Columbia University Medical Center

Department of ______________________________

Departmental Billing Compliance Plan

2017 -2019

Introduction

The Physician, and other health care professionals, and the administrative personnel within the Department of ______________________will comply with all Columbia University Irving Medical Centers policies and regulations as put forth in the “Columbia Billing Compliance Manual”, the “Columbia University Irving Medical Center Billing Compliance Plan” documents, FPO policies and EHR policies for the Crown and Eclypsis systems.

The physician, other health care professionals, and administrative staff are committed to ensuring that all professional fee billing is conducted in compliance with all applicable federal and state laws and regulations. The Department’s Compliance Plan will be in agreement and compliance with the University’s Compliance Plan.

The provisions of this plan apply to all faculty and employees involved in the billing of professional services. This plan applies to billing for all clinical activity for all faculty for which the professional revenues flow through the University accounts or are subject to an academic assessment by the University, in essence all faculty with clinical teaching responsibilities. The term “billing personnel” includes all University, hospital, West 51st Street Service Corporation, all satellite offices and any staff that assists or performs professional fee billing for clinical services.

Dr. _________________ and ______________________ serve as the departmental compliance leaders. They coordinate compliance and related activities, in coordination with the Chief Compliance Officer, the liaison from the Office for Billing Compliance and designated faculty.

All faculty members and employees with billing responsibility are initially screened and thereafter yearly screened by the University’s Office for Billing Compliance against the most current OIG Cumulative Sanctions Report and New York State Department of Health, Medicaid list of non-reimbursable providers, the GSA and OPMC websites.
Medical Billing Guidelines

It is Department policy to bill only for professional services actually provided. Physician’s and other health care professionals are responsible for submission of accurate billing information which includes, but is not limited to the CPT-4 procedural and ICD-10 diagnosis codes, the date of service, additional pertinent claim information in accordance with Physicians at Teaching Hospitals regulations set forth by the Center for Medicare and Medicaid Services and all applicable federal and state laws. Physicians and other health care professionals are responsible to ensure that all documentation in the medical record substantiates their professional services submitted for payment prior to submission of a claim.

The following information is required for billing:

1. All Attendings must use their own billing numbers; they may not use others’ numbers when awaiting receipt of their own numbers.
2. All Attendings must complete and sign either electronically or on paper an encounter form for each visit. The Attending must personally specify the ICD-10 diagnosis code and the CPT-4 procedure code that corresponds to the service rendered/document on each date of service.
3. Services rendered must be appropriate and medically necessary.
4. Medical records whether electronic or paper and related documents must be accurate and must clearly and legibly state what the clinician did, the correct date of service and level of physician presence during all services.
5. The integrity of the medical records whether electronic or paper and related documents must be protected. Records may not be backdated. Any amendments or additions to the records must be in the form of a signed addendum with the current date.
6. Medical record entries whether electronic or paper must be prompt and made as close to the time of service as possible, while the provider is able to recall the events and services accurately.

Physicians at Teaching Hospitals

Because we are an academic medical center and train and educate medical residents, we are governed by the Federal regulations concerning physician services in the teaching setting (42 C.F.R. 415, Subpart D). The regulations, among other things, set forth the rules governing how an attending physician may bill Medicare for services where all or some part of the service has been rendered by a resident. The regulations address the issues of necessary physician presence and medical record documentation needed to bill for professional services. Under the regulations, in order for an attending to bill for his/her services where a resident has seen the patient and has already documented services, the attending must also see and exam the patient and properly “link” to the resident’s documentation. The attending may not bill for his/her services based upon a countersignature alone, but must instead provide his or her own written documentation of the service.
All providers of service must adhere to the following billing requirements as well as Columbia University Irving Medical Center standards;

The attending signature must be legible on paper documentation and electronically signed in the electronic medical record

In order for a teaching physician to bill for surgical, high risk, or other complex procedures, the physician must be present during all critical and key portions of the procedure and be immediately available to furnish services during the entire procedure. The teaching physician must personally document in the medical record that he/she was physically present during the critical or key portion of the procedure.

In order for a teaching physician to bill for minor procedures, the physician must be present from the beginning to the end of the procedure. The teaching physician must personally document in the medical record that he/she was physically present during the entire procedure.

If a resident/fellow participates in a service, the teaching physician may not bill any insurance unless the teaching physician is physically present, or personally performs, the key portion of any service for which payment is sought.

Each attending must personally document his/her participation in the three key components of all evaluation and management services, which are history, exam, and medical decision making. The attending need not repeat all elements documented by the resident/fellow but must link properly, summarize their findings and confirm or revise the elements of the service.

**Billing Compliance Policies**

The Department of ________________________ adheres to all of the compliance policies that appear in the Columbia University Billing Compliance Manual.

