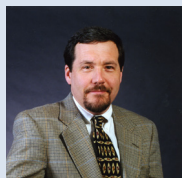


Teaching Physician Compliance

ALERT

July 2017 Issue 107



A Message from Joshua A. Copel, MD

Dear Colleagues,

From time to time you may be contacted by coders either in your sections or from the central team for clarification of your billing. Our Yale Medicine coders are a highly trained and motivated group who know a lot about coding, but since they are not clinicians on the front lines, they sometimes need to turn to us for help in making sure the bills we send accurately reflect the specialized and complex work we do. Medical Billing Compliance sometimes gets pulled in if there are questions about documentation or use of a specific code.

It is an axiom of medical billing that the sooner bills go out after a patient encounter, the greater the likelihood of the claim being paid. If you are contacted by the coders, please respond as quickly as your busy schedule allows. And please use the exchange to help them understand what you do so they can apply that to coding issues they encounter down the road.

Joshua A. Copel, MD
Associate Chief Medical Officer
Medical Director Billing Compliance
Yale Medicine

Coding—Is That Really a Consultation?

Sometimes the right billing code is crystal clear, other times it can be confusing. Consultations tend to fall into the confusing category. A consultation is a “type of service provided by a physician whose opinion or advice regarding evaluation and/or management of a specific problem is requested by another physician or appropriate sources,” according to the CPT (Current Procedural Terminology) book. A consultant’s documentation must include the four R’s:

1. Requesting attending’s name
2. Reason for the consultation
3. Recommendations and/or opinions from the consultant
4. Report—evidence that a written one was submitted to the requesting physician

If the service you render is a consult, you should bill a consult code. In 2010, Medicare stopped paying the consult codes, but Epic will change the consult code you billed to an appropriate crosswalk CPT code that Medicare pays.

New patients are those who have NOT received professional services from a Yale Medicine physician or another physician within the same specialty in the same YM group within the past three years. A new patient may schedule a visit directly with the practice or be referred by a community practitioner for a transfer of care.

Insurance companies review a provider’s specialty designation to determine if a visit should be considered a new patient visit. For example, there is one specialty designation for ophthalmology. If a patient new to our practice saw two ophthalmologists, one specializing in retina and one specializing in glaucoma, the insurance company would pay the first ophthalmologist as a new patient visit but the second ophthalmologist must bill as an established patient visit.

On the other hand, if a patient is initially seen by Yale Pulmonology and the pulmonologist recommends a Yale rheumatologist to treat the patient’s osteoarthritis, both practitioners could bill a new patient visit since each provider has their own unique specialty designation.

Anyone who has questions about proper coding may call Medical Billing Compliance at 203-785-3868.

Compliance Awards

The Compliance Office recently presented compliance awards to three individuals who demonstrate diligence in their medical billing compliance efforts. The recipients were Joyce Dupee, CPC, director of coding and billing; Tina Tolomeo, APRN, director of program development/operations/clinical services; and Erin Warnick, PhD, associate research scientist in the Child Study Center.



Joyce Dupee, through her position as director of coding and billing, is successfully transitioning the coding and billing function for our practice to a centralized approach. Her efforts are leading to more accurate billing and reducing days in Accounts Receivable, charge corrections and timely filing denials. Joyce is collaboratively working with Compliance as she implements centralized coding.

Erin Warnick always takes a proactive approach to compliance and makes it a point to stay well versed in compliance guidelines, which can be quite challenging in the Child Study Center since it is governed by many regulatory bodies. Erin played a lead role in tailoring Epic toward the CSC’s unique billing criteria and has been an instrumental partner with a recent Medicaid audit.



Tina Tolomeo places a high value on billing compliance and frequently reaches out to Compliance seeking coding, billing and documentation guidance before a new billing practice is put in place. Tina has facilitated compliance education in the Department of Pediatrics.

All recipients received a gift card for Amazon.com.

Compliance Auditor Spotlight – Nicole Shields

Nicole Shields joined the Compliance Office in September 2013 as a compliance auditor responsible for Cardiology, Digestive Diseases, Dermatology, General Medicine, Primary Care Center and Yale Internal Medicine Associates. A former compliance coordinator and billing supervisor for Cardiology Associates of New Haven, Nicole was



invited to join Yale Medicine Compliance once her former practice was acquired.

What has changed since you joined Compliance?

