



# COMPLIANCE IS NOT OPTIONAL

## Hey, Where's the PFSH? By Jackie Middleton RHIA, CCS-P

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During our pre-bill audits, we have found a common phrase documented- Past, Family, Social History “noncontributory.” While this seems appropriate to clinicians, it’s a big no-no to auditors. Many providers have asked, “Is it acceptable to use the phrase ‘noncontributory’ to describe past family or social history?”

Unfortunately, neither CMS nor any of the regional Medicare Administrative Contractors (MAC) have stated that they will accept those phrases. In fact, National Government Services (NGS) flatly state that they will not give credit for a family history that is documented as “noncontributory.”

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## Exciting News In Clinical Research Billing By Nicole Almiro

As you know, the conduct of clinical research has become an increasingly complex and bureaucratic process requiring investigators to negotiate a veritable maze of regulations. A considerable part of this involves billing as it requires coordination and sharing of information amongst many folks across the enterprise. Recognizing this, we developed a Clinical Research Billing Committee that includes representatives from across the research realm to improve our processes for clinical research billing.

One exciting accomplishment is the automation of the subject registration process. Currently, this process requires emailing and attaching forms to Patient Access to both register the study and then link subjects to the study. Beginning very shortly, investigators and coordinators will be able to utilize Midas to register their study and link patients; access their assigned FIN; and run reports for both completed and non-completed study FIN requests.

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## Coding Tip ml

### Documentation Based on Time

A provider may only use time in choosing the procedure code when spending more than 50% of the total face-to-face time of the visit in counseling / coordination of care. Documentation of the total time of the visit, the time spent in counseling/coordination of care and the nature of the counseling/coordination of care must be in the medical record.

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