

<b>DEPARTMENT:</b> Regulatory Compliance Support	<b>POLICY DESCRIPTION:</b> Provider Coding/Billing Continuing Education Requirements for Professional Services
<b>PAGE:</b> 1 of 5	<b>REPLACES POLICY DATED:</b> 5/1/2008, 1/1/09, 1/1/2011
<b>EFFECTIVE DATE:</b> January 1, 2018	<b>REFERENCE NUMBER:</b> REGS.PROF.006
<b>APPROVED BY:</b> Ethics and Compliance Policy Committee	

<p><b>SCOPE:</b> All HCA Physician Services Group (PSG) Employed and Managed Providers involved in the performance and billing of Part B professional services.</p> <p>Providers including:          PSG Employed Physicians          PSG Managed Physicians  <i>Locum Tenens</i> Physicians          PSG Non-Physician Practitioners</p>
<p><b>PURPOSE:</b> To ensure that all PSG providers involved in code assignments for physician professional services are aware of coding and documentation guidelines including coding and documentation guideline changes, which may impact complete, accurate and consistent coding.</p>
<p><b>POLICY:</b> Each healthcare provider must complete a required minimum number of Coding Education (CE) hours per calendar year. Any associated costs will be the responsibility of the Company-affiliated facility or entity included within the scope of this policy.</p> <p>Each new healthcare provider must complete a minimum of four (4) hours of coding and documentation education within sixty (60) days of employment Education must include a minimum of two (2) CE hours related to Evaluation and Management Documentation Guidelines (1995 or 1997). New healthcare providers should also review all applicable company policies and procedures within the sixty (60) day timeframe.</p> <p>Each established healthcare provider must complete at least four (4) hours of coding and documentation education per year. See the required course listing, updated annually, on the Regs website. Note: New healthcare provider CE hours obtained within the same year are applicable towards the annual requirement.</p> <p>Formal coding and documentation education includes, but is not limited to, participation in conference calls and online multimedia training offered by the Regulatory Compliance Support Department (Regs), attendance at exit conferences after a coding and documentation review (<i>e.g.</i>, certified vendors, PSG field coders, Internal Audit), and annual review of Company coding and documentation policies and procedures. Informal coding education includes, but is not limited to reading: the Medicare contractor's provider manual, coding-specific carrier bulletins, <i>CPT Assistant</i>, <i>AHA Coding Clinic</i>, <i>CSI Radiation Oncology Coding Navigator</i>, or other reading pertinent to physician professional services coding and documentation. (See also the Company's policy for approved coding resources, REGS.GEN.007.)</p>

<b>DEPARTMENT:</b> Regulatory Compliance Support	<b>POLICY DESCRIPTION:</b> Provider Coding/Billing Continuing Education Requirements for Professional Services
<b>PAGE:</b> 2 of 5	<b>REPLACES POLICY DATED:</b> 5/1/2008, 1/1/09, 1/1/2011
<b>EFFECTIVE DATE:</b> January 1, 2018	<b>REFERENCE NUMBER:</b> REGS.PROF.006
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**DEFINITIONS:**

**Coding:** Coding is a function by which there is an assignment of a numeric or an alphanumeric classification to identify diagnoses and procedures. These classifications or “codes” are assigned based on the services provided and documented in the medical record. The classifications utilized for this purpose include: ICD-10-CM (International Classification of Disease – 10<sup>th</sup> edition – Clinical Modification); CPT (Current Procedural Terminology) or HCPCS Level II (Healthcare Common Procedure Coding Systems).

**Evaluation and Management Codes:** Evaluation and Management codes describe the skill, effort, time, responsibility and medical knowledge required for the prevention or diagnosis and treatment of illness or injury. Each healthcare provider providing evaluation and management services must adhere to the Evaluation and Management (E/M) guidelines published by CMS and the AMA (*i.e.*, the 1995 E/M Documentation Guidelines and the 1997 E/M Documentation Guidelines). Each provider should maintain a copy of these guidelines.

**Healthcare Provider:** The term Healthcare Provider, for the purpose of this policy, includes all physician and allied health professionals affiliated with an HCA entity or subsidiary by employment, contract or other professional services agreement including, but not limited to, providers who have reassigned their federally funded benefits to HCA or the subsidiary, and who are responsible for documentation that supports code assignments and/or selecting code assignments for physician professional services.