**Education and Training**

All faculty, providers, billing staff will comply with the mandated annual compliance training educational session. Each employee is responsible for fulfilling his/her ongoing billing compliance training requirements. The OFBC ongoing education and training program for CUIMC clinicians and billing personnel requires them to attend one hour of education per year, which can be met by OFBC training on specific coding and compliance issues, attending seminars hosted by the OFBC, or attending a new hire training session.
New CUIMC clinicians, new supervisors of CUIMC clinicians, new billing personnel, and new administrative personnel are required to receive billing compliance training within thirty days of hire or engagement. This requirement is fulfilled by attendance at a one-hour new hire training session, which is given twice a month on the first and third Wednesday. The OFBC maintains a schedule of date, times and locations on its website at www.cumc.columbia.edu/dept/compliance. New CUIMC clinicians and billing personnel will not be permitted to use the central billing system until they have completed training.

HIPAA Training – All faculty are required to complete a one-time web based HIPAA training module. All research staff must complete the HIPAA training posted on the RASCAL database under the “Testing Center”. All other CUIMC personnel must complete general HIPAA training. Contact information and instructions can be found at www.cumc.columbia.edu/hipaa.

Qualifications Standards for Compliance Personnel

All departmental compliance personnel must have a basic understanding of the following:

Medical Terminology

Documentation Standards – including Federal and State Laws and Standards

CPT-4 coding

ICD-10

Use of modifiers

Regulatory compliance

HIPAA Compliance

All departmental compliance personnel must demonstrate competence in these areas to the satisfaction of the departmental compliance leaders in conjunction with the OFBC.

CPC certification is required for all compliance personnel. CPC certification is required to be obtained in 12 – 18 months of hire. Currently employed compliance personnel must obtain CPC certification in 12-18 months.

All compliance personnel must be provided with regular training and education opportunities both internal and external.

All compliance personnel have a dual reporting relationship to the OFBC and the department of_________________________. Departmental compliance personnel to be evaluated annually by the OFBC using compliance best practices.

New Hires are subject to OFBC approval.
Department of ___________________________ to have compliance personnel appropriate to their size and complexity. Department of ___________________________ will ensure that compliance personnel are not involved in clinical practice, billing, revenue management, collections or other conflicts of interest.

Coding

(Instructions: Departments who code abstract use the following for this section and describe process)

Department of ___________________________ uses an abstraction method for the coding of services. This process is reviewed on a routine, consistent basis by departmental compliance staff.

(Instruction: Departments with outside vendors performing review – describe process)

Department of ___________________________ utilizes an outside vendor (insert name) this process is reviewed on a routine, consistent basis by departmental compliance staff.

(Instruction: All other departments use the following for this section)

Department of ___________________________ clinicians are responsible for choosing the CPT-4 and ICD-10 codes for services billed under his/her name and billing number. CUIMC clinicians must be knowledgeable about the codes applicable to their practice.

The department compliance staff monitors whether the codes chosen by the clinician match the medical record documentation for that code in order to ensure accurate codes are billed.

The department’s compliance staff is responsible for notifying the clinician when there is a possible discrepancy between the code chosen by the clinician and the staff’s determination of the appropriate code for the service.

In no event should department compliance staff change a code for service without informing the clinician.
**Monitoring and Auditing**

**MD Audit** software was implemented in December 2010 to assist Compliance Professionals in auditing tracking and reporting compliance rates for each Department. MD Audit software is utilized by all departments for provider audits both routine and ad hoc. Statistical reports are disseminated to all providers audited and all providers who fail are scheduled to meet with departmental compliance personnel to discuss all deficiencies. The Departmental compliance personnel will distribute statistical reports to departmental or divisional leadership on a regular basis. OFBC distributes statistical reports to departmental leadership on a semi-annual basis after the review period of six months ends. The review periods are currently January 1 – June 30 and July 1 – December 31.

Audits are performed on a semi-annual basis with 15 services for each physician in the Department over a period of six months. Two audits of each physician are performed yearly for those physicians achieving a passing compliance rate. Physicians who fail their audit are counseled and re-audited within thirty days.

*(Instruction: each department to describe their auditing and monitoring plan. To include types of services reviewed, the audit schedule whether federal payer only or a combination of federal and commercial payers. Each department must include inpatient and outpatient services in their review process).*
**Research Compliance**

It is the policy of CUIMC that faculty, providers and staff work together to ensure that clinical services associated with a research study are billed appropriately to either the grant (when a study service) or the patient’s insurance (when a standard of care service) and in compliance with relevant laws and regulations. Any research related billing must be coded and charged based on actual services rendered, must be allowable by regulations governing medical billing practices, and must be consistent with the informed consent signed by the research subject. As research billing is subject to the same federal regulations that apply to patient claims submitted for professional medical services, it falls under the University Billing Compliance policies.

**HIPAA Compliance**

It is CUIMC responsibility to safeguard the privacy of all patients and to protect the confidentiality and security of patient information. To fulfill this responsibility and to comply with HIPAA, CUIMC has implemented policies and standard procedures to protect the confidentiality and security of individually identifiable protected health information (PHI) in all of its activities that require the use and disclosure of PHI. These policies and procedures are posted on an internal HIPAA website available at www.cumc.columbia.edu/hipaa.

Approved:

Department Chair ________________________

Date signed _____________________________

Chief Compliance Officer __________________

Date signed _____________________________