Epic: Research Billing Review

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Agenda

- What is Epic Research Billing Review?
 - > Refresher on steps leading up to Research Billing Review
- Research Billing Compliance
- Understanding your budget
- Linking pts, encounters, and orders to studies in Epic
- Research Billing Review report
- Reminders & Best Practices





Target audience

Interventional Studies (Drug/Device trials)
Studies with Epic Orders (labs, imaging, pharmacy)
Studies with NCT #s (registered on clinicaltrials.gov)

These types of studies generate <u>clinical charges</u> that need to be paid for by the sponsor* or the participant/their insurance

*Sponsor = pharmaceutical company, grant, department funding





What is Epic Billing Review?

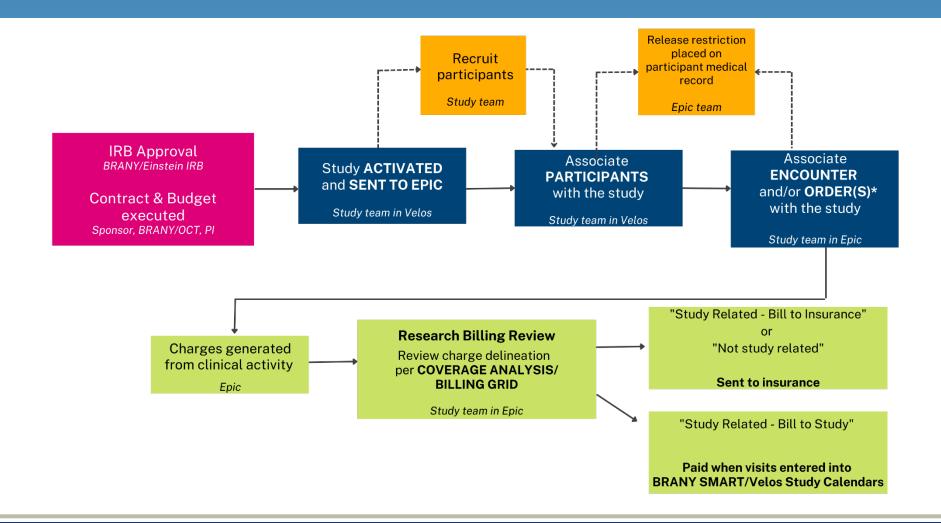








Epic Billing Review Workflow



Research Billing Compliance

JF17.1 Research Billing Policy

- CMS Clinical Trial Policy
- Billing noncompliance
 - > Civil and criminal penalties
 - > Delays in clinical revenue/not being reimbursed for services provided
 - > Participants receiving bills
 - > All research shut down 🕾





Before you perform billing review, make sure you...

- Understand your budget
 - > What will be billed to Sponsor/Insurance?
 - Study Memorandum (BRANY studies)
 - Coverage Analysis (if applicable)
 - Budget/Billing grid
- Know which systems will be used for study finances
 - BRANY SMART or Velos Study Calendars
- Set up Velos correctly
 - > Epic billing section in Study Summary tab
 - > Ensure study activation in Velos is COMPLETE and ACCURATE
- ☐ Ensure ancillary collaborations are established prior to study initiation

Epic Billing designation

EPIC BILLING

Who will pay for procedures and services listed in the protocol of your research study? (See definitions below and select one option)

In addition to the department, which office is responsible for approving budget (and/or agreement)?







Study Activation Checklist located in Velos – Study Summary Tab

STUDY ACTIVATION CHECKLIST		
1) STUDY SUMMARY tab:	0	
All fields have been entered/verified 2) STUDY TEAM tab:		
All Roles must be verified and approved by PI (The roles determine the access assigned in EPIC)		
3) STUDY STATUS tab: A)"Active Enrolling" status entered (Complete only after IRB Approval. Studies that are Closed to Accrual must still have an Active/Enrolling status entered in the STUDY STATUS tab with the date the study was activated)		
B) This study information has been approved by the Pl/designee to be posted on the website	Select a	n option 🗸
4) Specify EPIC involvement		
a. Involves EPIC Orders (Medications, Tests or Services)		
b. Clinicians want study participation known in EPIC		
c. Research visits scheduled in EPIC		
d. Trial involves any drug or device		
e. Blood will be processed at a Montefiore facility		

