

COMMITMENT TO COMPLIANCE

The Brody School of Medicine (BSOM) is committed to providing the highest quality patient care, education, and research in an ethical and law abiding manner. The Office of Compliance is committed to building and maintaining a culture of compliance that encourages faculty, staff, students, and agents to conduct all BSOM operations with honesty and integrity. The Compliance Program provides a framework for BSOM compliance with applicable healthcare federal and state laws and regulations, and the BSOM Code of Conduct.

The Director of Compliance at BSOM is Joan A. Kavuru, J.D., R.N. Ms. Kavuru is responsible for providing oversight and guidance of all compliance activities at BSOM, and is responsible for overseeing the implementation of the BSOM Compliance Program. The BSOM Compliance Committee also facilitates implementation of the BSOM Compliance Program.

MAJOR AREAS OF CONCERN

The Compliance Program provides oversight, monitoring and education related to various areas of potential concern at BSOM. Some of those areas of concern include:

- Billing and Reimbursement
 - Proper documentation and coding
 - Adherence to Medicare Teaching Physician Rules
- Fraud and Abuse
 - Federal Anti-kickback Statute (prohibition on receipt of remuneration in return for referrals)
 - Prohibition on Physician Referrals (Stark Law: Prohibition on physician referrals to an entity with which that physician has a financial interest unless a safe harbor applies)
- Research Compliance
 - Proper Billing for Clinical Trials
 - Time and Effort Reporting
 - Proper adherence to protocol, FDA, HHS, and UMCIRB rules and procedures
 - Scientific Misconduct
- Conflicts of Interest
 - Proper disclosure of potential conflicts of interest per ECU policy
 - Proper disclosure of all outside work for pay per ECU policy

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REPORTING SYSTEM

Everyone working for or on behalf of BSOM has an obligation to be aware of the rules and regulations that govern their work and an obligation to seek answers and guidance when unsure about a course of action or situation. You are encouraged to work with your supervisor, administrator or contact person in addressing or reporting potential concerns or violations. However, BSOM guarantees your right to discuss or inquire about compliance issues or report suspected violations directly to the Director of Compliance or via the Compliance Hotline. You may remain anonymous. You can also contact BSOM Chief Legal Counsel or the ECU Office of Internal Audit with questions or concerns.

IMPORTANT CONTACT INFORMATION

Director of Compliance: Joan A. Kavuru, J.D., R.N.
744-5200

Compliance Billing Manager: Charlotte Price, RHIA, CCS-P, CPC
744-3388

BSOM Chief Legal Counsel: Gregory L. Hassler, J.D. PhD
744-3013

ECU Office of Internal Audit Hotline:
328-9025

BSOM Compliance Hotline (toll free): (866) 515-4587
(No Caller ID)

There will be no reprisals for inquiries or good faith reporting of actual or possible violations of the BSOM Code of Conduct or the Compliance Program. The Brody School of Medicine will protect, to the fullest extent allowed by law, the identity of anyone reporting a violation. All reports will be investigated with protection of the identity of the subject(s) of the investigation to the fullest extent possible.

It is a serious violation of BSOM's policy to falsely report a violation or to retaliate or attempt to retaliate against anyone who makes a good faith report of a suspected or known violation.

IF IT CONCERNS YOU, IT CONCERNS US!



BRODY
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Outpatient Evaluation and Management Services

ALL 3					ALL 3				
New Visit	Hx	Exam	MDM	Time	ED Svcs	Hx	Exam	MDM	Time
99201	PF	PF	straight	10	99281	PF	PF	straight	
99202	ExPF	ExPF	straight	20	99282	ExPF	ExPF	low	
99203	Det	Det	low	30	99283	ExPF	ExPF	mod	
99204	Comp	Comp	mod	45	99284	Det	Det	mod	
99205	Comp	Comp	high	60	99285	Comp	Comp	high	

2 of 3					Consult - ALL 3				
Estab Visit	Hx	Exam	MDM	Time	New or Estab	Hx	Exam	MDM	Time
99211	Minim			5	99241	PF	PF	straight	15
99212	PF	PF	straight	10	99242	ExPF	ExPF	straight	30
99213	ExPF	ExPF	low	15	99243	Det	Det	low	40
99214	Det	Det	mod	25	99244	Comp	Comp	mod	60
99215	Comp	Comp	high	40	99245	Comp	Comp	high	80

