



2021 2nd Quarter
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Compliance Quarterly

From the Compliance Office...

As many of you already know, Bev Welshans recently retired. Bev started with UBMD Orthopaedics in 2001. In 2010, she joined UB Associates, Inc. in the Compliance Office as the Director of Audit & Education, bringing many years of healthcare knowledge and experience with her. UBA and UBMD were very fortunate to have had Bev on staff, and we in the Compliance Office were fortunate to have called her our co-worker for so many years, and to now simply call her our friend. Although we will miss Bev, her retirement is well-deserved. We wish her happiness as she moves on to the next exciting chapter of her life, to spend more time with her husband, sons and many grandchildren! Her last day with UBMD was July 2nd.

We would like to also welcome our new Director of Audit & Education, Peter Rossow, to the UBMD Compliance Office! Peter comes to us with several years of experience in the healthcare field, including in a Payer setting, which will bring an additional, and valuable, perspective to our auditing and monitoring program. We look forward to working with Peter as we continue our efforts to provide an effective compliance program, and he looks forward to getting to know our UBMD providers and staff, and working with them for optimum results while minimizing risk.

Compliance Office Website

Be informed, and work smarter, not harder! Visit and utilize the many helpful resources available on our website at: <https://ubmd.com/about-ubmd/Compliance.html>. The website includes, but is not limited to:

- UBMD Compliance Plan link, including required Employee Acknowledgement form.
- Compliance Hotline information, how to report suspected fraud or other misconduct, links to print Compliance Hotline flier and Compliance Issue Reporting Forms.
- HIPAA information, required training, Business Associate Agreement template.
- Information on various important compliance-related laws & regulations.
- Auditing & Monitoring information includes requirements for Monitoring Exclusionary Databases; requirements for Record Retention, Cloning, EMR Templates, & EHR personnel access audits; information about various types of audits, provider chart audits, including detailed report templates; CMS 95/97 Documentation Guidelines; PATH Requirements; requirements regarding use of Scribes; Student Documentation of E/M Services; Billing for Non-Physician Practitioners.
- Education & Training: Includes access to New Provider Training, New Employee Training, Mandatory Fraud Waste & Abuse Training (currently updating), HIPAA Training, 2021 E/M Changes, and more educational opportunities.
- Current & past editions of our *Compliance Quarterly* newsletter.
- Other helpful compliance links and resources including, OIG, CMS, OMIG, and more!



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Training Questions

If you have questions on any training, please contact Peter Rossow by telephone: 888-4702 or e-mail: pvrossow@buffalo.edu

Documentation includes, but is not limited to, descriptive statements identifying the unusual circumstances, operative reports (state the usual time for performing the procedure and the prolonged time due to complication, if appropriate), pathology reports, progress notes, office notes, etc. Language that indicates unusual circumstances includes difficulty, increased risk, extended, hemorrhage, blood loss over 600cc, unusual findings, etc. A slight extension of the procedure (a procedure extended by 15 to 20 minutes) or the performance of a routine part of a procedure, such as the lysis of adhesions, do not validate the use of this modifier. However, if a routine part of a procedure becomes complicated or significantly extended, consider appending modifier 22. For example, anatomical issues of obesity may require a physician to lyse adhesions for over an hour to get to the surgical field.

Overuse of modifier 22 could trigger a payer audit, as payers monitor the use of this modifier very carefully. Make sure that modifier 22 is used only when sufficient documentation is present in the medical record.

MODIFIER 22: CLINICAL EXAMPLE OF APPROPRIATE USE

The patient is a 3-year old female brought to the emergency department by her mother after stepping on glass while playing outside. There is a piece of glass in her right foot as well as splinters of glass in both feet. The child is crying constantly and cannot be comforted. X-rays reveal a questionable, small radiopaque foreign body in the child's right foot. The patient is placed in a papoose. Plain Xylocaine is used as a local anesthetic. The foot is incised with removal of a large piece of glass; this foreign body is deep and removal is complicated with bleeders encountered and cauterized. The removal of the glass splinters from the sites on both feet is time consuming and tedious. This procedure is significantly prolonged due to the multiple slivers of glass, dirt, and gravel in the wounds adjacent to the foreign body, requiring debridement through the subcutaneous layer and cleansing. What would normally take 40-45 minutes to complete has taken two hours. The patient is discharged home under the care of her mother with a prescription for an analgesic and an antibiotic. She is to follow up with her pediatrician.