5) Determine EPIC status	
(Select one option below):	
a) SEND STUDY TO EPIC:	
(Studies meeting any criteria in question 4 above, must be sent to Epic AND have all participants registered in the Velos System.)	
OR	
b) DO NOT SEND STUDY TO EPIC:	
(If a PI feels that a study meeting the above criteria should NOT be sent to EPIC, administrative approval will be required before the study can be activated. To request approval:	
 (1) Enter your e-signature below. (2) Click on the attachment tab and upload any supporting documentation indicating why the study does not need to be sent to EPIC. (3) Click on the STUDY STATUS tab above, click "add a status", select "Ready for EPIC Exemption Review**" in the drop down for Study Status. (4) Indicate in the notes section the justification for not sending the study to EPIC. The PI will be notified if the request is approved.) 	





What do I bill to insurance? What do I bill to study?





Research Only – Bill to Sponsor Only

Description	Weekly Epic review required?
Procedures/services are being done for research purposes only and ALL will be paid for by research sponsor	No*, but all visits/procedures must be linked to study in Epic at time of scheduling/order.
<u> </u>	*Requires Epic review for exemption from global billing hold

Study teams are REQUIRED to link research visits/procedures to study at time of scheduling/placing order

Ensure participant status is current and accurate in Velos

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Research Only BRANY Managed Studies



STUDY MEMORANDUM

This Study Memorandum is agreed to by and between the undersigned pursuant to the Master Clinical Trial Agreement between Montefiore Medical Center (hereinafter "Institution") and Biomedical Research Alliance of New York ("BRANY") entered into on 10/9/1998 (hereinafter "MCTA"), to be incorporated therein. To the extent any terms set forth in this Study Memorandum differ from those in the MCTA, the terms of this Study Memorandum shall control.

Study Title: A PHASE 3, MULTI-CENTER, RANDOMIZED, DOUBLE-BLIND, PLACEBO-CONTROLLED STUDY TO ASSESS THE EFFICACY AND SAFETY OF

Sponsor:

Institution: Montefiore Medical Center Principal Investigator:

Overhead rate negotiated for this project: 35% Institution's overhead percentage: 14%

Per Patient Budget and Institutional Overhead Calculation are located in the Institutional OH SM budget.

Payments for patients who do not complete the study will be prorated based on the number of completed Visits.

Total number of patients to be enrolled: 3

Approximate Total Compensation (without overhead): \$

All study visits and procedures are covered by the study budget. Nothing related to the study should be billed to the subject or the subjects insurance.

Approximate Study Duration: 8/6/2019 – Study is complete

Phase: I

The terms of the agreement between BRANY as agent for Institution and the study Sponsor are included in the Final Clinical Study Agreement.

Submission of BRANY enrollment logs:

Investigator shall submit completed enrollment reports to BRANY by the 21st of each month.



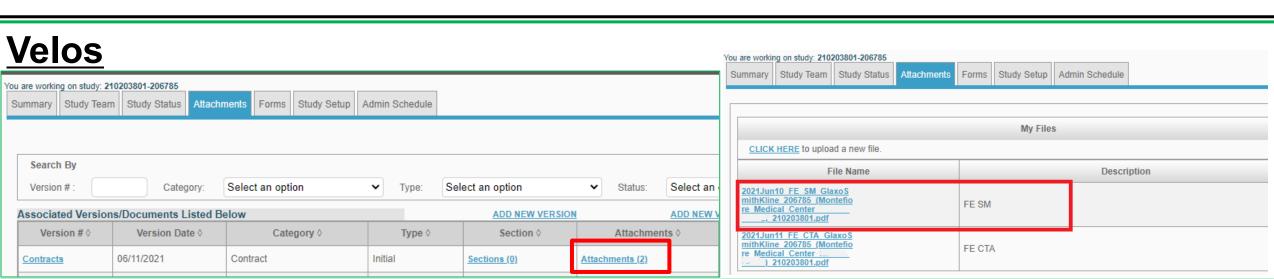


BRANY SMART

NCI #: NCI04



- Study Site Attachments Top » CTA SM				
Total one military of the state				
Display Name		Туре	Description	Attached On
FE CTA GlaxoSmithKline 206785 (Montefiore Medical Center.	stamped 06112021.pdf	Fully Executed CTA		6/14/2021
FE SM GlaxoSmithKline 206785 (Montefiore Medical Center,	stamped.pdf	Fully Executed SM		6/14/2021
■ Institutional OH SM Final Budget 3K206785 Budget 5.12.2021.	<u>dsx</u>	Budget		6/14/2021



