

# Compliance Matters

September 2021

Compliance Hotline 1-800-597-3386

<https://rsfh.ethicspoint.com>



## MEDICARE

**Cardiac Device Credits** When a patient's implantable cardiac defibrillator or pacemaker is recalled or replaced through a warranty claim the manufacturer often offers a replacement device credit. [CMS reduces hospital payments](#) when a patient gets a reduced or no cost implanted cardiac device or partial or full credit for the removed device. Hospitals getting cardiac devices at no cost or with credit must use correct modifiers and condition codes when submitting inpatient or outpatient claims so Medicare only pays the reasonable cost of the device and doesn't make an overpayment.

Please see this [MLN Fact Sheet](#) for details on documenting, coding and billing of cardiac devices provided with credits or at no cost. You may also contact [Greg Wincott](#) for assistance or with questions.

## REGULATORY

**Delay for AUC Penalties** The [Appropriate Use Criteria program](#) was established to increase the rate of appropriate advanced diagnostic imaging services (CT, PET, MRI, etc.) provided to Medicare beneficiaries. Under this program, at the time a practitioner orders advanced diagnostic imaging for a Medicare beneficiary, they are required to consult a qualified Clinical Decision Support Mechanism (CDSM) – an electronic portal through which appropriate use criteria is accessed. The program is currently in an educational and operations testing period, but when fully implemented advanced diagnostic imaging claims that fail to report AUC consultations with qualified CDSMs will not be paid. Scheduled to take effect in January 2022, penalties for not getting an AUC consultation are now [expected to kick in January 1, 2023](#), or at the end of the year in which the public health emergency is over (whichever is later).

## DID YOU KNOW?

**Ongoing FCO Audits** In KPMG's recently published [2021 Chief Compliance Officer Survey](#), 72% of respondents identified audit results as one of their top metrics for evaluating the effectiveness of their compliance program. At RSFH the Functional Compliance Officers, and particularly their quarterly workplan audits, are an integral part of our effectiveness. These ongoing audits help ensure departments are following applicable policies and regulations while making it easy to identify potential process improvements or training opportunities.

As we continue to work with our colleagues at BSMH and symplr to further enhance our compliance program, 4<sup>th</sup> quarter audits will be completed in the same manner as before. Keep an eye out for details regarding your Q4 workplans coming at the end of September.

Thank you FCOs!

## In the News...

**US Obtains \$140 Million in Judgments Against South Carolina Clinics** In its complaint the United States alleged that Oaktree, FirstChoice, Labsource, PMA of the Carolinas and PMA of North Carolina — all of which were owned or operated by chiropractor Daniel McCollum — provided illegal financial incentives to providers to induce their referrals of urine drug tests in violation of the Stark Law and the Anti-Kickback Statute. ([More](#))

**Mount Pleasant Medical Provider Pleads Guilty to Federal Health Care Fraud** Joseph Benjamin Barton, 47, of Mount Pleasant, the owner and operator of Midlands Physical Medicine LLC in Richland County, has pleaded guilty to a felony count of health care fraud ([More](#))