



ADVANCING GI PATIENT CARE 2022

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Compliance Audit and Education

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Disclosures



- No financial relationships to disclose.

What Is Medical Coding Compliance?

- Coding compliance refers to the process of ensuring that the coding of diagnosis, procedures and data complies with all coding rules, laws and guidelines. All provider offices and health care facilities should have a compliance plan. It is important to note that this is strictly based off provider documentation. If it is not written, billing and coding teams are not able to assume what happened.

What Is Coding Compliance in Healthcare?

- Healthcare billing and coding compliance refers to the provider's ability to operate within the laws, rules, regulations, and policies set by the federal and state governments, insurance programs, CMS, and fiscal intermediaries.

Healthcare Compliance



- Healthcare compliance is the formal name given to proactive tasks to prevent fraud, waste, or abuse within a healthcare entity. In addition, programs that receive federal funding such as Medicare and Medicaid are required to have an established program. A compliance program is the active, ongoing process to ensure that legal, ethical, and professional standards are met and communicated throughout the entire healthcare organization.

Why Is Compliance So Important in the Healthcare Industry?

- Ultimately, the purpose and primary benefit of healthcare compliance is to improve patient care. Patient care is improved when healthcare decisions are based upon appropriate and current clinical standards. Patient care decisions based upon improper motives rarely results in the delivery of quality care.

7 Elements of an Effective Compliance Plan

1. Implementing written policies and procedures
2. Designating a compliance officer and an oversight committee or function
3. Provider training and education – (i.e, FWA, Code of Conduct, Ethics, etc.)
4. Developing effective lines of communication – Hotline reporting, Newsletter, etc.
5. Conducting internal monitoring and auditing – Billing, Coding, Data Integrity
6. Enforcing standards through well-publicized disciplinary guidelines
7. Responding promptly to detected problems and undertaking corrective action – reducing the potential fine and penalties if found in violation

Compliance Plan Benefits:



- Accurate payment of claims
- Limits errors
- Improved documentation and promotes coding accuracy
- Less chance of violating state and federal requirements including self-referral and anti-kickback statutes.

Common Coding and Billing Risk Areas

- Billing for items or services not rendered or not provided as claimed.
- Double billing, resulting in duplicate payment.
- Submitting claims for equipment, medical supplies, and services that are not reasonable and necessary.
- Billing for non-covered services.
- Knowingly misusing provider identification numbers, which results in improper billing.
- Unbundling.
- Failure to properly use modifiers *
- Upcoding the level of service *

Coding and Billing Risk Areas/ Modifiers

- **Modifiers** can be the difference between full reimbursement and reduced reimbursement – or denial. While some payers differ in their use of modifiers, taking the time to learn the rules will pay off. Identifying and correcting coding errors in your practice can significantly affect your income. To make sure you're on the right track, conduct a sample chart audit in your practice and report the findings to all providers and staff. You just might be surprised how your simple awareness and focused education can impact your practice's bottom line.

Coding and Billing Risk Areas/ Upcoding

- **Upcoding** occurs when providers report higher-level procedures or services than can be documented or by an unsupported medical diagnosis or other facts. Upcoding poses a serious risk of non-compliance resulting in audits as well as charges of fraudulent billing practices. It can also result in negative consequences for the patient having a negative impact on their medical records. This process will put false information in their records, which will later influence the quality of care and amount of protection they are able to get in the future.

Example of upcoding:

- When a provider provides a follow-up office visit but bill using a higher-level E&M code as if they had provided a comprehensive new patient office visit.

The Importance of Coding Correctly



- Accurate coding (and documentation) will provide more accurate payments, prevent denials and delays in payments.

Who Is Responsible for Compliance in Healthcare?

- Compliance is everyone's responsibility – physicians, ALP's, and employees. The governing body of a healthcare organization is responsible for the conduct of the organization. Consequently, the governing body and the executive officers of the healthcare organization will bear the ultimate responsibility for a healthcare organization's compliance, or lack of compliance.

Frequent Auditing Is Key to Medical Coding Compliance

- To ensure your organization's E&M services and procedures are coded appropriately, it is important to periodically review your charts to check for insufficient documentation, miscoding, upcoding and downcoding. Conducting audits of your medical coding process and procedures can help give you an understanding of recurring risk areas and key improvement opportunities. Using these insights, you can then incorporate best practices and address any bad habits, lessening the chances of negative consequences.

Resources:

- CPT[®] Professional Edition, 2021. AMA
- Compliance Guidance. Office of Inspector General. <https://oig.hhs.gov/compliance/compliance-guidance/index.asp>
- Risk Adjustment Documentation & Coding, 2nd edition. American Medical Association

Contact me 😊

- If you have any questions or suggestions, please feel free to drop an email to:
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THANKYOU