



# Coding Compliance Chronicles

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Healthcare Billing Compliance Department

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## A Message From—Dr. Brent King

Think about compliance. What comes to mind? I'm guessing that the term "compliance" did not conjure up positive thoughts.

For many of us, "compliance" is just another word for headache. We think of medical billing compliance as yet another burden added to the backs of busy clinical faculty. We long for the "old days" when we could scribble a few (hopefully legible) words in the chart, submit our bill, and expect to be paid.

Like it or not, however, the "old days" are long gone. We now practice in an era of accountability.

Through their elected officials, our fellow citizens now require us to demonstrate that what we are charging government-sponsored insurance programs is reasonable based upon the services rendered. Institutions that have been unable to meet this requirement have been

subject to significant fines and penalties and, worse, have had their reputations damaged. For this reason alone, it is important that we have a compliance program that helps to protect the institution.

But there is another reason, as well. While we hear about physicians over-coding, the fact is, most of us are more likely to under-code. Just as it is important that we are fair to government-sponsored insurance programs; we must also be fair to ourselves and the institution.

These, then, are the two goals of our compliance program; to insure that our charges for clinical care accurately reflect the intensity of the service provided and to reassure the public that we are appropriately charging government-sponsored insurance programs.



Houston Medical Center Texas

Finally, we must recognize that an effective compliance program cannot be imposed externally. Instead, it is something that we adopt as a part of our clinical culture. The success of the organization depends upon each of us making a commitment to this important program.

## Shared Visits—Think outside of the "Office"

Submitted by: **Caroline Wolbrecht, CPC**

Shared visits are often confused with "Incident to" services. Shared visits occur outside of the office.

Basically, they happen in hospital-based settings such as Hospital Inpatient, Hospital Outpatient (including hospital-based clinics), and the Emergency Department.

Shared visits do not apply to Consultations, Critical Care, or Prolonged Services.

When the Physician provides any face-to-face portion of the E/M encounter with the patient, the service may be reported under either the physician's, or the NPP's

billing number as long as they both belong to the same group practice.

If there was no face-to-face encounter with the patient by the physician, the service may only be billed under the NPP's provider number.

CMS—Pub. 11/07 NPP IOM

## Playing the Consultation Game—CMS Transmittal 788

Submitted by: **Tricia Dean, CPC**



The Consultation Game involves two teams, the Requesting team and the Consulting team. The object of the game is to find the best treatment for the patient.

The Requesting team includes: the Requesting Physician, any residents, Non-Physician Practitioners (NPP's), and the patient. The Consulting team includes: the Consultant, and may/may not involve a resident. (An NPP may independently perform a consult if the service is within their scope of practice.)

The Requesting team's main objective is to:

1. Request the Consultant's advice/opinion regarding the patient's condition and document it in the patient's medical record (assessment/plan, physician orders, or progress note).
2. Receive a report of the Consultant's recommendations/opinions.
2. Render an opinion based on the documented evaluation and management of the patient.
3. Return a report to the Requesting Physician indicating the opinion/recommendations.

If either team fails to meet their objectives, the game is forfeited and the visit cannot be billed as a consult. There's still hope, though. A new, established, or subsequent visit may be billed if the note supports. Those are the rules. Let the game begin!!

While the Consulting team's main objective is to:

1. Receive a request for advice/opinion from the Requesting Physician on a patient specific condition.

## E-Mail Protection—Digital IDs

Submitted by: **Marilyn Dommell, CPC**

*"If you have not obtained a digital ID yet, it is urgent that you and/or your supervisor contact the UT Network Support Team at (713) 500-4848."*

In today's world of "cyberspace" the importance of digital IDs can't be stressed enough. When going about our daily routines in the healthcare industry, we tend to forget that there may be "prying eyes" lurking on the internet viewing our very confidential business.

Patient information should never be e-mailed without first being encrypted. When patient

information is sent unencrypted, it is vulnerable. Encryption is the best way to secure this patient sensitive information.

Both parties, the intended recipient and the sender must have digital IDs in order to send and/or open the e-mail.

This is not a new policy here at the UTHSC-H. This policy was in place prior to HIPAA's existence.

This policy cannot be stressed enough, or re-visited too frequently.

If you have not obtained a digital ID yet, it is urgent that you and/or your supervisor contact the UT Network Support Team at (713) 500-4848. They can walk you through the necessary steps for you to obtain a digital ID.

## A spoon full of sugar.....

Submitted by: **Caroline Wolbrecht, CPC**



....helps the medicine go down.....in the most delightful way! **Mary Poppins**

### Compliance: Friend or Foe?

To many, Compliance is a reason to head down another hallway or jump on the elevator when you see the "suits" coming.

It inspires phrases like "they're coming", or "they're here!"

A visit from the Compliance team is about as welcome as

an audit by the IRS.

