New Clinician Documentation & Coding Reviews (NCR)

Effective Date: January 1, 2021

A retrospective twelve (12) encounter outpatient review will be performed for new outpatient/clinic billing clinicians (physicians and non-physician practitioners) who document and code their own professional charges. New clinicians will be identified based on their billing effective date in eStar and must have billed at least twenty-five (25) outpatient encounters within three (3) months of their billing effective date to qualify for review. Clinicians who do not meet the minimum threshold will be categorized as *Low Volume* in the NCR tracking spreadsheet.

New Clinician Retrospective Reviews:

Retrospective reviews are performed for new billing clinicians who have not previously had a review completed by the Office of Compliance & Corporate Integrity (OCCI). This review should be completed as soon as the clinician has met the minimum threshold of encounters to qualify for review.

Purpose:

The purpose of NCR is to evaluate documentation and coding to identify potential compliance risks and provide educational feedback to clinicians. OCCI will conduct reviews of all new clinicians to determine if they are in compliance with Vanderbilt University Medical Center (VUMC) policies and procedures, as well as current documentation and coding guidelines.

Review Methodology:

A clinician is identified as eligible for review based on their billing effective date in eStar and must have billed at least twenty-five (25) outpatient encounters to qualify for review. Once a clinician has met the minimum sample threshold a random selection of twelve (12) retrospective encounters will be selected for review by an outside vendor.

Upon completion of the review by the outside vendor, a Compliance Consultant will review the findings provided. The findings will determine whether a one-on-one meeting with a Compliance Consultant is required to discuss the findings. After the meeting, the report will be considered Final and the Compliance Consultant will send a request to VMG Business Office to correct any errors identified in the review and issue refunds, if necessary.

The reviews by the outside vendor shall be completed within ten (10) business days.

Review Outcome & Follow-Up:

This review is for educational purposes and is used to benchmark where clinicians are so we can provide appropriate education to their documentation needs and assistance in understanding E/M, HCPCS/CPT and ICD-10 coding. Accuracy rates will only be used as an internal indicator for re-review and will be the basis to determine if one-on-one discussion with the clinician is required since this is an educational review. Re-reviews will only include dates following the educational session to ensure the clinician has a complete understanding of the education that was provided.

Clinicians may require a post education review based upon the outcome of their review. Clinicians achieving an accuracy rate of 70% or greater will be removed from NCR monitoring and will migrate into

the Established Clinician Review (ECR) process with their respective department. Clinicians with an **accuracy rate of 69% or less** will be scheduled for re-review within **6 months**.

Upon re-review, clinicians achieving an accuracy rate of 80% or higher will be removed from NCR monitoring and will migrate into the ECR process with their respective department. Clinicians with an **accuracy rate of 79% or less** will be reported to department leadership and placed on focused monitoring until achieving an **accuracy rating of 90% on a monthly basis**. A minimum of 95% accuracy rate is the ultimate goal across all areas reviewed within VUMC.

Once clinicians have an understanding and are consistent with quality standards, as well as all relevant VUMC policies, their future reviews will fall into a scheduled rotation with their departmental reviews as part of VUMC's ECR process.