TEXAS TECH UNIVERSITY HEALTH SCIENCES CENTER

BILLING COMPLIANCE QUICK TIPS

Why is Billing Compliance Important?

Our Billing Compliance program continuously assesses the effectiveness and quality of the clinical practices to verify compliance with coding and billing standards in accordance with private payer, state and federal billing standards by conducting monitoring and auditing activities. We operate with the understanding that TTUHSC faculty and staff want to provide quality health care that is accurately documented and billed.

Billing Compliance will promote a collaborative and supportive environment between and among ourselves and the clinical departments we assist.

The Billing Compliance ***goal*** is to reduce the submission of improper health care billing claims to receive the maximum allowable reimbursement.

Policy Resources

There are Billing Compliance Policies (BCP) and Procedures that have been implemented based on federal and state laws and regulations to provide a common framework for adopting and deploying Billing Compliance resources within TTUHSC.

- **Billing Compliance Homepage:** http://www.ttuhsc.edu/billingcompliance
- **Billing Compliance Policies:** http://www.ttuhsc.edu/billingcompliance/policies_procedures.aspx
- **Compliance Policies:** http://www.ttuhsc.edu/hsc/op/op52

Ethical Conduct

Fraudulent behavior or willful misconduct (e.g., falsifying documentation for billing purposes, etc.) will not be tolerated. Any employee (including faculty) engaging in fraudulent activity will be directed to the appropriate Institutional Compliance Committee and/or Dean for further disciplinary action, including, but not limited to, termination of faculty contract or employment, as may be applicable.

BCP 3.0 Coding and Documentation

Documentation Standards

Health care items or services must be documented ***before*** submission of a claim for payment of those health care items or services. No health care items or services should be billed unless there is documentation in the medical record to support the health care item or service.

TTUHSC providers are expected to strive for one hundred percent (100%) compliance with the documentation and coding requirements in accordance with federal and state laws and regulations as well as private third party payer agreements.

Neither medical students nor residents shall be used as scribes:

BCP 3.0 Coding and Documentation

BCP 4.0 Documentation Standards

Ambulatory Policy 9.10 Student Guidelines for Patient Care

Teaching Physician Rules

Under Medicare's General Rule (also referred to as the physical presence rule), the teaching physician must document both presence and participation in the service in order to bill. The teaching physician may then link back to the resident's note and the combined entries may be used for determining the level of service for billing.

Remember that for all minor procedures (procedures that take 5 minutes or less to complete) the teaching physician must be present the entire time in order to properly bill for the procedure. So, residents need to get their teaching physician before beginning any minor procedure and there must be documentation indicating the teaching physician's presence for the entire procedure.

For complete Teaching Physician rules see:

BCP 4.1 Teaching Physician Requirements

BCP 4.2 Teaching Physician under PCE Rule

Evaluation & Management (E/M) Services

For billing purposes, E/M services shall be documented in accordance with CPT coding instructions and the 1995 or 1997 Documentation Guidelines for Evaluation and Management Services (EMDG) created by the American Medical Association and adopted by the Center for Medicare and Medicaid Services (CMS).

CMS 1995 Documentation Guidelines

CMS 1997 Documentation Guidelines

The Medical Necessity of the encounter plus the content of the entire note will determine the overall level of service for billing.

There are 3 Key Elements or Components that must be documented when determining the overall Level of Service for billing***: History, Exam & Medical Decision Making (MDM).***

BILLING COMPLIANCE QUICK TIPS

E/M History

1. Chief Complaint (CC). The *CC sets the medical necessity of the visit and* ***must be documented*** for each patient encounter or the claim may be denied.
2. History of Present Illness (HPI). The HPI is a chronological description of the development of the patient's present illness from the first sign and/or symptom or from the previous encounter to the present. It includes elements such as location, duration, quality, severity, etc. Should chronic conditions be listed, the status of each condition must be document to be counted toward HPI elements.
3. Review of Systems (ROS). The ROS is an inventory of body systems obtained through a series of questions seeking to identify signs and/or symptoms which the patient may be experiencing or has experienced. There are 14 recognized systems. A complese ROS must include at least ten organ systems reviewed. Those systems with positive or pertinent negative responses must be individually documented. For the remaining systems, a notation indicating all other systems are negative is permissible.
4. Past Medical, Family & Social History (PFSH). The PFSH consists of a review of three areas: past history, family history and social history. For subsequent hospital care, follow-up inpatient consultations and subsequent nursing facility care, CPT requires only an "interval" history. It is not necessary to record information about the PFSH.

   The ROS and PFSH may be recorded by ancillary staff, but if used from a previous encounter, the provider must show review of the obtained information in order for it to count towards a level of history.

   Please review Billing Policy below for further guidance.

   BCP 7.2 EHR (Copy and Paste) Cloning

CPT	History	Exam	MDM
99201	Problem Focused	Problem Focused	Straight-forward
99202	Expanded Problem focused	Expanded Problem Focused	Straight-forward
99203	Detailed	Detailed	Low
99204	Complete	Complete	Moderate
99205	Complete	Complete	High

E/M Exam

For purposes of examination, body ares and organ systems are recognized. Documentation for the exam should include each area/system examined with finding(s) noted. A comprehensive exam by 1995 guidelines requires 8+ body areas OR organ systems when determining the level of examination. Our Medicare Contractor will not accept the combination of body areas and organ systems for determining any level of exam when auditing an encounter. Be sure to document what you do!

E/M Medical Decision Making (MDM)

Medical Decision Making refers to the complexity of establishing a diagnosis and/or selecting a management option as measured by:

1. Number of Diagnosis or Management Options
2. Amount or Complexity of Data to Review
3. Risk of Complication(s), Morbidity or Mortality

Putting It All Together Example: The level reached in each E/M Component, will determine which CPT code can be properly used when billing for each patient encounter.

Miscellaneous Quick Tips

- Medical Necessity is the first consideration in reviewing the criterion for payment of all services!
  - A higher E/M level is NOT appropriate to bill when a lower service is justified… it's called "Up-coding" and ***WILL BE*** subject to recoupment.
- Date of Service (DOS) must be clearly documented inside the body of your note and match the DOS billed on the claim. Dictation Dates cannot be used as the actual DOS.
- Initial hospital visit – if the documentation does not meet at least a detailed history & exam (lowest level code 99221) the service is NOT BILLABLE.

Reporting Responsibilities and Resources

An Employee or Agent with a good faith belief that any conduct or practice constitutes non-compliance or violates the BCP has a responsibility to report it to:

- Your immediate Supervisor;
- Department Administrator, Chair, or Dean;
- Regional Billing Compliance Officer; or
- Make a confidential and/or anonymous report by calling the **Compliance Hotline at (866) 294-9352 or from the website http://www.ethicspoint.com**

HSC OP 52.03 Compliance Hotline

HSC OP 52.04 Internal Investigations

BILLING COMPLIANCE CONTACTS

Regional Billing Compliance Officers	
Sylvia Riojas, CPC, CEMA sylvia.riojas@ttuhsc.edu	Lubbock (806) 743-6060
Corlis Norman, MAM, RHIT, CCS-P, CCS, CPMA Corlis.norman@ttuhsc.edu	Lubbock (806) 743-1634
Teri Murphy, CPC, CPC-I, CMOM, CMIS, CMC, CPMA, CEMA teri.murphy@ttuhsc.edu	Amarillo (806) 414-9606
Tonny Smith, CMC, CPMA, CPCO, COSC, CEMA Tonny.smith@ttuhsc.edu	Permian Basin (432) 703-5493