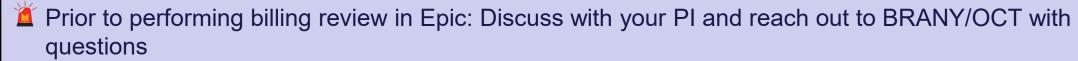
Research Only Budget

Code	Procedure	ОН	Budget		Pre-SCR / V0*	SCR / V1*	V2	V3**	V4**	V5**	V6**	V7**	V8**	V9	V10**
INCON	Informed consent	-	20	0	200										
DEMOG	Medical history/Demographics (including smoking status)		10	0	100										
INCEX	Inclusion/Exclusion criteria; Randomization criteria		12	5	125	125	125								
94010	Spirometry, including graphic record, total and timed vital capacity, expiratory flow rate measurement(s), forced expiratory volume (FEV), with or without maximal voluntary ventilation (MVV), pulmonary function test (PFT), lung function test		22	o			220			220				220	
CONMD	Concomitant medications		6	3	63	63	63	63	63	63	63	63	63	63	63
99205	Initial examination: a comprehensive physical examination including one set of vital signs, weight and height		32	4		324									
99215	Complete physical examinations: Includes a comprehensive physical examination, one set of Vital signs, Weight		33	4											
99211	Vital signs	-	' 6	5			65		65			65		65	
93005	Single 12-lead ECG: Tracing only	-	17	5		175	175							175	
ADEVT	Adverse events		7	4	74	74	74	74	74	74	74	74	74	74	74
36415	Blood draw, phlebotomy, routine venipuncture for collection of specimen(s), simple; for central laboratory (Hematology with differential; Clinical chemistry; serum pregnancy - if applicable; Anti-MPO antibody; anti-PR3 antibody; ANA; anti-dsDNA antibody; Complement C3 and C4; Immunogenicity sample; Genetic sample - if applicable): Includes preparation of specimen		, 5	3		58	58	58	58	58		58		58	58
99000	Lab handling and/or shipping of specimen(s), simple; for central laboratory	•	6	4		64	64	64	64	64		64		64	64
T9010	Urine collection for central laboratory (urinalysis)	•	, 3	4		34									
96372	Subcutaneous injection of monoclonal antibodies (GSK3511294/placebo)		11	7			117							117	
96372	Subcutaneous injection of monoclonal antibodies (Mepolizumab/placebo)		11	7			117	117	117	117	117	117	117		117
99442	Telemedicine/Video evaluation - for Remote/Home visit		17	5											
	Procedures Sub Total				US\$ 562	US\$ 917	US\$ 1,078	US\$ 376	US\$ 441	US\$ 596	US\$ 254	US\$ 441	US\$ 254	US\$ 836	US\$ 376

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Mix of Research and Standard of Care (SOC)

Description	Weekly Epic review required?
Procedures/services are being done for a mix of research and routine care purposes only	**YES!**
	ALL charges for patients associated with study will be held in Epic.
	 Charges are either: Study related – bill to study Study related – bill to insurance Requires "Routine" or "Investigational/Device" modifier Not study related



Refer to coverage analysis/billing grid for breakdown of research/SOC charges

Update participant status in Velos when off study to trigger Epic to stop holding charges

Mix of Research and SOC BRANY Managed studies



STUDY MEMORANDUM

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Study Title: A Randomized, Double-blind, Placebo-controlled Study to Assess the Safety,

Pharmacokinetics and Efficacy of

Sponsor:

Institution: Montefiore Medical Center Principal Investigator:

Overhead rate negotiated for this project: 35% Institution's overhead percentage: 14%

Per Patient Budget and Institutional Overhead Calculation are located in the Institutional OH SM budget.

