A. PURPOSE

This policy sets forth standards for appropriate use of code selection and/or code prompt functions within the electronic health record (EHR) for 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 are defined as follows:

1. Code means either the Current Procedural Terminology (CPT) or the Healthcare Common Procedural Coding System (HCPCS) codes used to describe items and/or services provided to a patient for billing purposes.

2. Code Selection Function: A code selection function is a tool within an EHR system that identifies a code based on the provider’s documentation in the EHR. It is most commonly used to identify an evaluation and management (E/M) visit code, but could be used for other types of health care items or services.

3. Code Prompt Function: A code prompt function is a tool within an EHR system that notifies the documenting provider of the level of E/M service documented, identifying other elements that could be documented to increase the code level.

4. Reviewer: A Reviewer is any qualified person designated by the Department or School to review and/or approve codes for submission to the payer, and may include, but is not limited to, a coder/biller or billing provider. A student or resident shall not be designated as a Reviewer.
5. Resident includes any individual enrolled in an approved Graduate Medical Education Program at Texas Tech University Health Sciences Center or any individual enrolled in a residency program through the School of Pharmacy.

6. Student, including graduate students, includes any individual enrolled in an approved program of study at TTUHSC or other accredited health sciences school.

D. POLICY

All services shall be coded based on medical necessity as supported by the documentation in the medical record. EHR coding selection and/or prompt functions may be utilized as outlined in this policy.

E. PROCEDURE


Any EHR code selection or prompt function shall be reviewed and approved by the Billing Compliance Director for the Schools of Medicine or the Institutional Compliance Officer for all other Schools, prior to activation of the function in order to verify compliance with this policy.

2. Code Selection or Prompt - Preventive Services E/M Visits.

a. Since preventative services are based on payer, rather than medical necessity criteria, the provider may utilize the EHR code selection tool as a prompt for the provider to verify that all required elements of the visit have been documented and if not to capture that information to the extent it was performed before the service is released to be billed.

b. The EHR code selection or prompt function must have the capability to count all required elements for the patient’s age group to be utilized for preventive services. Alternatively, a Reviewer must verify that all required elements have been documented based on the patient’s payer and age before allowing the service to be released to bill.

3. Code Selection or Prompt - Problem Focused/Sick E/M Visits.

Problem focused/sick visits are based on medical necessity rather than volume of documentation. A Reviewer must confirm that the code level selected by the EHR code selection tool is supported by medical necessity based on the documented History of Present Illness and Assessment/Plan
(a/k/a Medical Decision Making) in the medical record. Cloned documentation that does not support medical necessity shall not be used to determine the code level. See BCP 7.2, Cloning (Copy & Paste).

4. Code Prompt

Any coding prompt implemented through the EHR shall not explicitly or implicitly direct a provider to add documentation for purposes of increasing the code level resulting in higher reimbursement. It may be used to document medical necessity or quality guidelines/clinical decision support purposes.

F. ADMINISTRATION AND INTERPRETATIONS

Questions regarding this policy may be addressed to the respective 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 and/or Billing Compliance Committee for corrective action and/or disciplinary action.

G. CERTIFICATION

I certify that this policy was approved by the Billing Compliance Committee, as reflected in the minutes dated July 15, 2010.

Mildred L. Johnson
Institutional Compliance Officer