EVMS MEDICAL GROUP

Compliance Newsletter

In This Issue

Compliance Hotline

Type:

http://157.21.29.163/Compliance/

and click on Hotline.

EVMS Medical Group Compliance concerns may also be sent to the EVMS Medical Group Compliance Office via phone, mail or e-mail.

Signed Release for a Copy of a Patient's Own Record

When releasing medical records to the patient it is often assumed that a signed release by the patient is always required which is not the case. Although HIPAA does not forbid obtaining a signed release there are many circumstances under which it would not be appropriate to do so. Federal law requires that we impose no "unreasonable burden" or delay in getting the patient a copy of his or her records. HHS guidance lists the following examples of when it would be inappropriate to require a signed release:

"….a doctor may not require an individual:

- Who wants a copy of her medical record mailed to her home address to physically come to the doctor's office to request access and provide proof of identity in person.
- To use a web portal for requesting access, as not all individuals will have ready access to the portal.
- To mail an access request, as this would unreasonably delay the covered entity's receipt of the request and thus, the individual's access;

While a covered entity may not require individuals to request access in these manners, a covered entity may permit an individual to do so, and covered entities are encouraged to offer individuals multiple options for requesting access."

In addition if your practice plans to ask that the patient fill out a signed release they must be notified in advance. As a reminder under Virginia State law we have 15 days from the date of the request to provide a patient with his or her records (HIPAA gives 30 days) and we cannot withhold records for payment. For additional information please visit the link below:

HHS Right of Access Guidance

Coding for BMI and Obesity

Body Mass Index (BMI) is a tool often used by providers to evaluate the health of patients by measuring their weight as it relates to height. In most risk adjustment models, only those codes describing morbid obesity risk adjust. According to the Official Coding Guidelines the BMI may be documented by other clinicians, but the associated diagnosis (such as obesity) must be documented by the patient's provider. BMI codes should only be assigned when the associated diagnosis (such as overweight or obesity) meets the definition of a reportable diagnosis (Section III, Reporting Additional Diagnoses). For reporting purposes "other diagnoses" is interpreted as additional conditions that affect patient care by requiring some or all of the following:

- clinical evaluation;
- therapeutic treatment;
- diagnostic procedures;
- extended length of hospital stay;
- increased nursing care and/or monitoring.

BMI can only be reported if a weight-related diagnosis is documented by the provider. Failure to thrive (adult-R62.7; child over 28 days –R62.51) and underweight (R63.6) are also considered weight-related diagnoses. When reporting HCC codes, remember that morbid obesity (E66.01) falls into an HCC category as well. Morbid obesity and obesity (E66.9) are always reportable when documented by the provider. Do not assign BMI codes during pregnancy.

BMI Risk Categories

BMI	Category
Below 18.5	Underweight
Between 18.5-24.9	Normal
Between 25.0-29.9	Overweight
Above 30.0	Obesity

Although BMI establishes standard numeric values that correlate with obesity, never code for obesity, morbid obesity, or any other diagnosis-related code from a BMI measurement. The BMI value cannot be used to report a diagnosis of obesity; rather, the provider must make that diagnosis, independent from any BMI recording, as an additional diagnosis. Differences in documentation such as overweight, obesity, and morbid obesity) result in different diagnosis code assignments in ICD-10. The provider should document how the BMI affects the patient's health as well as plans for managing any weight-related concerns.

Obesity Code	ICD-10-CM
Overweight	E66.3
Obesity, unspecified, NOS	E66.9
Morbid (severe) obesity	E66.01

e-PHI Security Tip

Any portable device that contains PHI such as a digital camera, laptop, or tablet should be stored in a locked location when not in use. Cameras and/or memory cards in particular should also be wiped clean once PHI has been stored in an appropriate location that is secure and duplicated.

Lunch Discussion Session September

Topic: Registration & Insurance

Who Should Attend: Managers and any staff involved in the registration process as it relates to obtaining and verifying insurance and working insurance-related issues. We will also discuss available reports and resources.

Date and Location:
Thursday, September 19th, 12-1:00 pm in HH 223

Please RSVP to Laura Brower at browerl@evms.edu or 451-6202 and feel free to bring your lunch!