Payments for patients who do not complete the study will be prorated based on the number of completed Visits.

Total number of patients to be enrolled: 4

Approximate Total Compensation (without overhead): \$

Billing for routine procedures or tests is subject to your Institutions billing compliance policy and Medicare coverage analysis.

Approximate Study Duration: 07/10/2020 - Upon Study Completion

Phase: I

The terms of the agreement between BRANY as agent for Institution and the study Sponsor are included in the Final Clinical Study Agreement and Final Letter of Indemnification.

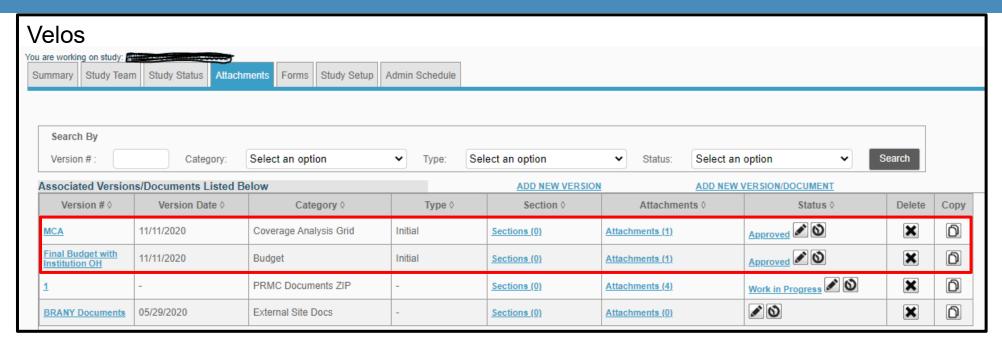
Submission of BRANY enrollment logs:

Investigator shall submit completed enrollment reports to BRANY by the 21st of each month.





