



2022 - 3rd & 4th Quarter

Compliance Quarterly

From the Compliance Office...

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Terminated Employees

It is very important to remember that, in addition to all the other notifications that are necessary, whenever a UBMD employee leaves UBMD employment, you **MUST** notify Office of Medical Computing (OMC) **immediately** so that their access to the medical school computer system can be terminated.

OMC can be reached at (716) 829-2106 or omc-req@buffalo.edu.

Newsletter Note

This newsletter will serve as a combined 3rd & 4th Quarter newsletter for 2022; therefore, the coinciding quiz has more questions than usual.

Compliance Training Updates

New Provider E/M & Documentation Training:

Required for all newly hired providers. It also serves as a good refresher for not-so-new providers. This training is now available online by visiting the Education & Training page on the UBMD Compliance website.

(<https://ubmd.com/about-ubmd/Compliance/Education-training.html>).

Active Shooter Training:

On June 22, 2022, UB University Police provided an Active Shooter Training presentation at the Conventus Building. University Police has presented this training for various different departments throughout UB. Thanks to Lisa Nowaczewski and Megan Veirs, a video of the presentation was made so that others could view this important training.

While not mandatory, all employees, including providers and staff, are **strongly encouraged** to view the video to help ensure your safety, and the safety of those around you. The video helps prepare you both mentally and physically for an active shooter situation, and advises what you should and should not do before and after law enforcement arrives on the scene.

Click on the following link, and click on the Active Shooter Training tab.

<https://www.ubmd.com/about-ubmd/Compliance/Education-training.html>

2022 Fraud, Waste & Abuse Training

You may have noticed that there was no 2nd quarter newsletter distributed in 2022. As of 2022, the Mandatory Annual Fraud, Waste and Abuse (FWA) training is being done in lieu of the 2nd quarter newsletter & quiz each year. This will allow more time for everyone to complete the mandatory FWA training before the end of the year as required.

FWA training will now be found on our UBMD Compliance Office website, under the Education & Training page:

<https://www.ubmd.com/about-ubmd/Compliance/Education-training.html>



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HELP WANTED!!

We want you to be involved! If you have a question or topic you would like to see covered, general or specific practice-focused, in a future edition of the *Compliance Quarterly*, please contact Sue Marasi at: ssmarasi@buffalo.edu

HIPAA: Employee Access to Medical Records

By: Sue Marasi, CHC, CPCA, Compliance Administrator

Employee access to Protected Health Information (PHI) and Electronic Health Records (EHR) is a topic we have discussed in the past, but we recently received a request to revisit the subject. Given the importance of the information, we are glad to oblige that request.

When considering what is appropriate or inappropriate regarding employee access, a good starting point is the HIPAA Privacy Rule's Minimum Necessary Requirement. In accordance with minimum necessary guidance, you should only access PHI if it is necessary to perform **your** job, which includes treating the patient, payments, and healthcare operations. It is important to remember that accessing medical records for any other reason, even if you are not looking at medical information, is a serious violation of HIPAA, and will result in disciplinary action up to and including termination.

Unless required to perform your job, you **cannot** access:

- Your own medical records, other than via your patient portal;
- Your family members' or friends' records;
- Coworkers' records (not even to find a birth date or address);
- VIP records (for example: pro athletes, local media personalities, subjects of news stories, actors/actresses).

To ensure that only necessary people are accessing patient records, our UBMD Compliance Plan includes a policy which states that EHR records must be audited at the practice plan level by each practice plan on a quarterly basis as follows:

- Review records of VIP patients to make sure records were accessed only by those who took part in the care and treatment of the patient.
- Review records of UBMD employees who are also practice plan patients to make sure records were accessed only by those who took part in the care and treatment of the patient.
- Randomly select up to five (5) practice plan employees and check one day from the previous quarter to make sure their access to records were appropriate.

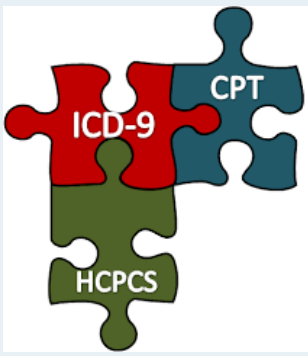
Employees that have access to PHI and EHR should also keep the following in mind:

- PHI **cannot** be saved to anything other than our S: drive.
- Any information you see in medical records must be kept confidential. You must never share any information you see in the course of your workday with anyone.
- Never share PHI electronically without encryption.
- Media should never be in an area within our facilities where PHI might be seen.

As always, if you have any questions regarding this information, please contact the Compliance Office.



It's NOT a suggestion...it's the law!



The Coding Corner

Modifier -25

By: Sue Marasi, CHC, CPCA, Compliance Administrator

Modifiers are an important part of coding and billing. They are used as an add-on to CPT codes to indicate special circumstances that affect the service provided without affecting the service or procedure description. Unfortunately, some modifiers are often used incorrectly. One frequently misused modifier is -25.

The CPT Manual defines modifier -25 as a “Significant, Separately Identifiable Evaluation and Management Service by the Same Physician or Other Qualified Health Care Professional on the Same Day of the Procedure or Other Service.” According to CMS, the E&M service may be related to the same or different diagnosis as the other procedure(s); it might be prompted by the symptom or condition for which the procedure or service was provided.

