

DEPARTMENT: Regulatory Compliance Support	POLICY DESCRIPTION: Physician/APP Coding/Billing Continuing Education Requirements for Professional Services
PAGE: 1 of 5	REPLACES POLICY DATED: 5/1/2008, 1/1/09, 1/1/2011, 1/1/2018
EFFECTIVE DATE: March 1, 2022	REFERENCE NUMBER: REGS.PROF.006
APPROVED BY: Ethics and Compliance Policy Committee	

SCOPE: All HCA Healthcare Physician Services Group (PSG) Employed and Managed Physicians/Advanced Practice Professionals (APPs) involved in the performance and billing of Part B professional services.

Physicians/APPs including:

- PSG Employed Physicians
- PSG Managed Physicians
- Locum Tenens Physicians
- PSG APPs

PURPOSE: To ensure that all PSG Physicians/APPs involved in code assignments for professional services are aware of coding and documentation guidelines including coding and documentation guideline changes, which may impact complete, accurate and consistent coding.

POLICY:

Each Physician/APP 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.

Each new Physician/APP must complete a minimum of two (2) hours of coding and documentation education within 60 days of employment. The two (2) CE hours must be related to Evaluation and Management Documentation Guidelines. New Physicians/APPs should also review all applicable company policies and procedures within the 60-day timeframe.

Each established Physician/APP must complete at least two (2) hours of coding and documentation education per year. See the course listing, updated annually, on the Regs website for any required courses. New CE hours obtained within the same year are applicable towards the annual requirement.

Note: The two (2) hours of coding education is a minimum annual requirement. Physicians/APPs may be required to obtain additional CE hours based on time-sensitive coding and/or regulatory updates.

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 (e.g., certified vendors, PSG Coding Operations, 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 bulletins, *CPT Assistant*, *AHA Coding Clinic*, *CSI Radiation Oncology Coding Navigator*, or other reading

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pertinent to physician professional services coding and documentation. (See also the Company's policy for approved coding resources, REGS.GEN.007).

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. The Physician's/APP's Practice Manager 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).
 - b. The Practice Manager 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.
 - c. Information to support completed Physician/APP education may include:
 - 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).
 - d. Continuing education hours for physicians contracted under locum tenens arrangements must be tracked on a manual education log (refer to Attachment A)
3. Any PSG/APP who does not meet the designated time frame in obtaining the required hours of coding training must be reported to the ECO by the Physician's/APP's direct supervisor/area manager. The ECO must report the healthcare Physician's/APP's name and practice 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.

4. The entity must be able to prove compliance with this policy when requested.
5. New Hire PSG/APP Education Requirements:

Newly hired Physicians/APPs must obtain a minimum of two (2) formal coding continuing education hours within the first 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.

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New healthcare providers should also review all applicable company policies and procedures within the 60-day timeframe.

The Practice Manager should assign time for each Physician/APP to complete the required hours of formal coding education.

6. Annual Physician/APP Education Requirements:

Physicians/APPs must obtain a minimum of two (2) 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 Practice Manager should assign time for each Physician/APP 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 Physician/APP in the entity.
- iii. The Practice Manager should assign appropriate time for each Physician/APP to complete the reading of publications based on the needs of the department. All Physicians/APPs should read the publication within 30 days of receipt to receive appropriate CE credit.
- iv. After reading the publication, the Physician/APP 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*, *AAPC Coding Edge*, *Journal of AHIMA*, *AHA Coding Handbook*, *AHA Coding Clinic*, and *CPT Assistant*.

7. Locum Tenens Continuing Education Requirements: The following durations of expected locum tenens coverage defines the necessary CE requirements –

- A *locum tenens* physician who is expected to work 29 or fewer continuous days is not required to meet the new healthcare provider CE requirement of two (2) hours.

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- A locum tenens physician who is expected to work 30 or more continuous days is required to meet the two (2) hours of CE requires for new healthcare providers.

8. The practice manager must maintain all of the routed publications in an accessible location.

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

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 – 10th 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.

Physician/APP: For the purpose of this policy, the term Physician/APP includes all physician and allied health professionals affiliated with an HCA Healthcare 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 Healthcare 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.

Advanced Practice Professionals (APPs): Any advanced practice professional 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).



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Professional Services: Patient healthcare services provided by a Physician/APP which results in the coding and billing for the provider's work.

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
6. [Attachment A](#): Locum Tenens Provider Continuing Education Tracking Form