Coverage Analysis





Enter Y/N at each visit timepoint if diagnosis Code Z00.6 (formerly 70.7) (and Condition Code 30, where applicable)	Cove	rage Analysis			S = Paid for by Sponsor MI =Billiable to Medicare/i considered routine care b SI = Paid for by sponsor b NB = Not billable to Medic N/R = Item not reviewable items) CL = Central Lab	y the insout to be care (to	stitutior e invoic be app	n. ed whe blied to I	n it occu P only)	urs
Eater VN at each was temporal fidageous Coles 2008 (fermerly 76.7) (and Condition Coles 30, where applicable) Winding Assessments CPC Code USCA CODE INCA CODE Florences NR CODE INCA CODE	ASSESSMENT/EVENT	CPT Code	NCD/LCD/ References		Comments	Screen				
Complete	Study Visit					-28 to -1	Day 1		Day 5	Day 8
CECS OFFICE 1. Tothor eyalation and assessment Note NR NR N CF of Mill of the cheet, abdomes and privin at baseline. A decicated priving in the cheet, abdomes and privin at baseline. A decicated priving in the cheet, abdomes and privin at baseline. A decicated priving in the cheet, abdomes and privin at baseline. A decicated priving in the cheet, abdomes and priving at baseline. A decicated priving in the cheet, abdomes and priving at baseline. A decicated priving in the cheet, abdomes and priving at baseline. A decicated priving in the cheet, abdomes and priving at baseline. A decicated priving in the cheet, abdomes and priving at baseline. A decicated priving in the cheet, abdomes and priving at baseline. A decicated priving in the cheet, abdomes and priving at baseline. A decicated priving in the cheet, abdomes and priving at baseline. A decicated priving in the cheet, abdomes and priving at baseline. A decicated priving in the cheet, abdomes and priving at baseline. A decicated priving in the cheet, abdomes and priving at baseline. A decicated priving in the cheet, abdomes and priving at baseline. A decicated priving in the cheet, abdomes and priving at baseline. A decicated priving in the cheet, abdomes and priving at baseline. A decicated priving and another of the results of the cheet, abdomes and priving at baseline. A decicated priving and another and the cheet, abdomes and priving at baseline. A decicated priving and another another and another and another and another another another another and another ano				ON/O1 Modifier?	>	Y	ΙΥ	N N	Y	Y
SECST Criteria - Tumor evaluation and assessment. None MRR MR TO VIRIS free youter address and passessment and passes it seasons. A address of passes in the first of MRR of the mandated at exceening, but if no disease is present at baseline, criteria free in the first of water and of the attention of the passes and passes in the first 24 weeks and every 50 weeks from first 24 weeks and every 50 weeks and every 50 weeks from first 24 weeks and every 50 weeks 50 weeks and every 50 weeks 50 weeks from first 24 weeks and ever	Imaging Assessments	CPT Code	NCD/LCD/ References		Comments					
Venpuncture Service performed to obtain samples for processing at a local lab and patient M M S x x 2		71250-71270 CT chest 74150-74170 CT abd only 72192-72194 CT pelvis only 74176-74178 CT abd & pelvis 71550-71552 MRI chest 74181-74183 MRI abd	Footnote 3 NCD 220.1 CT NCD 220.2 MRI		MRI protocol is recommended for optimal assessment. A CT or MRI of chest is mandated at screening, but if no disease is present at baseline, chest follow-up scans are only required when clinically indicated. After start of treatment (C1D1), scans will be repeated every 6 weeks for the first 24 weeks and every 9 weeks thereafter, until objective radiological disease progression by investigator assessment using RECIST v1.1. Footnote 3: For high-grade Endometrial Carcinoma, consider C/A/P CT to evaluate for metastatic disease at workup, if non-fertility sparing treatment is being considered.					
Venipuncture Service performed to obtain samples for processing at a local lab and patient M M M S x x 2	Laboratory Assessments	CPT Code	NCD/LCD/ References		Comments					
Pegnancy test 84703 (serum), 81025 (urine) Footnote 4 N Footnote 6: Ansemia, febrie neutropenia, leukopenia, neutropenia, Peutropenia studies with advaosered in clinical studies with advaosered in combination with other anti-cancer agents. Noc 310.1 This charge would be designated as "Research Related — Bill to Insurance" in Epic at time of billing review Comprehensive Metabolic Panel (CMP) Ocass Clinical Studies (CMP) Ocass	Venipuncture	36415	NCD 310.1			М	М		Sx2	М
Hematology (CBC w/ diff and platelets) 85025 CBC Pontonte 5 NCD 190.15 Blood Counts NCD 310.1 This charge would be designated as "Research Related — Bill to Insurance" in Epic at time of billing review Comprehensive Metabolic Panel (CMP) Coagulation: Prothrombin Time (PT) and INR; Partial Research Related — No. 100.01.01.01.01.01.01.01.01.01.01.01.01.	Pregnancy test	84703 (serum), 81025 (urine)	Footnote 4	N	management.	SI	SI			
Comprehensive Metabolic Panel (CMP) SZ435 Chloride 82565 Creatinine 84132 Potassium 84132 Potassium 82247 Total Bilirubin 82505 Illin Fromboplastin Time (PT) and INR; Partial Thromboplastin Time (PTT) At time of billing review SZ435 Chloride 82565 Creatinine 82565 Creatinine 82495 Sodium 82247 Total Bilirubin 84520 BIJN Footnote 4 N Revalions, and Protonged GTC. Routine, regular testing of nepauc transaminases, total bilirubin and alkaline phosphatase are recommended per protocols. M Potation Protocols. SS610 (PT); 3555F (NR); 85730 PTT Footnote 4 N SS610 (PT); 3555F (NR); 85730 PTT	Hematology (CBC w/ diff and platelets)	85025 CBC	Footnote 5 Footnote 6 NCD 190.15 Blood Counts	Y	pancytopenia and thrombocytopenia have been observed in clinical studies with adavosertib, either as monotherapy, or in combination with other anticancer agents. Haematological values should be regularly monitored when	М	м			М
Section Sect	Comprehensive Metabolic Panel (CMP)	at time of billing review		Relat	elevations, and Projonged QTC. Routine, regular testing of nepatic	pic	м			м
Thromboplastin Time (PTT)		84132 Potassium 84295 Sodium 82247 Total Bilirubin								
		85610 (PT); 3555F (INR); 85730 PTT	Footnote 4	N		S				
		81000-81015	Footnote 4	N		S				
				'		<u> </u>				

