Purpose

The purpose of this policy is to outline the process for Weill Cornell Medicine (WCM) Department Administrators to obtain Compliance and Privacy Office (CPO) validation and approval when establishing a new place of service (POS) designation for Epic Departments in the electronic medical record (EMR). Ensuring the correct POS designation is essential to correctly list the POS code on third-party payer claims, thereby facilitating appropriate adjudication.

Policy

Under the Health Insurance Portability and Accountability Act of 1996 (HIPAA), the POS code set is a required element of the national standard for electronic transmission of professional health care claims. The POS code set is currently maintained by Centers for Medicare & Medicaid Services (CMS) for describing service locations on such claims. POS information is crucial for determining the eligibility of direct billing for Medicare, Medicaid and private insurance services provided by a provider. Payers also use POS codes to determine the level of reimbursement.

All clinical departments must obtain approval from the CPO for new Epic EMR Department POS prior to implementation, following the procedures outlined in this policy.

The CPO shall assist WCM in preventing and detecting potential non-compliance with POS through routine monitoring activities, documentation and coding or billing reviews, and internal/external investigations or audits. If non-compliance is identified, CPO will facilitate the process to assess the issue, quantify its impact, and initiate corrective actions with the departments affected.

Scope

This policy applies to all WCM Workforce Members as defined in this policy.

Definitions

Requestor – Any WCM Clinical Department leader

Place of Service – Two-digit codes placed on health care professional claims to indicate the setting in which a service was provided.

Workforce Members – Any faculty, staff, students, volunteers, trainees, and other persons whose conduct, in the performance of work for WCM, is under the direction and control of WCM, whether they are paid by WCM.

Procedure

1. As part of the POS identification process, the Requestor may submit their requests in writing to obc-mangers@med.cornell.edu.
2. The questionnaire must be completed by the Requestor along with their request for approval. Please see the Appendix – Section I for the list of questions.

3. The Requestor is responsible for submitting the request in advance of the new Epic department go-live to allow for sufficient time for CPO review and validation, as well as providing accurate responses to the questionnaire.

4. The requests will be monitored by the Billing Compliance Managers assigned to department, who will review the request and responses with the Director of Compliance Operations. Additional information or a meeting with clinical department leadership may be necessary.

5. All requests will be logged and tracked.

6. The Director of Operations, in collaboration with the Chief Compliance and Privacy Officer, will make a recommendation to approve or deny the POS requested.

7. Final approver of POS will be the Chief Compliance and Privacy Officer.

8. Final determination will be communicated via email to the Requestor. The Requestor is responsible for communicating the final decision to Epic.

Compliance with this Policy

All WCM Workforce Members are responsible for adhering to this policy. Failure to comply will be evaluated on a case-by-case basis and could lead to corrective action, up to and including termination, consistent with other relevant WCM and University Policies. Instances of non-compliance that potentially involve a lapse of professionalism may lead to engagement of the Office of Professionalism for evaluation and intervention.

Contact Information

Direct any questions about this policy to the Office of Compliance:

- Telephone: (646) 962-6930
- Email: Compliance@med.cornell.edu

Employees with knowledge of an actual or suspected non-compliance are required to report the issue to either a supervisor, the CPO, or anonymously through the reporting hotline at (866) 293-3077 or www.hotline.cornell.edu. All reported concerns regarding potential overpayments will be investigated promptly and in good faith, within timeframes consistent with applicable legal requirements.

References


Policy Approval

This policy was reviewed and approved by the Clinical Compliance Oversight Committee (CCOC).

Version History

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Appendix

Section I. Questionnaire

Please answer the following questions along with the request:

▪ New Epic Department Name
▪ POS Code Requested
▪ Department Contact Name and Email
▪ Exact location of the new Epic Department – Street Address, Building Name, Floor, Suite or Room #'s
▪ Will the space be owned or leased (If leased, specify who is the owner and what are the terms of the lease agreement). Please attach executed lease agreement.
▪ Days/Hours of operation
▪ Names and credentials of billing providers rendering services at the location (Include all physicians, NPs, PA's, and any other provider that will render a billable service).
▪ Types of services to be provided. Please include CPT/HCPCS codes that will be billed.
▪ Will NYP (Hospital) be billing any facility fee for services rendered in this new location during the hours of operation.
▪ Who will employ the administrative support staff – WCM (PO) or NYP (Hospital) or both?
▪ Who will employ the clinical support staff – WCM (PO) or NYP (Hospital) or both?
▪ Who will own the equipment used in the space? Is any of it included in the space lease arrangement (if there is one)?
▪ Who will provide/purchase supplies – WCM (PO) or NYP (Hospital) or both?
▪ When patient arrives and checks in for the appointment, is that registration performed by an NYP (Hospital) or WCM (PO) employee?
▪ When patient checks out after appointment is that check out performed by NYP (Hospital) or WCM (PO) employee?
▪ Are nurses, social workers, medical assistants, or any other non-MD clinical staff involved in the appointment? If yes, are these individuals employed by WCM (PO) or NYP (Hospital)?
▪ Are there residents and fellows at this location? If yes, please provide names and Post Graduate Year (PGY). Also, indicate if fellows are in ACGME program or non-ACGME.