



SAINT LOUIS UNIVERSITY
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OFFICE OF UNIVERSITY COMPLIANCE

Compliance
E-Newsletter
May 2016

Privacy Monitoring Update

FairWarning® Goes Live on Epic June 1st

In a recent newsletter it was announced that Saint Louis University had invested in the acquisition of a new monitoring technology called FairWarning. This tool will allow for automated monitoring of the University's electronic health record, Epic. It will be used to analyze the activity in patient charts and assist in evaluating whether access was appropriate.

Accessing patient information for other than legitimate business purposes places SLUCare at significant risk of financial and reputational harm as well as being a regulatory violation. These new measures are designed to assist us in providing better patient care through privacy and give our patients the assurance that we are committed to protecting their privacy.

Examples of inappropriate activity that will be monitored with this tool include:

- Accessing other employees' medical records
- Accessing a family member's medical records
- Accessing a VIP's medical records

As a part of continuing HIPAA education, the University's workforce with an Epic user account will be required to complete a brief training video related to privacy and the use of FairWarning in the monitoring process.

The purpose of this initiative is to help provide better protection and promote a culture of privacy awareness.

**Watch for additional FairWarning
update messages in the coming
weeks!**

Disclosure Statement Announcement

As part of the University's commitment to strive for the highest standards of professionalism while maintaining interactions with the industries impacting the health care system, the School of Medicine adopted the Policy on Medical Center Conflicts of Interest in Patient Care and Service. The policy asks that all billing SLUCare providers annually submit a disclosure statement on their financial dealings with health care product companies. Our disclosure process occurs in tandem with the Centers for Medicare and Medicaid Services Open Payments reporting system wherein CMS will publish all dollar amounts paid by drug or device companies to physicians for stocks, money for research, gifts, speaking fees, meals and other payments.

The School of Medicine announces the Annual Disclosure request in support of this policy. We ask that all billing providers answer a short series of questions about "gifts and transfers of value" from health care product companies between January 1, 2015 and December 31, 2015. The purpose of the disclosure statement is to identify personal compensation, gifts, pharmaceutical supplies (other than sample medications intended for routine clinical use), food, and fiduciary relationships earned by our physicians from companies operating within the health care industry. By providing financial transparency in such transactions and relationships, it is our desire to add to the University's ongoing efforts to manage conflicts of interest.

The Compliance Office will send all billing providers an email with the Annual Disclosure link, which can also be found at this site: <http://www.slu.edu/general-counsel-home/compliance/sunshine-act>. The completion of this disclosure statement is required and is expected by June 15, 2016. Questions can be sent to the Compliance Office, care of Hannah Halstead, (314) 977-5887, halstehf@slu.edu



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Documenting and Reporting for Assistants at Surgery

by: Anne Schwartze, RHIA, CPC

When a physician requests another non-resident physician or qualified healthcare professional such as a physician assistant or advanced practice nurse to assist them with a procedure, payment for the assistant at surgery is not automatically justified. Not only do certain carriers have their own policies for what procedures they will reimburse when an assistant surgeon is involved but there are also documentation requirements to support to the medical necessity and ultimately the payment of the assistant surgeon.

Centers for Medicare & Medicaid Services (CMS) publish on their website the Medicare Physician Fee Schedule Database (MPFSD) where you can find assistant surgeon Payment Policy Indicators (PPI) for any CPT code. This PPI will specify if Medicare will allow additional reimbursement for the assistant surgeon. Providers are subject to other carrier's guidelines when applicable.

Payment Policy Indicators:

Indicator	Description
2	Payment restrictions for assistants at surgery do not apply to this procedure. Assistant Surgeons may be paid.
0	Payment restrictions for assistants at surgery apply to this procedure unless supporting documentation is submitted to establish medical necessity.
1	Statutory payment restriction for assistants at surgery applies to this procedure. Assistant at surgery may not be paid.

Examples:

Indicator	CPT	Description
2	33533	Coronary artery bypass, using arterial graft(s); single arterial graft
0	29868	Arthroscopy, knee; meniscal transplantation, medial or lateral
1	43239	EGD, flexible, transoral; with biopsy, single or multiple

In addition to the CPT code meeting Medicare or other carrier's requirements regarding assistant surgeons, the documentation in the operative report must support the services and medical necessity of the assistant surgeon; listing the assistant surgeon's name in the operative note is not sufficient enough to warrant payment. The primary physician's documentation should accurately describe the assistant's role and activities during the surgery. Carriers may still deny claims for assistant surgeons if the documentation does not support the services performed by and the medical necessity of the assistant surgeon upon review.