Submit CPT codes: 28193-22, 11042-59

Note: Modifier 59 may be necessary to pass the initial payer edits, as the debridement may be considered part of the foreign body removal when it was actually performed on a different site.

NY Hero Act: Airborne Infectious Disease Prevention Plan

By: Lawrence C. DiGiulio, Chief Compliance Officer

In compliance with New York State's NY Heroes Act, UBMD has developed the following Airborne Infectious Disease Prevention Plan. This plan is enacted when an infectious agent or disease is designated by the Commissioner of Health as a highly contagious communicable disease that presents a serious risk of harm to the public's health. Governor Hochul has just recently, on September 13th, declared that COVID is covered by the Heroes Act, which means the plan is now operational. Below is a template of the UBMD plan.

1.1 Airborne Infectious Disease Exposure Prevention Plan

The purpose of this plan is to protect employees against exposure and disease during an airborne infectious disease outbreak. This plan goes into effect when an airborne infectious disease is designated by the New York State Commissioner of Health as a highly contagious communicable disease that presents a serious risk of harm to the public health. This plan is subject to any additional or greater requirements arising from a declaration of a state of emergency due to an airborne infectious disease, as well as any applicable federal standards.

1.1.1 Responsibilities

This plan applies to all employees/team members of **[practice name]**.

This plan requires commitment to ensure compliance with all plan elements aimed at preventing the spread of infectious disease. The following supervisory employee(s) are designated to enforce compliance with the plan and will act as the designated contact(s) unless otherwise noted in this plan:

[Contact Name, email and phone number]

Disease Prevention



1.1.2 Exposure Controls During a Designated Outbreak

Minimum Controls During an Outbreak

1. **Stay at Home Policy:** If an employee develops symptoms of the infectious disease, the employee should not be in the workplace. The employee should inform the designated contact.
2. **Health Screening:** Team members will be screened for symptoms of the infectious disease at the beginning of their shift. Team members are to self-monitor throughout their shift and report any new or emerging signs or symptoms of the infectious disease to the designated contact. An employee showing signs or symptoms of the infectious disease should be removed from the workplace and should contact a healthcare professional for instructions.
3. **Face Coverings:** Team members will wear face coverings throughout the workday to the greatest extent possible. Face coverings and physical distancing should be used together whenever possible. The face covering must cover the nose and mouth, and fit snugly, but comfortably, against the face.
4. **Physical Distancing:** Physical distancing will be followed as much as feasible. Avoid unnecessary gatherings and maintain a distance of at least six feet, or the recommended distance from the New York State Commissioner of Health. In situations where prolonged close contact with other individuals is likely, the following control methods will be used:
 - restricting or limiting visitor entry;
 - limiting occupancy;
 - allowing only one person at a time inside small enclosed spaces with poor ventilation;
 - reconfiguring workspaces;
 - physical barriers;
 - signage;
 - floor markings;
 - telecommuting;
 - remote meetings;
 - preventing gatherings;
 - suspending social etiquette behaviors such as hugging and hand shaking;
 - restricting travel;
 - creating new work shifts and/or staggering work hours;
 - adjusting break times and lunch periods; and
 - delivering services remotely or through curbside pickup.
5. **Hand Hygiene:** To prevent the spread of infection, employees should wash hands with soap and water for at least 20 seconds or use a hand sanitizer with at least 60% alcohol to clean hands BEFORE and AFTER touching your eyes, nose, mouth, or face covering; entering and leaving a public place; and touching an item or surface that may be frequently touched by other people. Because hand sanitizers are less effective on soiled hands, wash hands rather than using hand sanitizer when your hands are soiled. Individuals must limit what they touch.
6. **Cleaning and Disinfection:**
 - Follow all hand hygiene recommendations
 - Completely sanitize shared workstations, including chairs, equipment, surface area, before and after each use
 - Shared workstations must be kept clear of all objects and paperwork
 - In common areas, clean and disinfect all surfaces before and after use; wash hands before and after contact
7. **Respiratory Etiquette:**
 - Employees should cover nose and mouth when sneezing, coughing, or yawning;
 - Wear a face covering or mask when within six feet of another person, or the recommended distance from the New York State Commissioner of Health;
 - When coughing and sneezing, cover your mouth and nose with a flexed elbow or tissue
 - If using a tissue, dispose of the tissue immediately;
 - Use an alcohol-based hand sanitizer of at least 60% or wash hands after coughing or sneezing; scrubbing for 20 seconds.
8. **Special Accommodations for Individuals with Added Risk Factors:** Inform your supervisor or the HR department if you fall within a group at increased risk of severe illness if infected and need an accommodation.

