Teaching Physician
Compliance
ALERT
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Medical Billing Coding Tool Kit

Keeping up with government regulations, code changes, and industry trends has left coders in need of quick and reliable help. The following resources should be considered in your toolkit to produce the most accurate and complete billing.

1. HHS websites including the OIG, Medicare Learning Network, CMS transmittals, and Publication 100

2. the current year CPT, ICD.9, and HCPCS Level II codes

3. a pathophysiology/anatomy book and comprehensive medical dictionary

4. individual payer websites, newsletters and personal relationships

5. communication with your specialty society

6. AAPC – local chapter meetings, educational events, and newsletters

7. your colleagues

The AAPC website has recently added a search feature so that users can search through past copies of the Coding Edge and Edgeblast. This new feature is easy and helpful to use.

SEMINAR DATES

The medical billing compliance annual one hour of training requirement's dead line is December 31, 2008. Here are the dates and times of seminars for general audiences that will fulfill that requirement:

9-24 -5 to 6 pm in Brady Auditorium

10-14-5 to 6 pm in Fitkin Amphitheater

10-23 -5:30to 6:30 pm in Brady Auditorium

11-6-5 to 6 pm in Fitkin Amphitheater

11-13- 5 to 6 pm in Fitkin Auditorium

12-3 -5 to 6 pm in Brady Auditorium

12-17-5 to 6pm in Fitkin Amphitheater

Other options include the on line quiz located at: http;//learn.med.yale.edu/cms/caslogin.asp or requesting a specialty specific training session with Judy Harris at 785-3868.

Have You Paid Your Taxes?"

The Yale Medical Group (YMG) is not allowed to bill for services rendered by certain "excluded persons" - individuals who have been sanctioned by the United States Government or excluded from participation in federal programs. YMG abides by federal requirements pertaining to the employment of individuals who have been sanctioned by the United States Government or excluded from participation in federal programs.

The following incidents may land a person on the 'excluded list':

- failure to pay back a federal school loan
- losing your license due to a drug or alcohol conviction
- being convicted of health care fraud involving a federal payer.

Along similar lines, the government is considering denying healthcare providers enrollment to federal health care programs if the providers are delinquent in paying their income taxes. This discussion is being raised due to a GAO report which stated that more than 27,000 Medicare providers in 2006 owed a total of more than $2 billion in unpaid payroll and other federal taxes. Although not currently in place, CMS is allowed under the IRS's continuous levy program to withhold as much as 15 percent from reimbursements to providers to cover tax debts.

Ellis Island - Photo: office of PHS Historuan

Building Healthcare Bureaucracy

Do you ever wonder how we came to have so many layers of bureaucracy in healthcare? The history of the Health and Human Services (HHS) Department goes back to the earliest days of our nation. The following summary was taken from the HHS website and sheds some light as to how and when many of its' departments were created.

In the year:

1798 : Passage of an act for the relief of sick and disabled seamen, which established a federal network of hospitals for the care of merchant seamen, forerunner of today's ***U.S. Public Health Service.***

1862 : President Lincoln appointed a chemist, Charles M. Wetherill, to serve in the new Department of Agriculture. This was the beginning of the Bureau of Chemistry, forerunner to the ***Food and Drug Administration.***

1871 : Appointment of the first Supervising Surgeon (later called ***Surgeon General***) for the Marine Hospital Service, which had been organized the prior year.

1887 : The federal government opened a one-room laboratory on Staten Island for research on disease, thereby planting the seed that was to grow into the ***National Institutes of Health*** which was formally established in 1930.

1906 : Congress passed the Pure Food and Drugs Act, authorizing the government to monitor the purity of foods and the safety of medicines, now a responsibility of the ***FDA.***

continued on page 2

1921 : The Bureau of Indian Affairs Health Division was created, the forerunner to the ***Indian Health Service.***

1946 : The Communicable Disease Center was established, forerunner of the ***Centers for Disease Control and Prevention.***

1953: The Cabinet-level Department of Health, Education and Welfare (HEW) was created under President Eisenhower. HEW became the ***Department of Health and Human Services,*** officially arriving on May 4, 1980.

President Johnson signs Medicare into law

1965: The Medicare, Medicaid and Head Start programs were created. In 1977, the ***Health Care Financing Administration*** was created to manage Medicare and Medicaid separately from the Social Security Administration.

1989 : Creation of the ***Agency for Health Care Policy and Research*** (now the Agency for Healthcare Research and Quality).

1995 : The ***Social Security Administration*** became an independent agency.

2001 : The ***Centers for Medicare & Medicaid Services is created,*** replacing the Health Care Financing Administration.

Finally, in **2003** the ***Medicare Prescription Drug Improvement, and Modernization Act of 2003***, the most significant expansion of Medicare since its enactment, including a prescription drug benefit, was enacted.

In the News

Millions Paid for Services Ordered by Deceased Doctors

The US Senate Permanent Subcommittee on Investigations has estimated that between $60.3 million and $92.8 million worth of Medicare payments were issued to companies that used the Unique Physician Identification Numbers (UPIN) of deceased doctors.

To make matters worse, 63% of the claims the committee identified as being billed by deceased doctors occurred after CMS implemented changes to stop such abuse from occurring.

In May, CMS discontinued the use of UPINs and replaced it with a new National Provider Identifier (NPI) number system for all Medicare providers. This move is anticipated to further prevent abuse from occurring. NPIs will be cross-referenced with Social Security records to make sure doctors with registered NPIs are not deceased.

The new NPI system is still vulnerable to abuse and CMS will be conducting audits to identify:

- When there are spikes in the use of a particular NPI
- When the NPI is consistently associated with an aberrant number of claims
- When the NPI used on claims is not in the geographic vicinity of the patient

Non Disclosure Lands Doctor in Deep Water

A University of Pennsylvania Health System physician is being sued for allegations of being unduly influenced by the consulting payments he received from Smith & Nephew, the manufacturer of the hip device implanted in a clinical trial patient, Katrina McKenzie. The suit alleges that the implants failed and that Jonathan Garino, M.D. did not disclose the payments to the patient, a practice which is contrary to Penn's policy. The suit also alleges that Garino concealed McKenzie's outcomes to avoid jeopardizing the product's bid for FDA approval. The suit goes to trial in August and reflects a climate of increased scrutiny of surgeons' industry relationships, both from regulatory bodies and patients.

Improved Monitoring for Controlled Substance Prescribing

Connecticut has launched a new Internet-based prescription monitoring system designed to prevent the abuse of controlled substance prescription drugs. The program will allow doctors and pharmacists to electronically share patient information within a matter of minutes. Connecticut is one of 29 states to adopt the new technology which is used by the state's Department of Consumer Protection's Prescription Monitoring Program. The system was funded with federal grants from the U.S. Department of Justice.

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