Medicare states in their claims processing manual under "Teaching Physician Services" that carriers will not pay for an assistant surgeon's charges if the teaching hospital has a training program related to the medical specialty required for the surgical procedure and a qualified resident is available unless certain criteria are met:

- Exceptional Circumstances
 - Documentation should specify the exceptional circumstances that justify the services of a non-resident physician assistant surgeon even though a qualified resident is available.
- Physicians Do Not Involve Residents in Patient Care
 - The primary surgeon has an "across-the-board" policy of never involving resident in the preoperative, operative, or post-operative care of their patients
- Multiple Physician Specialties Involved in Surgery
 - Complex medical procedures may require a team of surgeons from different specialties to perform a unique part of the surgery requiring special skill integral to the total procedure

The final piece to reporting an assistant surgeon appropriately is using the correct modifier when submitting the claim to the insurance carrier. The appropriate modifiers should be appended as follows:

Modifier	Description
-80	"Assistant Surgeon" Should be applied when services are performed by a non-resident physician
-82	"Assistant Surgeon (when qualified resident surgeon not available)"
-AS	"Assistant at Surgery" Should be applied when services are provided by a Physician Assistant (PA), Nurse Practitioner (NP) or Clinical Nurse Specialist (CNS)

Click the links for an online help tool and access to the MPFSD.

[How to Use the MPFSD](#)

[Medicare Physician Fee Schedule Database Look-Up](#)

References:

American Academy of Professional Coders; Medicare Claims Processing Manual (Publication 100-04) Chapter 12; Medicare Learning Network; Optum360 Auditors' Desk Reference

CINDY'S CODING CORNER



Past Medical, Family and Social History (PFSH) is a commonly missed element in the patient's medical record. When documenting the patient's Past Medical, Family and Social History, keep these things in mind:

Past Medical History (PMH) is a review of past illnesses, operations or injuries, which may include:

Prior illnesses or injuries	Allergies
Prior operations	Age appropriate immunization status
Prior hospitalizations	Age appropriate feeding/dietary status
Current medications	

Note: Notice that current medications and allergies are each considered to be individual elements of Past Medical History.

Family History (FH): A review of medical events in the patient's family which may include information about:

1. The health status or cause of death of parents, siblings and children
2. Specific diseases related to problems identified in the Chief Complaint, HPI, or ROS
3. Diseases of family members which may be hereditary or place the patient at risk

Note: It is not recommended to include "Not on file" when auto-populated by an EHR template. The phrase "Not on file" would not be counted towards the Family History component and could cause the E/M to be down coded.

Social History (SH): An age appropriate review of the patient's past and current activities which may include significant information about:

Marital status and/or living arrangements	Use of drugs, alcohol or tobacco
Current employment	Level of education
Occupational history	Sexual history
Use of drugs, alcohol or tobacco	Other relevant social factors

There are two levels of PFSH:

1. **Pertinent PFSH:** At least **ONE** item from **ANY** of the three components of PFSH must be documented.
2. **Complete PFSH:** A review of two or all three of the PFSH components are required depending on the category of E/M service

At least **ONE** item from **TWO** out of three PFSH components must be documented to obtain a Complete PFSH for:

Office or other outpatient services, <i>established</i> patient	Subsequent NF care
ER visits	Home care, established patient
Domiciliary care, <i>established</i> patient	

At least **ONE** item from **THREE** of the three components of PFSH must be documented to obtain a Complete PFSH for:

Office or other outpatient services, <i>new</i> patient	Hospital inpatient services, <i>initial</i> care
Hospital observation services	Domiciliary care, <i>new</i> patient
Hospital inpatient services, <i>initial</i> care	Home care, <i>new</i> patient

Additional Notes:

- You do not need to re-record a PFSH obtained during an earlier encounter if there is evidence that the physician reviewed and updated the previous information. This may occur when a physician updates his or her own record or in an institutional setting or group practice where many physicians use a common record. You may document the review and update by describing any new PFSH information or noting there is no change in the information; and noting the date and location of the earlier PFSH.
- Ancillary staff may record the PFSH. Alternatively, the patient may complete a form to provide the PFSH. You must provide a notation supplementing or confirming the information recorded by others to document that the physician reviewed the information.
- Be mindful of the templates being used, and be sure to update/review any auto-populated information. Documentation may support a PFSH element in the patient's HPI (History of Present Illness), however the PFSH template automatically populates "Not on file". This causes contradictory documentation in the medical record which is frowned upon by payers.