**Locum Tenens:** A temporarily employed or contracted physician who is fulfilling the duties and responsibilities of a particular physician in the absence of that physician on a continuous basis.

**Non-Physician Practitioner (NPP):** Any non-physician practitioner permitted by law to provide care and services within the scope of the individual’s license and consistent with individually granted clinical privileges by the entity (*e.g.*, physician assistants, nurse practitioners, and clinical nurse specialists).

**Physician:** Any physician permitted by law to provide care and services within the scope of the individual’s license and consistent with individually granted clinical privileges by the entity (*e.g.*, doctor of medicine, doctor of osteopathy).

**Professional Services:** Patient healthcare services provided by a Healthcare Provider which results in the coding and billing for the provider’s work.

<b>DEPARTMENT:</b> Regulatory Compliance Support	<b>POLICY DESCRIPTION:</b> Provider Coding/Billing Continuing Education Requirements for Professional Services
<b>PAGE:</b> 3 of 5	<b>REPLACES POLICY DATED:</b> 5/1/2008, 1/1/09, 1/1/2011
<b>EFFECTIVE DATE:</b> January 1, 2018	<b>REFERENCE NUMBER:</b> REGS.PROF.006
<b>APPROVED BY:</b> Ethics and Compliance Policy Committee	

**PROCEDURE:**

1. Each PSG Ethics and Compliance Officer (ECO) must designate an appropriate person (e.g., Institution Administrator, Regional Administrator, Office Manager) to track the required education hours.
2. It is the responsibility of the Regional Practice Administrator or other direct supervisor to maintain an education file to ensure that each healthcare provider receives the required coding education as set forth in this policy.
  - a. The education file must be reviewed quarterly by the entity's and/or healthcare provider's direct supervisor/area manager to evaluate individual coding education needs.
  - b. The education file must contain, at a minimum:
    - Copies of coding and documentation credential certification (where applicable),
    - Copies of CE forms from educational training,
    - Copies of attendance forms from exit conferences,
    - Acknowledgment of annual review of all applicable Company policies and procedures (log in HealthStream), and
    - Education tracking log of informal education completed (date and time spent).
  - c. Continuing education hours for providers contracted with under locum tenens arrangements must be tracked on a manual education log (refer to Attachment A).
3. The healthcare provider's Division Vice President or designee must use one of the following methods to track education pursuant to this policy:
  - a. The designated tracking system for the entity (i.e., the HealthStream Learning Center (HLC)).
  - b. The healthcare provider's Division Vice President or designee will be responsible for providing specific information related to coding continuing education compliance to the entity's ECO or Institution Administrator (IA), whichever is applicable.
4. Any healthcare provider who does not meet the designated time frame in obtaining the required hours of coding training must be reported to the ECO by the provider's direct supervisor/area manager. The ECO must report the healthcare provider's name and supervisor's/area manager's name to the Division or Market Vice President.

The ECO must also include in his or her report confirmation that an action plan has been developed for the healthcare provider to complete the required training immediately.

5. The entity must be able to prove compliance with this policy when requested.

<b>DEPARTMENT:</b> Regulatory Compliance Support	<b>POLICY DESCRIPTION:</b> Provider Coding/Billing Continuing Education Requirements for Professional Services
<b>PAGE:</b> 4 of 5	<b>REPLACES POLICY DATED:</b> 5/1/2008, 1/1/09, 1/1/2011
<b>EFFECTIVE DATE:</b> January 1, 2018	<b>REFERENCE NUMBER:</b> REGS.PROF.006
<b>APPROVED BY:</b> Ethics and Compliance Policy Committee	

6. New Hire Healthcare Provider Education Requirements:

Newly hired healthcare providers must obtain a minimum of four (4) formal coding continuing education hours within the first sixty (60) days of employment. Refer to the Regs Education Listing on Atlas for a list of required and suggested courses for the applicable calendar year. .

Education must include a minimum of two (2) CE hours related to Evaluation and Management Documentation Guidelines (1995 or 1997). New healthcare providers should also review all applicable company policies and procedures within the sixty (60) day timeframe.

The Regional Practice Administrator will assign time for each healthcare provider to complete the required hours of formal coding education.

