A. PURPOSE

This policy sets forth standards for appropriate use of the cloning/copy & paste/copy forward functions within an electronic health record (EHR) for documentation and billing purposes.

B. SCOPE

This policy applies to:

- All EHR systems licensed by Texas Tech University Health Sciences Center (TTUHSC); and
- All TTUHSC faculty, residents, staff and students who document health care items or services in any EHR system (i.e., affiliated hospital, V.A.) as part of providing services on behalf of TTUHSC.

C. DEFINITIONS

For purposes of this policy, these terms have the following meaning:

1. Cloned documentation refers to medical record documentation that has been cut and pasted from another source location and; consequently, may or may not accurately reflect information specific to the individual patient encounter once it is completed in its cloned location. One or more of the following functions may be used within an EHR to clone: (a) copy & paste; (b) copy forward; (c) save note as template; (d) or any other function that allows an individual to copy information from one patient visit note to the current visit date for either the same or different patient.

2. Provider includes Physician, Advance Practice Nurse, Certified Nurse Midwife, Physician’s Assistant, Psychologist, Pharmacist, Speech Language Pathologist, Audiologist, Licensed Clinical Social Worker, and any other health care professional licensed and credentialed by TTUHSC to provide and bill for health care items or services.

3. Resident includes any individual enrolled in an approved Graduate Medical Education Program at Texas Tech University Health Sciences Center (SOM Resident) or any individual enrolled in a residency program through the School of Pharmacy (SOP Resident).
4. Student, including graduate students, includes any individual enrolled in an approved program of study at TTUHSC or other accredited health sciences school.

5. Demographic information includes patient name, patient medical record number, unique identifying number (i.e., social security number), provider name, patient address and contact information.

D. POLICY

Information within an EHR shall only be cloned in accordance with the procedures outlined in this policy. Any cloned information in the EHR that does not comply with this policy shall not be used by TTUHSC for billing purposes.

E. PROCEDURE

1. Identification of Entries & Cloning
   a. All entries into the TTUHSC EHR record should identify the author of the entry by name and professional credentials.
   b. Cloned information should be identifiable within the TTUHSC EHR system or through an audit trail, to include the identification of the author of the cloned information, the source of the cloned information and date of the cloned information. It is the responsibility of the provider cloning the information, as allowed under this policy, to update the cloned information to reflect the patient’s status related to the current visit.

2. Cloning Prohibited between Different Patient Records

Medical record information shall not be cloned from one patient’s medical record to a different patient’s medical record within any EHR system.

3. Psychotherapy Visits.
   a. Documentation of information in the EHR related to psychotherapy visits (excluding psychotherapy notes and patient demographic information) shall only be entered by the individual providing the service.
   b. Psychotherapy visit information (excluding demographic information) shall not be cloned from one visit to the next.
4. **Evaluation & Management (E/M) Visits.**

   a. The provider may clone relevant portions of the patient’s previous visit note entered by the same provider or SOM resident in that provider’s Department to the extent it represents the level of work performed by the provider during the current visit and is revised to reflect any changes in the information. In such cases, the provider’s signature shall serve as his/her attestation that the information is accurate, and that any cloned information is current and represents the provider’s services for that date of service.

   b. A student’s or SOP resident’s documentation of History of Present Illness (HPI), Exam or Plan/Assessment shall not be cloned by the provider or SOM resident for purposes of documenting the visit.

   c. Cloned information from the Review of Systems (ROS) must be verified and confirmed as accurate by the billing provider and shall only be counted for billing purposes to the extent the cloned ROS is medically necessary for that visit. Any ROS element that conflicts with the HPI or Chief Complaint portion of the visit note shall not be used or counted for billing purposes.

   d. Cloned information from other portions of the History (i.e., Medications List, Past Medical, Family & Social History) must be reviewed by the billing provider and shall only be counted for billing purposes to the extent it is medically necessary for that visit. Any other History portion that conflicts with the HPI, Chief Complaint or other portions of the medical record shall not be used or counted for billing purposes.

   e. Providers and Residents shall receive a copy of this policy as part of EHR training. The Billing Compliance Directors (for the Schools of Medicine) and Institutional Compliance Officer (for the Schools of Nursing, Pharmacy and Allied Health) shall notify EHR trainers of these requirements and provide them information on where to obtain a copy of this policy to distribute.

F. **ADMINISTRATION AND INTERPRETATIONS**

Questions regarding this policy may be addressed to the respective School of Medicine campus Billing Compliance Director or the Institutional Compliance Officer.

Failure or refusal to comply with this policy may be reported to the Department Chair/Administrator, campus Billing Compliance Advisory Committee (BCAC)
applicable Dean of the School and/or Billing Compliance Committee for corrective action and/or disciplinary action.

G. AMENDMENTS OR TERMINATION OF THIS POLICY

This policy may be amended or terminated at any time to reflect changes in law, payment policies or TTUHSC practices.

H. CERTIFICATION

I certify that this policy was approved by the Billing Compliance Committee, at its meeting on July 15, 2010.

Mildred L. Johnson, J.D., CPC, CCEP
Institutional Compliance Officer