Preventive Medicine Services

New Patient		Established Patient	
99381	< 1 year	99391	< 1 year
99382	1 - 4 years	99392	1 - 4 years
99383	5 - 11 years	99393	5 - 11 years
99384	12 - 17 years	99394	12 - 17 years
99385	18 - 39 years	99395	18 - 39 years
99386	40 - 64 years	99396	40 - 64 years
99387	≥ 65 years	99397	≥ 65 years

Preventive Medicine Guidelines

If an abnormality is encountered or a preexisting problem is addressed in the process of performing this preventive medicine service, and if the problem is significant enough to require additional work to perform the key components of a problem-oriented E/M service, then the appropriate office visit (99201-99215) should also be reported with the modifier -25.

If an insignificant problem is encountered and does not require any additional work, then an additional E/M should not be reported.

Nursing Facility Services, Rest Home, and Home Services Evaluation and Management Codes

Nursing Facility Services

Initial Nursing Facility Care

Subsequent Nursing Facility Care

New or Established	Hx	Exam	MDM
99304	Det/Comp	Det/Comp	str-low
99305	Comp	Comp	mod
99306	Comp	Comp	high

New or Established	Hx	Exam	MDM
99307	PF	PF	straight
99308	ExPF	ExPF	low
99309	Det	Det	mod
99310	Comp	Comp	high

99315	Discharge - ≤ 30 mins.
99316	Discharge - > 30 mins.

Rest Home Services

New Patient	Hx	Exam	MDM	Time
99324	PF	PF	straight	20
99325	ExPF	ExPF	low	30
99326	Det	Det	mod	45
99327	Comp	Comp	mod	60
99328	Comp	Comp	high	75

Established Patient	Hx	Exam	MDM	Time
99334	PF	PF	straight	15
99335	ExPF	ExPF	low	25
99336	Det	Det	mod	40
99337	Comp	Comp	mod/high	60

Home Services

New Patient	Hx	Exam	MDM	Time
99341	PF	PF	straight	20
99342	ExPF	ExPF	low	30
99343	Det	Det	mod	45
99344	Comp	Comp	mod	60
99345	Comp	Comp	high	75

Established Patient	Hx	Exam	MDM	Time
99347	PF	PF	straight	15
99348	ExPF	ExPF	low	25
99349	Det	Det	mod	40
99350	Comp	Comp	mod/high	60

Documenting E/M Components

History Elements

HPI:

- Location Quality Severity Duration Timing
 Context Modifying Factors Assoc. Signs & Sx.

ROS:

- Const. Eyes ENMT Cardio Resp
 GI GU Musc Integ Psych
 Neuro Endo Hem/Lymph All/Imm
 All other systems neg.

PFSH:

- Past Hx. Family Hx. Social Hx.

Exam Elements

Body Area:

- Head/Face Neck Chest/Breast/Aux Abdomen
 Back/Spine Each Ext. Genit/Groin/Buttocks

Organ System:

- Const. Eyes ENMT Cardio Resp
 GI GU Musc Skin Neuro
 Psych Hem/Lymph

MDM Elements

No. of Dx or Mgmt Options	Amt &/or Complexity of Data to be reviewed	Risk of Comp &/or Morbidity or Mortality	Type of Decision Making
Minimal	Minimal or None	Minimal	Straightforward
Limited	Limited	Low	Low Complexity
Multiple	Moderate	Moderate	Moderate Complexity
Extensive	Extensive	High	High Complexity

Counseling/Coordination: Time becomes the controlling factor when counseling/coordination of care dominates >50% physician/patient and/or family encounter. Service must be face to face in the office or other outpatient setting or floor/unit in the hospital/nursing facility.

