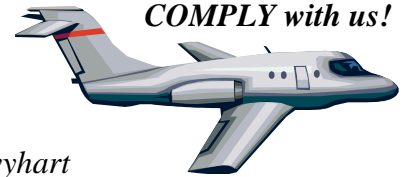


The Coding Corner

December 2005

*St. John's Health System
Corporate Compliance Department
Compliance Officer- Brenda Tunstill
Compliance Project Manager- Ronda Tews
Compliance Analysts- Kim Gonseth & Wendi Swyhart*



MERRY CHRISTMAS

As we draw closer to Christmas we also get closer to the end of the year and the "To Do List" and goals we have set for 2006. By now everyone should have received their new 2006 coding books so your next step should be to verify all of the CPT and ICD9 codes on your charge tickets are correct. You need to make sure all of the codes on your charge ticket are valid and all of their descriptions on the charge ticket match the descriptions in the coding book(s). Another item that the OIG (Office of Inspector General) looks for is if you have E/M codes on your charge ticket you need to have every level for that range of E/M codes- not just a couple of the levels. (Eg, if your charge ticket has 99213, 99214 and 99215 on it- this needs to be changed so you also have 99211 and 99212 listed) If you are giving your providers a choice of levels to circle you must include all levels for your provider to choose from.

Corporate Compliance Department

The Corporate Compliance Department is located in the National Avenue Medical Building in suite 2800. The purpose of the department is to provide compliance assistance and monitoring for St. John's Health System. We still perform audits on all of the providers and assist coworkers with coding questions. You can e-mail us at: **.SJHS Coding Department** or call us at **820-9834** (toll free 877-355-4492) with any coding questions. Our fax number is 820-8838. To report a compliance concern call: **866-690-0700**

WORKSHOPS

We offer 3 basic workshops every other month to assist coworkers whose job duties include applying CPT and/or ICD9 codes and do charge entry. You can call or e-mail us to register for a workshop.

JANUARY

ICD9 Workshop- January 12th from 8:00-12:00 (held in PDR #1)

CPT Workshop- January 20th from 8:00-12:00 (held in PDR #4)

Modifier Workshop- January 24th from 1:00-3:00 (held in PDR #1)

Special Interest Articles

- Corporate Compliance Dept.
- PGP Demonstration Project
- AAPC Local Chapter
- Incident-to Guidelines
- OIG Reports
- Word Find Puzzle

REPORT LINE

1-866-690-0700



PGP Demonstration Project- *Do you know what I know?*

What is it?

PGP stands for **Physician Group Practice**. CMS chose 5 large physician groups across the United States to take part in this project. St. John's was one of the 5 chosen by CMS.

CMS has assigned relative weights or risk scores to Hierarchical Condition Categories (HCCs). This is a method of adjusting capitation payments using ICD-9 diagnosis codes. The method was developed as a way to predict and/or explain differences in medical costs among Medicare beneficiaries.

How does it work?

This is a way for adjusting for year to year increases in health care costs. Sicker patients require more services. By applying the CMS HCC to Medicare patients served by St. John's physicians and comparing our experience to a control group this will allow CMS to know what % of the increase in health care costs was related to sicker patients and what % was related to increased utilization in the baseline.

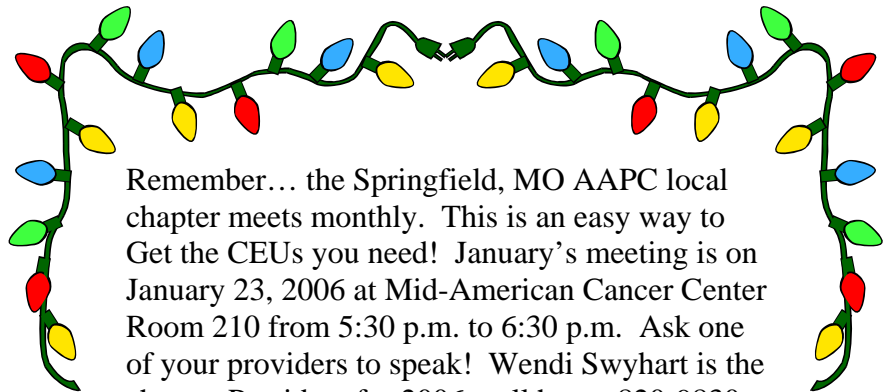
What do we need to do?

1)When a patient has a chronic condition(s), document treatment in the medical record and address & bill each diagnosis at least one time a year. 2)Avoid use of non-specific codes. 3)Use combination codes (eg, 250.4 diabetes mellitus with renal manifestations) then use additional code to identify manifestation (eg, 583.81 nephropathy) 4)Code all coexisting and chronic conditions. 5)Do not code conditions that previously were treated and no longer exist. (eg, fractures and patients treated for cancer) Use V follow-up codes. 6)Use specific terminology such as angina pectoris instead of chest pain.

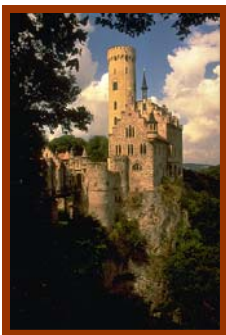
The 7 elements of an effective compliance program:

1. Standards
2. Oversight
3. Education
4. Monitoring
5. Reporting
6. Discipline
7. Response

It's time to light things up...