Legend:

M= Billable to Medicare/Insurance/Patient

Budget/Billing Grid

This would be designated as "Research Related - Bill to Insurance" at time of billing review

	Duration	3 years								36								
NB = Not billa	ble																	
	Direct Costs Based on Schedule of Events of approved proto	col				0		2		16		24		52				
CPT Codes	Procedure	Cost		Quantity		Screening Visit		Visit 1	,	Visit 2	,	Visit 3	,	Visit 4	,	Visit 5	Total	
NB	Informed consent	\$	150.00	1	\$	150.00											\$	150.00
NB	Inclusion/Exclusion Criteria	\$	75.00	1	\$	75.00											\$	75.00
NB	Demographic information	\$	50.00	1	\$	50.00											\$	50.00
99201-5	Complete Physical Exam (PE) with VS, asthma and nasal polyp history		SOC	1		SOC		SOC		SOC		SOC		SOC		SOC	\$	_
99211-3	Follow-up visit with PE &VS		soc	4		soc		SOC		SOC		soc		soc		soc	\$	-
NB	SNOT-22	\$	40.00	4			\$	40.00	\$	40.00	\$	40.00	\$	40.00	\$	40.00	\$	200.00
NB	UPSIT	\$	70.00	4			\$	70.00	\$	70.00	\$	70.00	\$	70.00	\$	70.00	\$	350.00
NB	ACQ-6	\$	35.00	4			\$	35.00	\$	35.00	\$	35.00	\$	35.00	\$	35.00	\$	175.00
94010	Spirometry	\$	229.42	4			\$	229.42	\$	229.42	\$	229.42	\$	229.42	\$	229.42	\$	1,147.10
NB	Nasal peakflow measurement	\$	20.00	4			\$	20.00	\$	20.00	\$	20.00	\$	20.00	\$	20.00	\$	100.00
NB	Peakflow measurement	\$	20.00	4			\$	20.00	\$	20.00	\$	20.00	\$	20.00	\$	20.00	\$	100.00
36/15	Veninuncture	S	30.40		c	30 10	¢	30.40	\$	39.40	\$	39.40	\$	39.40	\$	39.40	\$	236.40
	Local lab collection and processing incl. hematology, chemistry, and IgE	\$	290.99	6	SOC	c	soc	С	so	c	so	С	soc		so	С	\$	
Central	Eicosanoid analysis in urine/uLTE4 - processing	\$	200.00	5			\$	200.00	\$	200.00	\$	200.00	\$	200.00	\$	200.00	\$	1,000.00
NB	Nasal fluid and blood sample collection, processing, and storage of PBMC in liquid nitrogen and other sample	\$	200.00	5			\$	200.00	\$	200.00	\$	200.00	\$	200.00	\$	200.00	\$	1,000.00
NB	Peakflow meters	\$	20.00	5			\$	20.00	\$	20.00	\$	20.00	\$	20.00	\$	20.00	\$	100.00