Advanced Controls During an Outbreak

1. Elimination: **[Practice Plan]** will temporarily suspend or eliminate risky activities, except for patient diagnostic and care services. These activities are subject to change and will be announced to all employees.
2. Engineering Controls: **[Practice Plan]** may adjust office layout or implement cleanable barriers. If possible, we may adjust mechanical, general or natural ventilation in our spaces.
3. Administrative Controls are policies and work rules used to prevent exposure. The following specific administrative controls will be used:
 - Increasing the space between team members;
 - Increased disinfecting procedures;
 - Not shaking out soiled laundry;
 - Employee training (as referenced in section 1.1.5);
 - Identify and prioritize job functions that are essential for continuous operations;
 - Cross-train employees to ensure critical operations can continue during worker absence;
 - Limit the use of shared workstations;
 - Post signs reminding employees of respiratory etiquette, masks, and handwashing;
 - Rearrange traffic flow to allow for one-way walking paths;
 - Provide clearly designated entrance and exits;
4. Personal Protective Equipment (PPE)

Exposure Control Readiness, Maintenance, and Storage

The controls we have selected will be obtained, properly stored, and maintained so that they are ready for immediate use in the event of an infectious disease outbreak and any applicable expiration dates will be properly considered.

1.1.3 Housekeeping During a Designated Outbreak

High-touch surfaces and objects that are touched repeatedly by multiple individuals must be cleaned frequently with an appropriate disinfectant. **[Practice Plan]** will select disinfectants based on NYSDOH and CDC guidance and follow manufacturer guidance for methods, dilution, use, and contact time.

Normal housekeeping duties and schedules will continue. Additional cleaning and disinfecting may be required. If a team member develops symptoms of the infectious disease at work, their work area will be isolated before cleaning and disinfecting. Liners will be used in trash containers and emptied often enough to prevent overfilling. Do not forcefully squeeze the air out of the trash bags before tying them closed. Surfaces contaminated with dust or other loose materials shall be wiped clean prior to disinfection, and the cleaning methods used should minimize dispersal of the dust or loose materials into the air.

1.1.4 Infection Response During a Designated Outbreak

If an actual, or suspected, infectious disease case occurs at work, take the following actions:

- Instruct the sick individual to wear a face covering and leave the worksite and follow NYSDOH/CDC/County guidance.
- Follow local and state authority guidance to inform impacted individuals.

Training and Information During a Designated Outbreak

Policy Activation

[Plan's contact] will verbally inform all team members of the existence and location of this plan, the circumstances under which it can be activated, the infectious disease standard, **[Practice Plan]** policies, and team members rights under the HERO Act.

Training

When this plan is activated, all personnel will receive training at no cost to them during working hours. If training during normal work hours is not possible, employees will be compensated for the training time (with pay or time off). The training which will cover all elements of this plan and the following topics:

1. The infectious agent and the disease(s) it can cause;
2. The signs and symptoms of the disease;
3. How the disease can be spread;
4. An explanation of this Exposure Prevention Plan;
5. The activities and locations at our worksite that may involve exposure to the infectious agent;

6. The use and limitations of exposure controls; and
7. A review of the standard, including employee rights provided under Labor Law, Section 218-B;
8. This plan will be posted in at least one team member common area.

