A. **PURPOSE**

The purpose of this policy is to establish routine monitoring of health care claims billed under Texas Tech University Health Sciences Center’s (TTUHSC) tax identification number to identify potential risk areas and improve documentation and coding of health care items and services by TTUHSC employees and contractors.

B. **POLICY**

Each clinical Department and/or provider shall be monitored in accordance with this policy to verify accuracy of coding and identify potential or actual billing/coding compliance risks.

C. **SCOPE**

This policy applies to all TTUHSC clinical coding and billing areas in the Schools of Medicine, School of Nursing, School of Allied Health Sciences and School of Pharmacy.

D. **PROCEDURE**

1. **Prospective v. Retrospective Monitoring**

   a. Each campus’ Billing Compliance Advisory Committee (BCAC) shall determine whether to conduct billing monitoring prospectively (i.e., after the claim has been fully processed through the billing system but before the claim has been submitted for payment) or retrospectively (i.e., after the claim has been submitted for payment).

The following campuses have adopted prospective monitoring:

   1. Permian Basin
   2. Amarillo
The following campuses have adopted retrospective monitoring:

3. Lubbock
4. El Paso

2. For those campuses that decide to conduct retrospective monitoring, claims shall be selected not more than three (3) months prior to the calendar quarter in which the monitoring occurs unless it is necessary to look farther back to obtain the minimum ten (10) encounters for that provider. See 3(a)(2) below.


_Schools of Medicine (HSC & Paul L. Foster)_

1) A minimum of ten (10) encounters per year shall be monitored for each provider who bills health care items or services under a TTUHSC tax identification number (hereafter referred to as “Billing Provider”). This includes, but is not limited to M.D., D.O., LPC, NP, PA, CSW, and any other professional under whose name services are billed.

2) The Billing Compliance Director/Officer (BCDO) or his/her staff shall assign each Billing Provider to a calendar quarter for monitoring purposes. In rare instances where a provider may only produce a small number of charges, it may be necessary to move the provider back in the rotation to allow for an adequate number of charges to accumulate to allow for an appropriate sample size.

3) Via MD Audit, ten (10) encounters are assigned to be monitored for each Billing Provider during each calendar quarter in which they will be monitored.

4) Each Department (or Coding Supervisor) shall designate one or more individuals (i.e., Monitors) to conduct the monitoring. A Monitor shall not review or monitor any encounter in which the Monitor also participated in the coding and/or billing of the encounter. If a department does not have enough coders to designate a monitor, the coders will review encounters completed by their colleague(s). A coder will not review their own encounters. If a department has only one coder, it may be necessary for that campus’ BCDO to conduct the reviews.

5) Via MD Audit, the BCDO and/or their staff shall provide the monitoring selections (see #2 above) to the designated Monitors at their campus no later than the middle of the first month of the calendar quarter in which the monitoring is scheduled. For prospective monitoring, the Director and/or their staff may provide the monitoring selections later in
the quarter consistent with the physician’s rotation schedule so the selection represents the physician’s claims pattern.

**School of Nursing**

1) The BCDO shall assign each Billing Provider to a calendar quarter for monitoring purposes. New Billing Providers shall be assigned to either the calendar quarter for their date of hire or the calendar quarter immediately following their date of hire.

3) Via MD Audit, five (5) encounters are assigned to be monitored for each Billing Provider during each calendar quarter in which they will be monitored.

**School of Allied Health Sciences and School of Pharmacy**

The School of Allied Health coder and Directors of Speech Pathology and Audiology will review five (5) encounters for billing providers in the SOAH. There are no billing providers in the School of Pharmacy.

4. Responsibilities of Monitors

   a. Monitors shall utilize the most current version of the TTUHSC Monitoring Handbook to conduct the quarterly monitoring, to include use of the appropriate worksheets in MD Audit. If a worksheet is not available, the monitor should utilize the appropriate appendices in the Monitoring Handbook.

   b. Monitors shall not change or delete any of the monitoring selection information provided by the BCO for monitoring purposes without written approval of the BCDO or his/her staff.

   c. Monitors shall base their monitoring findings on the TTUHSC Monitoring Handbook, TTUHSC Billing Compliance policies and specific payer policies applicable to the services being monitored.

   d. Monitors shall complete their monitoring and submit their results via MDAudit to their campus BCDO’s office no later than the last day of the calendar quarter in which the monitoring was scheduled.

   e. Monitors shall review the findings and assignment of points with the provider and obtain the provider’s signature on the Provider Signature Form. The monitor shall also sign and return the form to the BCDO. Exceptions to signatures are those providers that are no longer employed or on vacation or extended leave for 30 days beyond the last day of the calendar quarter being monitored. After the 30th day, the Form is
submitted to the BCDO. IMPORTANT: ALL OVERPAYMENTS MUST BE REPAID WITHIN 60 DAYS OF IDENTIFICATION. Refer to Billing Compliance policy 3.1 Report and Return of Overpayments

f. Providers and coders with high points (13 or greater) will be re-monitored in the next calendar quarter as practicable.

5. Responsibilities of Billing Compliance Director (BCDO)

a. The BCDO shall verify the information provided by the Monitors and make any corrections to information erroneously entered into MDaudit. Such verification shall include, but not be limited to, accuracy of the identified findings looking at the documentation of the information provided; accuracy of the audit finding selection; sufficiency of detail in the comments to describe a finding; completeness of the information.

b. The BCDO shall utilize information from the monitoring results to identify potential risk areas which shall be addressed through education (either focused or annual), modification of processes, or other means.

c. The BCDO shall report to the ICO and their campus Billing Compliance Advisory Committee (BCAC) any monitoring findings from their campus that indicate a risk of fraud, waste or abuse, including, but not limited to improper coding trends, or patterns of upcoding or downcoding.

6. Monitors and coders are required to complete annual Billing Compliance education.

7. The BCDO and his/her staff shall provide guidance and be available to answer questions posed by Monitors related to monitoring of health care items and services pursuant to this policy and the TTUHSC Monitoring Handbook.

E. ADMINISTRATION AND INTERPRETATION, REVISIONS OR TERMINATION

Refer to Billing Compliance Program Policy and Procedure 1.0 Policy Development and Implementation

Failure to comply with this policy shall result in appropriate disciplinary action.

Questions regarding this policy may be addressed to the TTUHSC Institutional Compliance Officer or BCD/O.

This policy shall be reviewed no later than April 1 in each odd-numbered year.