19

Budget/Billing Grid

None				
None				
None		Study Procedures	Co	st
None	СРТ	Day		
None	None	Informed Consent (rolled into SC T/E)	\$	
None	None	Demographic (SOC or rolled into SC T/E)	\$	
None	None		\$	
87635 SARS-CoV-2 PT-PCR for eligibility and continued positivity \$ 84703 Pregnancy test (serum) \$ 856800 ABO Uyee (prior results acceptable, monitor frequency) \$ 71047 Chest X-ray (3way) or, \$ 71047 Chest X-ray (3way) or, \$ 71050 CT Scan - Chest vIo contrast \$ 93005-93010 EKGJECG \$ 82803 Obugenation level - atterial blood gas \$ 82803 Obugenation folled into SCT / E \$ 8480430 Blood product storage, processing and administration \$ 93107 Vital signs V	None	Inclusion/Exclusion (rolled into SC T/E)	\$	
84703 Pregnancy test (serum)	None	COVID-19 symptom screen	\$	
88900 ABD type (prior results acceptable; monitor frequency) \$ 71047 Chest X-ray (Dway) or, \$ 8 71250 CT Scan - Chest Wo contrast \$ 8 8 8 8 8 8 8 8 8	87635	SARS-CoV-2 RT-PCR for eligibility and continued positivity	\$	
Titlog	84703	Pregnancy test (serum)	\$	
T1250	86900	ABO type (prior results acceptable; monitor frequency)	\$	
Section	71047	Chest X-ray (3way) or,	\$	
Region R	71250	CT Scan - Chest w/o contrast	\$	
None	93005-93010	EKG/ECG	\$	
36430 Elood product storage, processing and administration \$	82803	Oxygenation level - arterial blood gas	\$	
2010F	None	Randomization (rolled into SC T/E)	\$	
38415 Venipuncture	36430	Blood product storage, processing and administration	\$	
S3320-9332 Echocardiogram and/or left heart catherization data \$	2010F	Vital signs	\$	
39325-93926 Duplex US of extremities \$ 3555F NIR monitoring (report) \$ \$ \$ \$ \$ \$ \$ \$ \$	36415	Venipuncture	\$	
SSSSF INR monitoring (report) \$	93320-9332	Echocardiogram and/or left heart catherization data	\$	
93231-93233 Inpatient subsequent care	93925-93926	Duplex US of extremities	\$	
99211-5	3555F	INR monitoring (report)	\$	
NB Symptom screen (rolled into PITIE) \$ NB Concominitant medications (rolled into PISC TIE) \$ NB Assessment vIII point WHO coldnals scale (rolled into PISC TIE) \$ NB Adverse events monitoring (rolled into SCIPITIE) \$ 85025 CBC \$ 86141 CFP \$ 83615 LDH \$ 80053 CMP \$ 85730 PTT \$ 95380 D-dimer \$ 85380 Fibrinogen \$ 82728 Fertitin \$ 84145 Procalcitonin (PCT) \$ 80766 LFT \$ 80380 NT pro-BNP \$ 82484 Troponin \$ 86763 Serological testing: SARS CoV-2 antibody \$	99231-99233	Inpatient subsequent care	\$	
NB Concominatant medications (rolled into PUSC T/E) \$ NB Assessment wf1 point wHD ordinal scale (rolled into PUSC T/E) \$ NB Adverse events monitoring (rolled into SC/PIT/E) \$ 65025 CBC \$ 86141 CPP \$ 83675 LDH \$ 80003 CMP \$ 85730 D-dimer \$ 85380 D-dimer \$ 85394 Fibrinogen \$ 82728 Ferritin \$ 84145 Procalcitonin (PCT) \$ 80076 LFT \$ 83880 AT pro-SNP \$ 82550 CPK \$ 84444 Troponin \$ 86769 Serological testing: SARS CoV-2 antibody \$	99211-5	Physical exam focused level 2- outpatient	\$	
NB	NB	Symptom screen (rolled into PIT/E)	\$	
NB Adverse events monitoring (rolled into SCIPITIE) \$ 85025 CBC \$ 86141 CPP \$ 83615 LDH \$ 80053 CMP \$ 85730 PTT \$ 85380 D-dimer \$ 853804 Fibrinogen \$ 82728 Fertitin \$ 84145 Procalcitorin (PCT) \$ 80380 MT pro-BNP \$ 82550 CPK \$ 84484 Troponin \$ 86763 Serological testing: SARS CoV-2 antibody \$	NB	Concomintant medications (rolled into PI/SC T/E)	\$	
85025 CBC	NB	Assessment w/11 point WHO ordinal scale (rolled into PI/SC T/E)	\$	
86141 CRP	NB	Adverse events monitoring (rolled into SC/PI T/E)	\$	
83615 LDH	85025	CBC	\$	
80053 CMP \$ 85730 PTT \$ 85730	86141	CRP	\$	
85730 PTT	83615	LDH	\$	
85380 D-dimer \$	80053	CMP	\$	
85384 Fibrinogen \$ 82728 Ferritin \$ 84145 Procalcitorin (PCT) \$ 80076 LFT \$ 83880 NT pro-BNP \$ 82550 CPK \$ 84484 Troponin \$ 86769 Serological testing: SARS CoV-2 antibody \$	85730	PTT	\$	
82728 Ferritin \$ 84145 Procalctonin (PCT) \$ 80076 LFT \$ 83880 NT pro-BNP \$ 82550 CPK \$ 84484 Troponin \$ 86769 Serological testing: SARS CoV-2 antibody \$	85380	D-dimer	\$	
8415 Procalcitonin (PCT) \$ 80076 LFT \$ 83880 NT pro-5NP \$ 82550 CPK \$ 84484 Troponin \$ 86769 Serological testing: SARS CoV-2 antibody \$	85384	Fibrinogen	\$	
80076 LFT \$ 83880 NT pro-BNP \$ 82550 CPK \$ 84484 Tropporin \$ 86769 Serological testing: SARS CoV-2 antibody \$				
83880 NT pro-BNP \$ 82550 CPK \$ 84484 Troponin \$ 86769 Serological testing: SARS CoV-2 antibody \$		Procalcitonin (PCT)		
82550 CPK \$ 84484 Troponin \$ 86769 Serological testing: SARS CoV-2 antibody \$				
84484 Troponin \$ 86769 Serological testing: SARS CoV-2 antibody \$				
86769 Serological testing: SARS CoV-2 antibody \$	82550	CPK		
86360 Lymphocyte subset \$	86769	Serological testing: SARS CoV-2 antibody		
	86360	Lymphocyte subset	\$	