The following describe appropriate use of Modifier 25:

- To indicate that on the day of a procedure or other service identified by a CPT code, the patient’s condition required a significant, separately identifiable E/M service above and beyond the other service provided or beyond the standard of pre- and postoperative care associated with the procedure that was performed.
- Append to the code for an initial hospital visit (CPT codes 99221–99223), an initial inpatient consultation (CPT codes 99251–99255), and a hospital discharge service (CPT codes 99238 and 99239) when the visit is billed on the same date as an inpatient dialysis service.
- On preoperative critical care codes billed within a global surgery period to indicate that they represent services beyond the usual standard of care.
- When billing for an E/M service performed at the same session as a preventive care visit when an E/M service representing additional work is performed with a preventive care service.
- Assign to any E/M code representing a significant, separately identifiable service performed on the same day as a medically necessary, routine foot care visit.
- Medical record documentation must support appending modifier 25.
- Do not append to non-E/M services.
- Should not be appended to an E/M service performed on a different day than the procedure, even if the decision to perform the procedure was made during the E/M service.
- Do not report an E/M level of service code with modifier 25 on the same day as a minor procedure when the patient’s visit to the office was explicitly for the minor procedure.
- Do not report E/M services with modifier 25 and osteopathic (98925–98929) or chiropractic (98940–98943) manipulations (these services include pre-manipulation evaluation of the patient to determine the appropriateness and type of care)

Medicare Guidance includes the following:

- Report with a medically necessary, significant, and separately identifiable E/M service when performed in addition to chemotherapy or nonchemotherapy drug infusion. The documentation should support the level of E/M service billed and, for Medicare, must meet a higher level of complexity than 99211.
- Medicare will allow separate payment for two office visits provided on the same date, by the same physician, when each visit is rendered for an unrelated problem. Both visits must occur at different times of the day and both visits must be medically necessary. This circumstance is considered rare and requires modifier 25 to be added to the second visit.

Continued on next page

- Although the CPT code book does not limit this modifier to use only with a specific type of procedure or service, the general rule most insurance payers follow is that they will pay for an E/M visit and a minor procedure on the same day. Keep in mind, third-party payers may follow the CPT code book, Medicare's, or their own definition of a minor procedure.
- There is a difference between the CPT code book definition and the instructions from Medicare regarding the appropriate reporting of modifier 25 in conjunction with a surgical procedure or service. Medicare guidelines instruct coders to use modifier 25 if the decision for surgery is made on the same day as a minor surgery (i.e., in those with a zero- to 10-day follow-up period) or diagnostic procedure.

Finally, as with all medical records, it is important to remember that proper and complete supporting documentation is extremely important to avoid incorrect claim denials or underpayments.



*The UBMD Compliance Office hopes you had a joyous holiday season,
and would like to wish you & your families*

A Happy & Healthy New Year!

UBMD Compliance Office Website: <https://ubmd.com/about-ubmd/Compliance.html>

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**COMPLIANCE
HOTLINE**

UBMD COMPLIANCE HOTLINE: 716.888.4752

CONFIDENTIAL!

Report known or suspected fraud/abuse, HIPAA concerns, or
other potential problems.

Ask questions or request guidance | Provide relevant information

Remain anonymous if you wish | Non-retaliation policy will be adhered to

CLICK HERE FOR PRINTABLE FLIER: [Hotline Flier](#)

(This is a voice mail box monitored during working hours. If there is an immediate threat to person or property, do not leave message; contact direct supervisor immediately!)

Compliance Quarterly Quiz

To submit your quiz answers, please click link below:

[2022 Third/Fourth Quarter Quiz](#)

1. According to the HIPAA Privacy Rule's Minimum Necessary Rule, you should only access PHI if it is necessary to perform your job, including treating the patient, payments, and healthcare operations.
 - A. True
 - B. False

2. Unless required by your job, you cannot access:
 - A. Your records, other than via patient portal
 - B. Records of family members or friends
 - C. VIP records (for example: pro athletes, local media personalities, subjects of news stories, actors)
 - D. All of the above

3. If you want to get ice cream cake to celebrate a coworker's birthday, or if your coworker has surgery and you want to send a get well card, it is ok to look up their birthday or address in their patient record.
 - A. True
 - B. False

4. The UBMD Compliance Plan requires practice plans to audit EHR records quarterly to ensure only necessary people are accessing patient records. Which of the following should be reviewed?
 - A. VIP patient records to make sure records were accessed only by those who took part in the care and treatment of the patient.
 - B. Records of UBMD employees who are also practice plan patients to make sure records were accessed only by those who took part in the care and treatment of the patient.
 - C. Randomly select up to five practice plan employees, and check one day from the previous quarter to make sure access was appropriate.
 - D. All of the above

5. Which of the following statements is incorrect?
 - A. PHI cannot be saved to anything other than our S: drive.
 - B. Any information you see in medical records must be kept confidential. You must never share any information you see in the course of your work day with anyone.
 - C. Encryption is not necessary when sharing PHI electronically.
 - D. Media should never be in an area within our facilities where PHI might be seen.

**** Quiz continued on next page****

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6. The CPT manual defines modifier –25 as a “Significant, Separately identifiable Evaluation and Management Service by the Same Physician or Other Qualified Health Care Professional on the Same Day of the Procedure or Other Service.”
 - A. True
 - B. False

7. Which of the following is true regarding proper use of Modifier –25?
 - A. Medical record documentation must support appending Modifier –25.
 - B. Do not append Modifier –25 to non-E/M services
 - C. Both A and B are true
 - D. None of the above are true

8. You may report an E/M level of service code with Modifier –25 on the same day as a minor procedure when the patient’s visit to the office was explicitly for the minor procedure
 - A. True
 - B. False