Children's Hospital LOS ANGELES Medical Group

Compliance Counts!

August/September 2020

Compliance Audits

Regular audits of clinical documentation provide reasonable assurance that the services rendered meet the requirements of the services being billed. To "pass" a compliance audit, clinicians who bill for clinical services must achieve a passing score of ≥90% as of July 1, 2020.

Chief reasons for audit deficiencies include:

- Lack of documentation or insufficient documentation to support a billed service
- Teaching physician rules not met when a resident is involved in providing a service
- Consultation criteria not met

When documentation is insufficient, we refund payments or down-code services and bill them at a lower reimbursement rate to align with what is supported by the documentation.

Telehealth Visit Without Patient

Physician: I scheduled a telehealth visit. The parent logged on, but the patient was not at the visit. I spent 30 minutes answering the parent's questions. Can I bill?

Response: Bill using ICD-10 code Z71.0, person encountering health care services to consult on behalf of another person, as the patient was not present. Document the visit based on the amount of time spent on counseling and reason why patient was not present.

Some payers will not pay for services where the patient is not present.

Patient Perspectives on Medical Record Documentation

Under the 21st Century Cures Act, physicians will be required to provide patients with access to their notes. The good news from a recent article in The Journal of Internal Medicine, is that patients mostly understand and agree with the notes they see (93%). While 97% of those with college educations understood their physicians' notes, 92% of those without a college education also understood the notes.

When asked how notes could be improved, patients complained about old and outdated information and impersonal templates, as well as having difficulties finding notes or notes not being completed on time. Patients recommended that new information be featured prominently at the top of the note with clear instructions about next steps, referrals, and explanations for test results. (*Source: J Gen Intern Med. Published online July 15, 2020).*

Time-based Codes Must Be Properly Documented

Evaluation and Management services billed based on time must be documented correctly or the risk is reduced or denied reimbursement.

For **Office E/M Visits**: Document **total face-to face time** and **total time spent in counseling and coordination of care**. Counseling or coordination of care time must be more than 50% of the total encounter time.

For **Subsequent Hospital Visits**: Document **total bedside/floor/unit time** and **total coordination of care time which must be more than 50% of the floor/unit time**.

For **Prolonged Services** (outpatient and inpatient): Prolonged services may only be reported when the physician spends direct face-to-face contact or, in the case of inpatient services, additional time on the floor/unit. Time spent performing services other than E/M or psychotherapy service is not included as prolonged service time.

In E/M services in which the code level is selected based on time, you may only report prolonged service with the highest code level in that family of codes.

Outpatient E/M			
	Typical Time for Code	**Threshold Time to bill 99354**	**Threshold Time to bill 99354 and 99355**
99205	60	90	135
99215	40	70	115
99245	80	110	155

Inpatient E/M			
	Typical Time for Code	**Threshold Time to bill 99356**	**Threshold Time to bill 99356 and 99357**
99223	70	100	145
99233	35	65	110
99255	110	140	185

"Ethical leadership can be described as a demonstration of your values in your actions. This requires consistency between your personal values and the organization's values and consistency in your actions regardless of the situation or level of the individuals involved."

— Margaret Hambleton, MBA, CHC, CHPC
"Compliance professional's role in ethical leadership," July 2020, Compliance Today

Compliance Corner

Beginning in July 2020, Compliance began auditing a sample of OP E/M Office Visits using the new CPT® guidance that will come into effect in January 2021. These will be included in your audit reports. It is unclear how Medi-Cal regulations will incorporate the new guidance. Medicare and other commercial payers will likely transition on January 1.

The biggest change will be in the reporting of time-based services. Additional non-face-to-face activities, when performed on the same date of the encounter as the in-person visit, can be included in the time calculation. For example, if you spend 20 minutes finishing your note in KIDS on the same date of the patient encounter, you can include this time in your total E/M time. For services based on medical decision-making (MDM), there will not be as much change; however, the physician will only get credit for those medical conditions he/she actually treated during the encounter.

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Hospital Discharge Day Management Codes (99238-99239)

If you bill hospital discharge day management codes, here are a few key points to remember:

- These codes cover the final exam of the patient; discussion of the hospital stay; instructions for continuing care to caregivers; and preparation of discharge records, prescriptions and referral forms.
- These are time-based codes. Document and bill hospital discharge day code 99238 for 30 minutes or less and 99239 for more than 30 minutes of time spent on discharge services. Count cumulative discharge service time spent on the patient's hospital floor or unit during a single calendar day. Time spent outside of the patient's unit or floor or services performed after the patient leaves the hospital does not count.

Failure to document time to support a 99239 service may result in a service reduction to 99238 or a denial of payment.

Pediatric COVID-19 Cases

The American Academy of Pediatrics and the Children's Hospital Association reported that during the last two weeks of July, at least 97,000 children tested positive for COVID-19, which is a 40% increase in pediatric cases. In total, nearly 340,000 U.S. children have tested positive through July 30 which accounts for 8.8 percent of all cases. (*Source:* https://downloads.aap.org/AAP/PDF/AAP%20and%20CHA%20-%20Children%20and%20COVID-19%20State%20Data%20Report%207.30.20%20FINAL.pdf)

Hacking and Children's Health Information

Since March, Seattle Children's saw a doubling of hacking attempts through phishing emails. Health information, particularly that of children, is prized. This information can be used for years to file fraudulent medical claims, obtain prescription medications, or result in advance identity theft schemes as it is unlikely that anyone will realize the information is being misused until the child reaches adulthood.

UCSF Pays $1 Million Ransom to Unlock Computer Systems

On June 3, the IT team at the University of California San Francisco discovered a ransomware attack in progress. While the attack was partially thwarted, hackers managed to encrypt some of the medical school's servers. Because the university deemed the encrypted data as critical to its academic work, it decided to pay $1.14 million to the hackers in exchange for a tool to unlock the encrypted data. Hacking now accounts for 60% of HIPAA breaches according to the Office of Civil Rights (OCR) which enforces HIPAA. Emails and network servers are most often breached (38%).

Pennsylvania Physician Assistant Pays $25K for Kickbacks

A physician assistant in Pennsylvania will pay $25,000 to resolve allegations she received kickbacks from Aqua Pharmaceuticals in order to incentivize prescribing of the company's dermatology drugs. The settlement resolves allegations that the physician assistant knowingly solicited and received kickbacks in the form of improper in-office and out-of-office meals, gift cards, and gifts, and also entered into speaking engagements and consulting services in exchange for compensation intended in part to induce the prescribing of dermatology drugs. The settlement follows the resolution of a settlement with Aqua for $3.5 million. (*Source:* *https://www.justice.gov/usao-edpa/pr/physician-assistant-pay-25000-resolve-allegations-receiving-kickbacks-pharmaceutical*)