1.1.6 Plan Evaluations During a Designated Outbreak

[Practice Plan] will review and revise the plan periodically, upon activation of the plan, and as often as needed to keep up to date with current requirements. Plan revisions will be communicated to all employees and documented in this plan.

1.1.7 Retaliation Protections and Reporting of Any Violations

No employer, or his or her agent, or person, acting as or on behalf of a hiring entity, or the officer or agent of any entity, business, corporation, partnership, or limited liability company, shall discriminate, threaten, retaliate against, or take adverse action against any employee for exercising their rights under this plan, including reporting conduct the employee reasonably believes in good faith violates the plan or airborne infectious disease concerns to their employer, government agencies, or officials or for refusing to work where an employee reasonably believes in good faith that such work exposes him or her, other workers, or the public to an unreasonable risk of exposure, provided the employee, another employee, or representative has notified the employer verbally or in writing, including electronic communication, of the inconsistent working conditions and the employer's failure to cure or if the employer knew or should have known of the inconsistent working conditions.

Notification of a violation by an employee may be made verbally or in writing, and without limitation to format including electronic communications. Written communications between the employer and employee regarding a potential risk of exposure shall be maintained by the employer for two years after the conclusion of the designation of a high-risk disease from the Commissioner of Health, or two years after the conclusion of the Governor's emergency declaration of a high-risk disease.

To report violations of this plan and retaliation of contact:

[Contact Name, Title, Email and Phone Number]

Revised: August 2021

Any questions regarding the Airborne Infectious Diseases Plans can be directed to Larry DiGiulio at 888-4705 or via email (larryd@buffalo.edu).

Compliance Training Update

NEW!! 2022 ICD-10-CM Code Changes Webinar

On Thursday, October 14, 2021, Peter Rossow will be presenting a webinar via Zoom which will review the ICD-10-CM annual updates for fiscal year 2022, including additions, revisions and deletions, as well as updates to previous ICD-10-CM coding conventions and guidelines.

This webinar is free, and is approved by AAPC for 1 CEU credit.

If you would like to join this webinar, and/or be included on any future calendar invitations for educational webinars, please contact Peter at prossow@buffalo.edu or 888-4702.

New Provider E/M & Documentation Training

New Provider E/M & Documentation Training is now available online by visiting the Education & Training page on the UBMD Compliance website. You may also schedule a Zoom meeting or call Peter Rossow if you have questions, or would like to discuss anything with him.

General Compliance: UBMD Training Program – An Overview

By: Sue Marasi, CHC, CPCA, Compliance Administrator

We occasionally receive questions and concerns regarding compliance training and what is required of providers and staff. We understand that our providers and staff are busy, but it is important to note that Federal and State regulations and guidelines determine the training we provide and require. OIG guidance and the Federal Sentencing Guidelines identify the need for training and education which are the first, and probably the most important, lines of defense for an effective compliance program.

With this in mind, the UBMD Compliance Office strives to provide all necessary training in the most efficient but complete way possible. As you know, we recently unveiled our new Compliance Office website (<https://ubmd.com/about-ubmd/Compliance.html>). The website will allow us to provide training in a more accessible manner. While some training is already available on the website, we are continuing to work on transitioning our remaining training programs to the site as well.

According to the UBMD Compliance Plan, all UBMD employees including executives, governing body members, providers and staff are required to complete a minimum of two hours compliance training biennially (every two years). That training can include, but is not limited to:

- Review of newsletters and successful completion of associated quizzes;
- One-on-one educational sessions with internal chart auditor;
- Group sessions with internal chart auditor, UBMD Compliance Officer, or his/her designee;
- Classes or seminars presented by the UBMD Compliance Office;
- Presentations made by outside consultants or medical billing specialists (proof of such training subject to approval by the Compliance Office);
- Off-site conferences or seminars covering health care compliance topics (proof of such training subject to approval by the Compliance Office);
- Computer-based compliance training programs; or
- Personalized training sessions provided by the Compliance Office, as needed or requested.

Each Practice Plan is responsible for maintaining documentation verifying attendance for any training and education sessions not provided by the Compliance Office, and forwarding all such documentation to the Compliance Office for review when necessary.

Is the Compliance Quarterly newsletter mandatory?