Remember... the Springfield, MO AAPC local chapter meets monthly. This is an easy way to Get the CEUs you need! January's meeting is on January 23, 2006 at Mid-American Cancer Center Room 210 from 5:30 p.m. to 6:30 p.m. Ask one of your providers to speak! Wendi Swyhart is the chapter President for 2006- call her at 820-9830 to schedule a speaker!



Compliance News

Kansas City, MO oncologist James Hueser agreed to repay \$1 million and surrender his medical license to settle charges he defrauded the Medicare program, prosecutors say. Hueser allegedly chose treatments based on reimbursement instead of his patients' well-being, claimed to treat patients when he didn't and billed for infusion pumps when he didn't use them. He also allegedly reused vials of drugs that the FDA had classified as single-use because they may become contaminated or less potent after one use.

Information from Part B Insider, November 11, 2005



Incident-to guidelines...

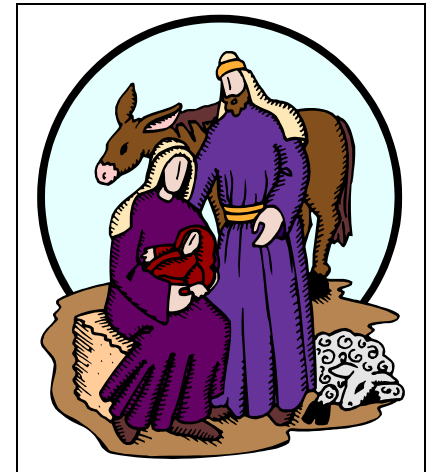
Incident-to guidelines state the following:

*...in order to have the same service covered as “incident-to” the services of a physician, it must be performed under the **direct personal supervision** of the physician as an integral part of the physician’s personal in-office service. In addition, the **physician must be physically present in the same office suite** and be immediately available to render assistance if that becomes necessary.*

Although your employees might meet the supervision and employment requirements generally applicable to” incident-to” services in other settings, their services are nevertheless not payable as “incident-to” services to you when furnished in a hospital setting.

In situations where these nonphysicians such as NPs and PAs provide all parts of the service independent of a supervising physician’s involvement (eg, a new patient who presents for an initial evaluation without seeing the physician first or an established patient who presents with a new problem not previously addressed by a supervising physician), the service does not meet the requirements for incident-to billing.

St. John’s Health System follows Medicare guidelines for all payers, therefore incident-to guidelines must be met when billing incident to, no matter who the payer is.



Office of Inspector General

In November 2005 the Office of Inspector General issued two reports; one on the Use of Modifier 25 and the other one on the Use of Modifier 59 to Bypass Medicare’s National Correct Coding Initiative Edits.

Modifier 25 Thirty-five percent of claims using modifier 25 that Medicare allowed in 2002 did not meet program requirements, resulting in \$538 million in improper payments. Medicare carriers use different methods to provide outreach regarding the use of modifier 25. More than one-third of carriers have not conducted oversight related to modifier 25.

Modifier 59 Forty percent of code pairs billed with modifier 59 in FY 2003 did not meet program requirements, resulting in \$59 million in improper payments. Most carriers did not conduct reviews of modifier 59, but those carriers that did found providers who were using modifier 59 inappropriately.

Recommendations consisted of: CMS should encourage carriers to conduct prepayment and postpayment reviews of the use of these modifiers. Include modifier reviews in their medical review strategies where appropriate.

With findings like this we can expect to see our carrier monitor the use of these modifiers more closely in the future.



Remember the reason for the season!





Time For Some Fun

We have a word find for everyone below which consists of coding terms with the final answer being the reason for our department.

Good Luck

**We Wish
You A
Merry
Christmas!**

P	A	B	C	D	E	D	E	T	A	D	N	A	M	H
F	R	G	H	I	J	K	L	P	Q	S	C	L	T	C
K	M	O	V	I	S	S	U	E	S	R	O	U	W	P
L	O	J	C	E	F	C	M	A	Z	C	M	P	V	S
F	N	P	H	E	G	D	N	B	A	N	P	A	Y	X
E	E	Q	I	H	D	R	O	L	S	E	L	T	T	V
D	X	C	Z	L	C	U	J	A	S	W	I	I	U	W
E	S	U	N	M	K	F	R	H	I	S	A	E	B	E
R	T	V	W	A	N	O	A	E	S	L	N	N	C	R
A	Y	E	I	N	R	P	Q	I	O	E	C	T	D	A
L	X	J	U	O	V	U	P	Q	N	T	E	F	G	C
A	D	M	E	S	G	H	S	R	G	T	C	Y	B	I
B	Z	H	K	F	Z	D	W	N	A	E	G	L	P	D
D	I	A	C	I	D	E	M	S	I	R	O	H	A	E
Y	C	F	G	L	T	G	N	I	D	O	C	X	Z	M

HCFA
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FEDERAL
INSURANCE
PATIENT

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PROCEDURE
MANDATED
MEDICARE
ISSUES

CODING
LOCAL
COMPLIANCE
MEDICAID
NEWSLETTER



COMPLY with us!

