



CONFERENCES & MEETINGS

Grand Rounds
Thursday, Jan. 8, 2004, 8:00 AM
Clinic Auditorium

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**Yes, No, Maybe So: Clinical Tools for Assessing and Resolving Patients'
Decisional Conflict about Health Care Options**

Dr. O'Connor has led a systematic review of trials of patients decision aids for the Cochrane Collaboration and is currently leading an international consensus panel on the quality of decision aids.

FROM DIVISIONS

- **Monoclonal Antibody Therapies.** Advances in the treatment of immunologically-mediated disease includes new monoclonal antibody therapies. Outpatient infusion of monoclonal antibody therapies has recently expanded within the Department of Medicine, particularly in the Divisions of Rheumatology, Allergy and Immunology and Gastroenterology and Hepatology.
 - Dr. Dooley began the UNC Rheumatology outpatient infusion clinic in 10/2001 as a one-day per week clinic to administer intravenous infliximab (anti-TNF) for rheumatoid arthritis and cyclophosphamide for lupus. The clinic has since expanded to 3-4 days weekly and employs one full-time and one part-time RN, infusing approximately 25 patients per week. In addition to rheumatology patients, this clinic administers intravenous gamma globulin to patients with immune deficiency and serves patients requiring infliximab for other conditions such as inflammatory bowel disease. The infusion clinic is located in the Ambulatory Care Center.

ANNOUNCEMENTS

- **Morbidity & Mortality Conference. Use of PEG Tubes to Assure Hydration and Nutrition.** Timothy Carey, M.D., Professor of Medicine, Division of General Medicine. Tuesday, January 6th, 12N-1pm, Clinic Auditorium.
- **Department events** - mark your calendar for more details, go to medicine.med.unc.edu for details: January 20th, 5-8pm (approx), Faculty Retreat, Old Clinic Aud. January 30th, 2-6pm Junior Faculty Research Symposium, TBA February 10-11, Write Winning Grants - A Seminar for Biomedical Research Faculty. Questions, X61146.
- **Research Faculty and Staff** - NOTE: the new internal processing form for grants and contracts should be used beginning January 1, 2004. The "Word" form can be found at: research.unc.edu/osr/ipf.doc

- Patients can be referred for infusions by calling 966-4191.
- The Gastroenterology and Hepatology Division has moved to newly renovated clinic space on the first floor of the main hospital, complete with a procedure and infusion suite. Due to the expanded need for infliximab (Remicade) infusions in Crohn's disease patients, we are performing scheduled Remicade infusions 5 days per week with room for 2 patients daily. We hope to expand this service when staffing and space permit as it is likely that the need for infliximab infusions for patients with IBD will increase and as several therapies that appear very promising in clinical trials become FDA approved. Patients can be referred for infliximab infusions through the Inflammatory Bowel Disease Center at 966-0140 or 843-8107.

- **University offices move planned** (Human Resources; Sponsored Research; and Finance) will be moving during January to the new University Administrative Office Building (AOB) located at 104 Airport Drive (across from the Giles Horney Building) off Airport Road. Details, go to: hr.unc.edu/hottopics/move/

FROM THE CHAIR'S OFFICE

Welcome to 2004. As promised, I wanted to start the year off with some thoughts on an important clinical issue - billing and coding. Let me start by simply stating that I never cease to be uplifted by the dedication of our physicians, and all the health care providers here at UNC, to providing the best possible care for our patients. Thus, like many of us, I find it ironic that as we strive to provide an ever higher level of care to our patients, the documentation requirements for reimbursement continually become more complex. However, right or wrong, this is the state of medicine in the United States and it is unrealistic to pretend otherwise. For our department and for the institution, it is increasingly important that we keep abreast of the documentation requirements of those who pay us. I think many of us feel we have a mission to provide top-flight health care to all of our patients. Put simply then, with no margin there is no mission. This is why we have to pay attention to the ever changing rules and regulations. Not only does this impact the reimbursement to the Department, but also reimbursement to UNC Hospitals.

Let me give you some examples regarding billing and coding for Evaluation and Management (E & M) services. It is critical, as outlined, to document time and effort spent on medical decision-making. For example, were laboratory (and other) tests reviewed, and what decisions were made for further treatment of the patient beyond the history and the physical examination? Dr. Dhaval Patel, Chief of the Division of Rheumatology, Allergy and Immunology (and Director of the Thurston Arthritis Center), recently forwarded to me a detailed overview on E&M billing and coding with a focus on medical decision-making. These were provided by the Joint Council of Allergy, Asthma and Immunology (JCAAI) - please see link [here](#). The JCAAI summary is not unique and you may have similar summaries from your specialty societies. For those of you who care for patients, please take a few minutes to familiarize yourself with this

brief review of the E&M rules. If you have questions or comments, Keith Gran can provide you further information and guidance. If there is a significant interest in this, we can organize sessions to update our faculty on these important issues.

We do this sort of coding in both the inpatient and outpatient settings. In the inpatient setting, all charges are abstracted from the chart by P&A coders, based on the documentation present. The coders make sure we are compliant (i.e. not billing for more than documented) but if we have not documented all we've done, we may not be reimbursed at an appropriate level. In the outpatient setting, billing is based on how you code the chart. Thus, unless you adhere to the requirements, you may be out of compliance by not billing at an appropriate level or, as in the inpatient setting, you may not be appropriately reimbursed.

Our clinical income supports not only our clinical care mission, but also our teaching and research missions. Please take time to educate yourself thus enabling us to obtain appropriate reimbursement so that we can continue to support our missions.

Questions or submissions, contact Rosemary_Simpson@med.unc.edu