We *strongly encourage* all UBMD providers and staff to read through the newsletters as they contain important information, updates and regulatory changes. Communications such as the newsletter and other occasional emails, are an important part of having an effective compliance program, which federal guidelines require of all healthcare entities. In addition, each successfully completed quiz counts for .25 hour toward the 2 hours required biennially.

What training is required/mandatory?

1. **New Provider Training** is required for all new UBMD providers. The training video and quiz are available on our website. The successfully completed quiz is required as verification of completion. New providers can also contact Peter Rossow directly with any questions regarding this training.
2. **New Employee Training** is required for all newly hired UBMD employees within 6 months of hire. There is a training checklist on our website to ensure everything necessary is covered. New Employee Training includes providing contact info for Compliance Office, Compliance Hotline Flier, Compliance Issue Report form, Compliance Plan training, Employee Acknowledgement (all new and current employees are required to sign), HIPAA training, Fraud, Waste & Abuse training, and Sexual Harassment training.



**“Do what
is right,
not what
is easy.”**

~ Anonymous

3. **Fraud, Waste & Abuse Training** is mandatory annually for all UBMD personnel (executives, governing body members, providers and staff). This training has been provided through our 3rd quarter newsletter in years past, but this year we will be providing this training through a self-view PowerPoint presentation and quiz via our website in lieu of the 3rd quarter newsletter. We will provide information on this in the near future.
4. **HIPAA Training** is mandatory annually for all UBMD personnel (executives, governing body members, providers and staff). The link to the video, with quiz and directions for completion is on our website. We will send out an email reminder or include a reminder in one of the newsletters for all to complete the training.
5. **Sexual Harassment Training** is mandatory annually for all UBMD personnel (executives, governing body members, providers and staff). Since becoming mandatory, we have followed the University's schedule with this training, and will continue to do so. We will notify the practice plans when the training should be completed each year. If you complete Sexual Harassment Training through the University, Kaleida, or another acceptable source, you do not have to complete ours also. We simply offer it as another option. The practice must be able to provide proof of completion for their staff if ever requested by an external or internal investigator.

In addition to our annual Compliance Week email distributions in early November, we may occasionally send out timely emails regarding "breaking news" or important regulatory alerts. It is strongly recommended that everyone read through such emails as the topics could have an impact on your daily work.

Should a practice plan ever be audited, internally or externally, the practice may be required to show that all employees of the practice have kept up with required compliance training. Not having documentation of such could result in disciplinary action for the practice.

Hopefully this helps to clarify what is required regarding UBMD Compliance Training. We will continue to work to provide all necessary training in the most painless way possible for everyone. Should you have any questions regarding this, please do not hesitate to contact us.

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Have a question or idea for an article?

We are always looking for article topics, and would love to hear from you! In the *Compliance Quarterly*, we focus on current and relevant Compliance & HIPAA topics, regulatory updates, compliance training, billing, coding and helpful tips. If anyone has questions or a topic you would like to see covered, general or practice-focused, in a future edition of *Compliance Quarterly*, please contact Sue Marasi (smmarasi@buffalo.edu).

UBMD COMPLIANCE HOTLINE: 716.888.4752

Report suspect fraud/abuse, potential problems,
or HIPAA concerns.

Ask questions or request guidance | Provide relevant information.

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

(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:

[2021 2nd Quarter Quiz](#)

1. Modifier 22 is used to report _____.
 - A. Distinct procedural services
 - B. Reduced services
 - C. Increase procedural services
 - D. Discontinued procedure

2. Modifier 22 may be submitted with an E/M code as long as documentation is provided explaining the circumstances around the increased service.
 - A. True
 - B. False

3. If modifier 22 is approved for additional reimbursement, how much is the rate increase?
 - A. 5%
 - B. 15%
 - C. 25%
 - D. Depends on the payer

4. COVID is covered by New York State's Heroes Act, meaning the Airborne Infectious Disease Prevention Plan is operational.
 - A. True
 - B. False

5. Which of the following is mandatory annually for all UBMD employees, providers and staff?
 - A. Fraud, Waste & Abuse Training
 - B. HIPAA Training
 - C. Sexual Harassment Training
 - D. All of the Above