



November 2016

**Upcoming Billers'  
Meeting  
December 13, 2016  
10:00  
LRC Aud C**

**New Faculty Members who are not attending EHR Ambulatory EPIC Training at the PMO should contact Janet Flach in the Compliance office to schedule E&M training (977-5545)**

## The CODING CORNER

### **JW Modifier**

Definition: Drug amount discarded/not administered to patient

When should I use it?

Append to a drug code when a single use vial/package is opened and the entire dose/quantity is not administered to the patient and the remainder is discarded

Example: 95 units of a drug out of a single use vial containing 100 units are administered. The 95 unit dose is billed on one line and the other 5 units is billed on a second line with the JW modifier appended.

**DO NOT USE IT WHEN...**

The actual dose of the drug administered is less than the billing units established by the code description.

The JW modifier should not be used to report overfill wastage.

Example: The code description of a drug specific one unit is equal to 10mg. A 7mg dose is administered to a patient and the other 3mg is discarded. The 7mg dose is billed using one billing unit that represents 10mg on a single line item.

### **NEW in 2017**

Effective January 1, 2017 under the discarded drug policy, claims with the JW modifier attached to discarded drugs or biologicals are eligible for payment up to the amount that is indicated on the vial or package label.

Also effective January 1, 2017, the medical record documentation must specify the amount of the drug administered and the amount discarded to support the use of the JW modifier.

Resource:

[WPS Modifier Fact Sheet](#)

[CMS JW Modifier FAQ](#)

## CERT: Comprehensive Error Testing Rate Audit Findings

WPS GHA Medicare eNews recently sent out a bulletin regarding the most recent CERT findings. This information tells us exactly what Medicare found during the latest "Comprehensive Error Rate Testing".

Below should be particularly important to Billers, Coders and Providers here at St. Louis University:

### Inpatient Physician History and Physical and Discharge Summary - CERT Denials

Recent claim reviews performed by the Comprehensive Error Rate Testing (CERT) contractor have noted significant error findings due to insufficient documentation of initial inpatient hospital visits and discharge day management services. In many cases, the History and Physical and/or Discharge Summary did not contain documentation to support a face-to-face encounter occurred between the provider and the patient as required by Medicare regulations.

#### Documentation reminders:

- Each page of the progress note should have the date of service, patient name and date of birth listed.
- The progress note should clearly indicate the face-to-face encounter with the patient.
- All elements of the evaluation and examination should be documented.
- The provider should sign their progress note with either a legible handwritten or electronic signature.

For more information, refer to the CMS Internet-Only Manual, Publication 100-04, [Chapter 12](#), section 30.6 - Evaluation and Management Services Codes-General (Codes 99201 - 99499) and the CMS Medicare Learning Network web page [Documentation Guidelines for Evaluation and Management \(E/M\) Services](#). (WPS Government Health Administrators, 2016)

#### What does Medicare do with Comprehensive Error Rate Testing (CERT) error findings?

The Comprehensive Error Rate Testing (CERT) Program is designed to measure improper payments in the Medicare Fee-for-Service Program, as required by the Improper Payments Information Act of 2002. The goal of Medicare is to "pay claims right the first time." In an effort to reach this important CMS and WPS Government Health Administrators (GHA) goal, WPS GHA continues to publish targeted education on our CERT web pages. This includes identification of actual errors, how providers, coders, and billers can take action to avoid future errors, and resources to assist in the preparation and submission of accurate claims.

In ongoing efforts to identify issues contributing to incorrect billing, CMS, WPS Government Health Administrators (GHA), and other CMS contractors, including Recovery Audit Contractors, closely monitor CERT error findings. Future review by these contractors of claims associated with identified problems may occur. Cooperation from providers in proper billing and documentation of services billed to Medicare is crucial in order to ensure accurate claim payments, and to meet CMS' error rate reduction expectations. (WPS Medicare J5mac part B)

Please make the time to look over the CERT finding that relate to your Department.

Education is the best way to prevent documentation errors.



## Compliance Requirements

All Employees should log in to their [myslu.edu](http://myslu.edu) homepage, click on the HOME tab, and complete any Compliance Requirements by the provided due date.

## Clinical Trial Reporting on ClinicalTrials.gov

The US Department of Health and Human Services (HHS) recently issued a final rule that expands reporting requirements for registering certain clinical trials and submitting summary results to ClinicalTrials.gov. The National Institutes of Health (NIH) issued a complementary policy on the very same day for all NIH-funded trials. The NIH Director Francis S. Collins, M.D., Ph.D. said, "Access to more information about clinical trials is good for patients, the public and science. The [HHS] final rule and NIH policy we have issued today will help maximize the value of clinical trials, whether publicly or privately supported, and help us honor our commitments to trial participants, who do so much to help society advance knowledge and improve health."

The University's Clinical Trials Office has sponsored a series of Brown Bag Trainings on the Final Rule and NIH Policy for investigator-initiated trials in an effort to educate our research community as to the expectations, and additional trainings are expected to occur in January of 2017. Following are excerpts from the training specific to expanded Registration and Result reporting.

### Registration:

For trials that meet the expanded definition of an Applicable Clinical Trial (ACT), registration requirements are based on the Study Start Date (first subject's enrollment). The Final Rule requirements apply for those trials starting on or after January 18, 2017. The Principal Investigator (PI) for the clinical trial will be expected to register the trial on ClinicalTrials.gov within 21 days of enrollment. The data elements will now include the following, where an \* denotes new or expanded Final Rule requirements:

- Brief Title (including Acronym)
- Official Title\*
- Brief Summary
- Primary Purpose\*
- Study Phase
- Study Type
- Study Design\*
- Nature of Study\*
- Product Manufactured in or exported from the US\*
- Primary Outcome Measure Information\*
- Secondary Outcome Measure
- Recruitment\*
- Administrative Data\*
- IRB Status\*
- Location
- Contact Information
- Protocol Amendments that impact registration information (if the protocol is amended with changes communicated to human subjects)

### Results:

Result requirements are based upon the Primary Completion Date, or that date in which the final subject was examined or received an intervention for purposes of final collection of data (i.e., the last subject's last visit). For all ACTs with a Primary Completion Date on or after January 18, 2017, the following information must be submitted no later than one year after the Primary Completion Date, where an \* denotes new or expanded Final Rule requirements:

- Participant flow
- Demographic and baseline characteristics
- Outcomes and statistical analyses
- Adverse Event information\*
- Protocol and statistical analysis plan\*
- Administrative information
- Additional clinical trial results information for applicable device clinical trials or unapproved or uncleared device products\*

ClinicalTrials.gov has designed a Quality Control criteria to identify apparent errors, deficiencies, and/or inconsistencies within the submitted information, as well as guidelines requiring that the PI correct or address those identified issues within 15 calendar days for registration data and within 25 calendar days for results information. These time frames also apply if the PI becomes aware of errors other than those identified in the quality control process. Should the website identify non-compliance with the Final Rule and NIH Policy, the potential consequences include criminal proceedings, civil penalties up to \$10,000 per day, and withholding federal grant funding. The consequences can apply to the researcher and the University, and are expected to be upheld under this Final Rule.

Any questions on this Final Rule and NIH Policy should be directed to the Clinical Trials Office, at [clinical-trials-office@slu.edu](mailto:clinical-trials-office@slu.edu). Additional information can also be found on the SLU Employees portal (Forms, etc) of the CTO website, [CTO.slu.edu](http://CTO.slu.edu), or on the ClinicalTrials.gov website.