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Compliance Hotline

Type:

<http://157.21.29.163/Compliance/>
and click on Hotline.

EVMS Medical Group Compliance concerns may also be sent to the EVMS Medical Group Compliance Office via phone, mail or e-mail.

Reviewing Dictation and Contradictory Statements

When reviewing documentation before finalization, care should be taken to ensure accuracy when dictation or templates were used in the completion of the note. Often times if dictation is not carefully reviewed, confusing statements or misplaced words can be present. At best those mistakes look silly however at worst they make it very difficult for the reader, whether a patient, other treatment provider, or attorney in a court proceeding, to understand what transpired during the visit. This can be a safety issue as well as a liability.

Similarly, use of templates or copy/paste functionality can lead to contradictory statements in the record. It is not uncommon to see statements such as “no recent weight gain or loss” in one section of the note and “recent weight loss noted” in another section. Another common contradiction is “smoker” and “never a smoker” in different areas of the documentation. It is important to review all templates and when free texting in a portion of a template, all elements in other sections should be examined for accuracy and to be sure documentation is not redundant or contradictory.

It is always important to remember that clinical documentation is part of the patient’s medical record and once finalized services as a legal document. For further guidance on documentation requirements please review the EVMS Medical Group policy on accuracy which may be found at the link below:

[EVMS Medical Group Accuracy and Storage of Records Policy](#)

Billing for Time-Based Codes

For certain codes that are billed based on time, the time spent with the patient must be clearly documented. Examples include

Contact Us

EVMS Medical Group Compliance Office

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Phone 451-6200

Link to Policies & Forms:

http://www.evms.edu/patient_care/compliance_program/

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Compliance "Listserv"

Send an email to browerl@evms.edu to request to be added to the EVMS Medical Group Compliance "Listserv". Once you are subscribed, you will receive newsletters, information and training opportunity announcements directly.

individual medical psychotherapy, critical care services, hospital discharge day management, E/M codes in which counseling and/or coordination of care dominates >50% of the encounter and time is used to bill, prolonged services, and care plan oversight. When billing these types of time-based services, it is important to note that time spent with the patient by a resident in the absence of the teaching physician cannot be billed by the physician.

For example, if the billing requirements for a code dictate 20-30 minutes, the teaching physician must be present for at least 20-30 minutes. As always, resident and teaching physician documentation may still be combined to bill for these services, but time cannot.

When billing time-based codes or using time to select the appropriate code, the following guidelines including the example referenced above regarding residents should be followed:

- Only teaching physician time may be counted towards the total time of the visit. Time spent with the patient by a resident or fellow cannot be combined with the teaching physician's time.
- "I" statements should be used in the documentation to make clear what time was spent with the patient and by whom.
- For time-based codes requiring face-to-face time, a statement indicating that "x" amount of time was spent with the patient should be present.
- For E/M services, if counseling and/or coordination of care take up more than 50% of the total time spent, time is the controlling factor for determining level. If billing based on time in this scenario a statement should be present indicating that "x" amount of time was spent with the patient with greater than 50% of that time spent on counseling and/or coordination of care.

Further guidance can be found at the link below in section 100.1.4 "Time-Based Codes" of the Medicare Claims Processing Manual:

[Medicare Claims Process Manual Chapter 12](#)

e-PHI Security Tip

If you suspect a cyber-security incident has occurred, do not wait to report the incident. Examples could include a suspicious phone call or email requesting information to which you responded, a link you clicked on either from a unverified email or pop-up from a website, or software you may have downloaded and now believe to be illegitimate. Hackers work fast and the sooner the threat can be shut down the better the chances of minimized compromise of protected information!

Lunch Discussion Session October

Topic: Government Agency Contact & Release of Information

Who Should Attend: Anyone! The process for contact with and providing information to agents of the government and other requestors will be discussed. This is particularly important for managers and supervisors.

Date and Location:

Thursday, October 18th, 12-1:00 pm in HH 758

Please RSVP to Lisa Stork at storkla@evms.edu or 451-6212 and feel free to bring your lunch!