Since I joined Compliance in 2013, ICD-10 was implemented so that providers are now able to report diagnosis codes at a greater specificity. Also, Compliance expanded its provider trainings to new providers and advanced practice providers (APPs), which has helped us be successful in establishing a strong relationship with them early on. Our department has also begun progressing towards securing our voluminous audit files electronically into our shared drive.

From your compliance perspective, what is the most important thing physicians and staff need to know?

Physicians and staff need to be cognizant that health care rules are constantly changing. To keep up to date, they should continue to reach out to their department and Compliance for questions and also attend the annual medical billing compliance training.

What do you like best about your job?

The first thing that comes to mind is being able to help and train our providers so that they can be more confident when billing for services they perform for their patients.

What do you find the most challenging?

The number of Yale faculty has grown over the years and trying to give each and every one the special attention from Compliance that they deserve can be challenging. We want to continue to encourage physicians and staff to reach out to Compliance to continue our success in complying with medical billing guidelines and rules.

What do you like to do in your free time?

I enjoy exercising and staying active with my family, and when we are not running around everywhere, I enjoy reading with my children and also just vegging out on a beach where the sand is soft.

therapy services that were not performed. In addition to that scheme, Brown separately conspired with Beverly Coker and another unnamed individual to bill Medicaid for psychotherapy services that represented Coker had performed the services when, in fact, the services were provided by unlicensed individuals, or were not provided at all.

Brown faces up to 10 years in prison on each health care fraud count, and up to five years on the conspiracy charge, when she's sentenced on Aug. 18.

<https://www.justice.gov/usao-ct/pr/bristol-woman-convicted-defrauding-medicaid-program>

Electronic Health Records Vendor to Pay \$155 Million to Settle False Claims Act Allegations

One of the nation's largest vendors of electronic health records software, eClinicalWorks (ECW), and certain of its employees will pay a total of \$155 million to resolve a False Claims Act lawsuit alleging that ECW misrepresented the capabilities of its software, according to the Justice Department. The settlement also resolves allegations that ECW paid kickbacks to certain customers in exchange for promoting its product. ECW is headquartered in Westborough, Massachusetts.

The American Recovery and Reinvestment Act of 2009 established the Electronic Health Records (EHR) Incentive Program to encourage health care providers to adopt and demonstrate their "meaningful use" of EHR technology. Under the program, the U.S. Department of Health and Human Services (HHS) offers incentive payments to health care providers that adopt certified EHR technology and meet certain requirements relating to their use of the technology. To obtain certification for their product, companies that develop and market EHR software must attest that their product satisfies applicable HHS-adopted criteria and pass testing by an accredited independent certifying entity approved by HHS.

The government contends that ECW falsely obtained certification for its EHR software when it concealed from its certifying entity that its software did not comply with the requirements for certification. For example, in order to pass certification testing without meeting the certification criteria for standardized drug codes, the company

modified its software by "hardcoding" only the drug codes required for testing. In other words, rather than programming the capability to retrieve any drug code from a complete database, ECW simply typed the 16 codes necessary for certification testing directly into its software. ECW's software also did not accurately record user actions in an audit log and in certain situations did not reliably record diagnostic imaging orders or perform drug interaction checks. In addition, ECW's software failed to satisfy data portability requirements intended to permit health care providers to transfer patient data from ECW's software to the software of other vendors. As a result of these and other deficiencies in its software, ECW caused the submission of false claims for federal incentive payments based on the use of ECW's software. As part of the settlement, ECW entered into a Corporate Integrity Agreement (CIA) with the HHS Office of Inspector General (HHS-OIG) covering the company's EHR software. This innovative five-year CIA requires, among other things, that ECW retain an Independent Software Quality Oversight Organization to assess ECW's software quality control systems and provide written semi-annual reports to OIG and ECW documenting its reviews and recommendations.

<https://www.justice.gov/opa/pr/electronic-health-records-vendor-pay-155-million-settle-false-claims-act-allegations>

In the News

Psychotherapy Scam

In May 2017, Ronnette Brown of Bristol was convicted of 23 counts of health care fraud and one count of conspiracy to commit health care fraud. Brown owned and operated WeMPACT, LLC, a social services business with offices in Bristol and Torrington. Between August 2010 and April 2014, Brown billed Medicaid for psycho-

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for Healthcare Providers*

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<http://comply.yale.edu/index.aspx>

If you have concerns about medical billing compliance that you are unable to report to your supervisor or to the Compliance Officer, please call the hotline number above.

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