when providing wound care services, Active Wound Care Management (97597-97598) and Debridement (11042-11047) services. Active Wound Care Management involves debridement of an open wound, not involving subcutaneous tissues whereas Debridement services involve subcutaneous tissues, muscle and/or fascia, and bone.

Reporting these services can get complicated if the provider's documentation is not clear and concise. First, we must consider the deepest level of tissue debrided, per wound, and then the total surface area of the wound(s). The CPT manual directs us in cases where a patient suffers from multiple wounds the sum of the surface area of wounds at the same depth are taken and reported with the appropriately corresponding code below. It is inappropriate to report the debridement of each wound separately. In order to properly report debridement services, especially in a case with multiple wounds, it is essential that the provider's documentation describes the deepest level of tissue as well as the total surface area (of each wound) debrided.

Active Wound Care Management

Not Involving Subcutaneous Tissue

97597 Debridement (e.g., high pressure water jet with/without suction, sharp selective debridement with scissors, scalpel and forceps), open wound, (e.g., fibrin, devitalized epidermis and/or dermis, exudate, debris, biofilm), including topical application(s), wound assessment, use of a whirlpool, when performed and instruction(s) for ongoing care, per session, total wound(s) surface area; first 20 sq. cm or less

+97598 each additional 20 sq. cm, or part thereof (list separately in addition to code for primary procedure)

Debridement

Subcutaneous Tissue

11042 Debridement, subcutaneous tissue (includes epidermis and dermis, if performed) first 20 sq. cm or less

+11045 each additional 20 sq. cm, or part thereof (list separately in addition to code for primary procedure)

Muscle and/or Fascia

11043 Debridement, muscle and/or fascia (includes epidermis and dermis and subcutaneous tissue, if performed); first 20 sq. cm or less

+11046 each additional 20 sq. cm, or part thereof (list separately in addition to code for primary procedure)

Bone

11044 Debridement, bone, (includes epidermis, dermis, subcutaneous tissue, muscle and/or fascia, if performed); first 20 sq. cm or less

+11047 each additional 20 sq. cm, or part thereof (list separately in addition to code for primary procedure)

2016 Annual Compliance Update

Coming to a computer near YOU!



The 2016 Annual Compliance Update will be available online starting August 1, 2016. Look for an email from the Office of University Compliance containing instructions on how to access the update.

Privacy Monitoring Update

FairWarning® Monitoring of Epic User Activity

Required: Online Patient Privacy - FairWarning Education
Due Date: 08/30/16

The FairWarning monitoring initiative is fully implemented and actively monitoring actions within Epic patient records. It tracks who and what patient records are accessed, and quickly identifies possible abuse. This tool will help in assuring that patient records are only accessed for legitimate job tasks.

There are a variety of tasks that require access to patient records for purposes of treatment, payment, and operations. The monitoring process accounts for these scenarios. Individuals will be able to perform their duties as needed without anticipation of jeopardy. Thorough effort will be made to appropriately assess activity before it is evaluated as a possible violation. In certain instances, this process may include follow-up questions with the user or supervisor.

All SLUCare Epic users are required by SLU Compliance to watch a seven minute Tegrity video about privacy monitoring. Users will need to log into their mySLU account <https://myslu.slu.edu> to access the URL for the video, Patient Privacy – FairWarning, listed in the Compliance Requirements section on the Home tab.

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

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