7. Annual Healthcare Provider Education Requirements:

Healthcare Providers must obtain a minimum of four (4) coding CE hours per year. Refer to the Regs Education Listing on Atlas for a list of required and suggested courses for the applicable calendar year. Note: New hire education obtained during the same year counts towards the annual requirement.

a. Formal Coding Education

- i. The Regional Practice Administrator will assign time for each healthcare provider to complete the required hours of formal coding education.
- ii. Examples of formal education include: American Health Information Management Association (AHIMA), Decision Health or other Regs approved and/or sponsored coding audio conferences, exit conferences in conjunction with coding reviews, annual review of Coding Policies and Procedures, independent coding study courses, Company provided educational sessions, e.g., physician presentations, local coding meetings, and state association meetings.

b. Informal Coding Education

- i. The immediate supervisor will date stamp or write the received date on the upper right corner of each publication.
- ii. The direct supervisor will route the publication to each healthcare provider in the entity.
- iii. The direct supervisor/manager will assign appropriate time for each health care provider to complete the reading of publications based on the needs of the department. All healthcare providers must read the publication within 30 days of receipt to receive appropriate CE credit.
- iv. After reading the publication, the health care provider will sign and date it.
- v. Examples of informal education include review of coding newsletters, carrier bulletins, transmittals, and memorandums related to coding, *Medicare Keynotes*,

<b>DEPARTMENT:</b> Regulatory Compliance Support	<b>POLICY DESCRIPTION:</b> Provider Coding/Billing Continuing Education Requirements for Professional Services
<b>PAGE:</b> 5 of 5	<b>REPLACES POLICY DATED:</b> 5/1/2008, 1/1/09, 1/1/2011
<b>EFFECTIVE DATE:</b> January 1, 2018	<b>REFERENCE NUMBER:</b> REGS.PROF.006
<b>APPROVED BY:</b> Ethics and Compliance Policy Committee	

*AAPC Coding Edge, Journal of AHIMA, AHA Coding Handbook, AHA Coding Clinic, and CPT Assistant.*

8. *Locum Tenens* Continuing Education Requirements:

The following durations of expected *locum tenens* coverage defines the necessary CE requirements –

- A *locum tenens* provider who is expected to work 29 or fewer continuous days is not required to meet the new healthcare provider CE requirement of four (4) hours.
- A *locum tenens* provider who is expected to work 30 or more continuous days is required to meet the four (4) hours of CE requires for new healthcare providers.

9. The direct supervisor/area manager must maintain all of the routed publications in an accessible location.

The entity's ECO is responsible for implementation of this policy.

**REFERENCES:**

1. OIG Compliance Program for Individual and Small Group Physician Practices (2000)
2. OIG Model Compliance Plan for Third Party Billing Companies (1999)
3. Coding Orientation and Training for Outpatient Services Group Entities, [REGS.OSG.005](#)
4. Continuing Education Requirements Policy, [REGS.GEN.007](#)
5. Medicare Claims Processing Manual Pub 100-04 Transmittal 1335

**ATTACHMENT A**

**LOCUM TENENS PROVIDER CONTINUING EDUCATION TRACKING FORM**  
**Sample Only**

**Healthcare Provider Name:** \_\_\_\_\_ **Date of Hire:** \_\_\_\_\_

**Entity/Practice:** \_\_\_\_\_ **Supervisor:** \_\_\_\_\_

For each educational activity please specify program title or resource, date of completion or attendance and number or hours received. New hire education must be obtained within sixty days of employment.

	<b>Date Completed</b>	<b>HOURS EARNED</b>	<b>TOTAL</b>
<b>P&amp;P Review = 1.0 CEU</b>			
REGS.OSG.001			
REGS.OSG.010			
REGS.BILL.003			
REGS.GEN.002			
REGS.GEN.003			
REGS.GEN.004			
REGS.PROF.006			
REGS.OSG.BILL.001			
			1.0
<b>Program/Course Attended</b>			
Rational Physician Coding for E/M Services			1.0
Rational Physician Coding for Established Office Patients			1.0
		<b>TOTAL CE HOURS</b>	3.0

**COMPLETION DATE:** \_\_\_\_\_

**TOTAL CE HOURS:** \_\_\_\_\_

*This form must be maintained in the Healthcare Provider's Education File.*