The staff of the Healthcare Billing Compliance Department are trying to change this perception.

We are here to help you! In many ways, we are your front line of defense.

Though the message we bring is likened to a tough pill to swallow, we are hoping the delivery is

somewhat sweeter!

Our Compliance efforts protect the University, it's providers, and also our patients.

So try not to groan when you see us coming, we are on your side!

## When to Correctly Utilize Modifier -25

Submitted by: Trena Williams, RHIA, CPC

### Modifier -25

**Significant separately identifiable evaluation and management service by the same physician on the same day of the procedure or other service**

The following conditions must be met to report modifier -25:

- The patient's condition required a significant, identifiable E/M service above and beyond the other service provided or services beyond the usual preoperative and postoperative care associated with the procedure that was performed.

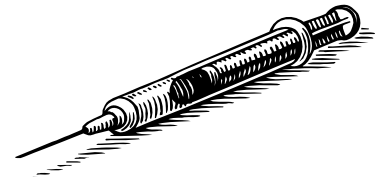
- These circumstances may be reported by adding the 25 modifier to the appropriate level of the E/M service.

### Example of Proper Use of the Modifier -25

#### Example:

A patient presents to the physician with symptoms of an ear ache. The physician performs a thorough E/M service decides to do a cerumen impaction removal. The cerumen removal is performed the same day as the E/M code.

The -25 modifier may be reported with the appropriate level of E/M code in addition to the cerumen impaction removal. The physician had to evaluate the patient based on the symptoms and decides on the procedure to be performed. The procedure was then performed on the same day as the E/M.

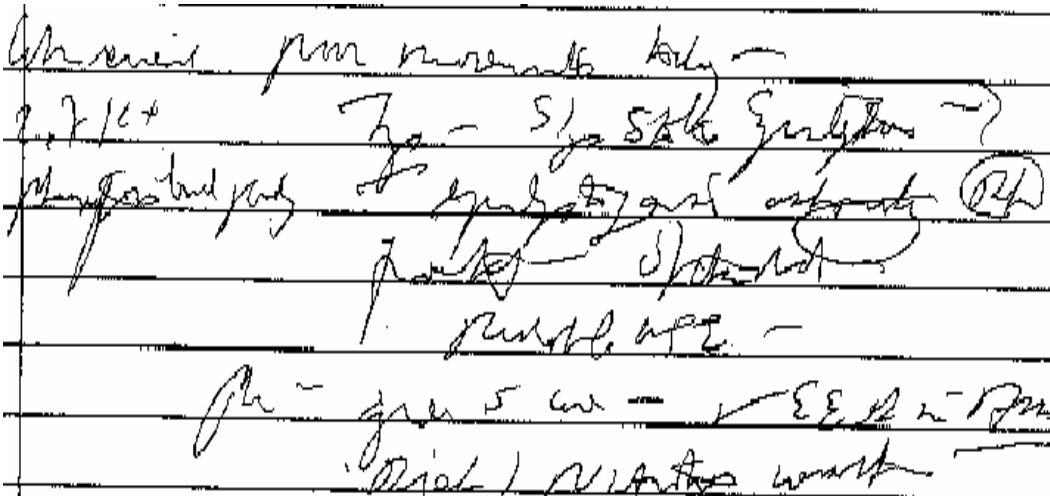


E/M Visit + Injection = -25 Modifier

CMS—Modifiers IOM

## Can you read this?

Submitted by: Caroline Wolbrecht, CPC



*Is legibility a real problem or is it truly in the eyes of the beholder?*

Send your deciphering to [caroline.wolbrecht@uth.tmc.edu](mailto:caroline.wolbrecht@uth.tmc.edu)

General Documentation Principles



## Coding & Compliance: Questions and Answers

Submitted by: Caroline Wolbrecht, CPC

**Q:** If the HPI is documented using the "status of chronic conditions" do you have to do by the 1997 Guidelines?

**A:** Yes. You cannot mix and match elements from the 1995 and 1997 Guidelines.

**Q:** Can the teaching physician and/or his/her Resident co-sign a Medical Student's note if they have documented the entire note?

**A:** No. Only the ROS and PFMH may be referred to in either the Resident or Teaching Physician's note. This documentation must've been obtained in either of their presence.

Transmittal 811

**Q:** How do you count the administration for the flu mist?

**A:** 90660-Influenza immunization; intranasal  
90473-Immunization Administration; Intranasal or oral route

2007 CPT Manual



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*The Healthcare Billing Compliance Department was formed in March 2007. The first objective HBC was assigned was to assist each of the Universities 17 Departments with their Compliance Plans and Risk Assessments. The next objective was to successfully roll out MD Audit. Compliance Education continued it's course with the NFO—Compliance Training for new Faculty, and departmentalized Resident Training. We are happy to announce an end to Project Code Correctly.*

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