HISTORY

Type	History of Present Illness	Systems Review	PFSH
PF	1-3 Elements	N/A	N/A
ExPF	1-3 Elements	Problem Pertinent (1)	N/A
Det	4 or more elements	Extended (2-9)	Pertinent
Comp	4 or more elements	Complete (10+)	Complete

Lowest column determines type of history

EXAMINATION

Type	Examination
PF	1 Body Area or Organ System
ExPF	2-4 Body Areas or Organ Systems
Det	5-7 Body Areas or Organ Systems
Comp	8 or more Organ Systems

Specialty complete single system exam equals comprehensive

MEDICAL DECISION MAKING

Type	# of Dx or Mgmt	Amount & Complexity of Data	Overall Risk
Straight-forward	Minimal (0-1)	Minimal or none (0-1)	Minimal
Low Complexity	Limited (2)	Limited (2)	Low
Moderate Complexity	Multiple (3)	Moderate (3)	Moderate
High Complexity	Extensive (4+)	Extensive (4+)	High

Row with 2-3 factors or middle factor determines type of decision making

Observation Care

Initial Observ	Hx	Exam	MDM
99218	Det/Comp	Det/Comp	str-low
99219	Comp	Comp	mod
99220	Comp	Comp	high
99217	Discharge		

Obs or Inpt Care Serv. **	Hx	Exam	MDM
99234	Det/Comp	Det/Comp	str-low
99235	Comp	Comp	mod
99236	Comp	Comp	high

** Includes Admission/Discharge same date

Guidelines for Observation Care

- Observation care includes all services performed by the supervising physician per day regardless of location when provided in conjunction with initiating observation status. This would include, but is not limited to, emergency department, physician's office, and nursing home.
- Admission to inpatient hospital services on same date as observation care, code to initial hospital care (99221-99223).
- Admission to inpatient hospital service on date subsequent to date of observation care: code observation date to category (99218-99220) and code subsequent date to initial hospital care (99221-99223).
- Observation service extending beyond the date of initial observation care should be coded utilizing office or other outpatient services (99211-99215).
- These codes may not be utilized for post-operative recovery if the procedure is considered part of the surgical "package."
- Patients admitted and discharged on the same date from observation status or inpatient hospital are coded to 99234-99236.

Inpatient Evaluation and Management Services

Initial Hospital Care	Hx	Exam	MDM	Time
99221	Det/Comp	Det/Comp	str-low	30
99222	Comp	Comp	mod	50
99223	Comp	Comp	high	70

Consult - Initial Inpatient	Hx	Exam	MDM	Time
99251	PF	PF	straight	20
99252	ExPF	ExPF	straight	40
99253	Det	Det	low	55
99254	Comp	Comp	mod	80
99255	Comp	Comp	high	110

Subseq. Hospital Care	Hx	Exam	MDM	Time
99231	PF	PF	str-low	15
99232	ExPF	ExPF	mod	25
99233	Det	Det	high	35

Discharge Services	Code	Time
99238	D/C - ≤ 30 mins.	
99239	D/C - > 30 mins.	

Critical Care

99291	1st hour
99292	each add'l 30 mins.

Critical Care Guidelines

- Critical care codes (99291-99292) are used to report the total duration of time spent by a physician providing critical care services.
- A critical illness or injury acutely impairs one or more vital organ systems such that there is a high probability of imminent or life threatening deterioration in the patient's condition.
- The following services are included in critical care: interpretation of cardiac output msmts., CXR's, pulse oximetry, blood gases, information/data stored in computers, gastric intubation, temp. transcutaneous pacing, ventilatory management, vascular access procedures.
- Time spent with the individual patient should be recorded in the record. Do not include time spent performing bedside procedures that are separately reported services.
- Time spent with family members or surrogate decision makers may be included if the patient is unable to participate and the conversation bears directly on the management of the patient.

Physicians should document total duration of time spent face to face with patient or time spent providing prolonged face to face care and designate as such.

Prolonged Care (Face to Face) Patient Contact Outpatient and Inpatient

Code Description	Outpatient Codes	Inpatient Codes
1st hour	99354	99356
Each additional 30 minutes	99355	99357
Total Duration of Prolonged Care	Outpatient Codes	Inpatient Codes
less than 30 minutes	Not reported separately	Not reported separately
30-74 minutes	99354 X 1	99356 X 1
75-104 minutes	99354 X 1 & 99355 X 1	99356 X 1 & 99357 X 1
105-134 minutes	99354 X 1 & 99355 X 2	99356 X 1 & 99357 X 2
135-164 minutes	99354 X 1 & 99355 X 3	99356 X 1 & 99357 X 3
165-194 minutes	99354 X 1 & 99355 X 4	99356 X 1 & 99357 X 4