			Sched	dule of Stu	dy Assess	ment and	Procedures - P	er Patient	1	
ŀ					Sche	edule of Ev	ents			
1	Screen (Inpt)	Baseline (Inpt)	Transfusion (Inpt)				Follow	-ир		
	-3 - 0	0	0	1	3	7	14 inpt or discharge outpt* (+ <i>I</i> -5)	28 (+ <i>l</i> - 5)	60 Phone call	90 (+ <i>l</i> - 5)
П	NB									
П	SOC									
	SOC									
П	NB									
П	SOC									
П	SOC					R	R	R		R
Ц	SOC									
Ц	R									
Ц	SOC				SOC		SOC			
Ц	SOC				SOC		SOC			
Ц	SOC				SOC		SOC			
Щ	SOC									
Щ		NB								
н			R							
Щ	SOC	SOC	SOC	SOC	SOC	SOC				
Н	SOC	SOC		SOC	SOC	SOC	SOC/CRC	CRC		CRC
Н					SOC					
H				SOC	SOC	SOC	SOC			
H	000	000	000	NB	NB	NB	NB			
н	SOC	SOC	500	SOC	SOC	SOC	SOC			
н	SOC	000	SOC	SOC	SOC		SOC	ono	110	ope
Н	SOC	SOC	300	SOC	SOC	SOC	SOC/CRC SOC/CRC	CRC	NB NB	CRC
н	300	SOC		SOC	SOC	SOC	SOCICRC	CRC	NB NB	CRC
н		300	NB	NB	NB	NB	NB	NB	NB NB	NB
н		SOC	IAD	SOC	SOC	SOC	SOC	IVD	IVL	IVD
н		SOC		SOC	SOC	SOC	SOC			
H		SOC		SOC	SOC	SOC	SOC			
		SOC		SOC	SOC	SOC	SOC			
H		SOC		SOC	SOC	SOC	SOC			
H		SOC		SOC	SOC	SOC	SOC			
H		SOC		SOC	SOC	SOC	SOC			
H		SOC		SOC	SOC	SOC	SOC			
Ħ		SOC		SOC	SOC	SOC	SOC			
Ħ		SOC		SOC	SOC	SOC	SOC			
Ħ	SOC	SOC			SOC					
Ħ		SOC		SOC	SOC	SOC	SOC			
Ħ		SOC		SOC	SOC	SOC	SOC			
Ħ		EL	BB/EL	EL		EL	EL	EL		EL
П				B		R	R	R		B

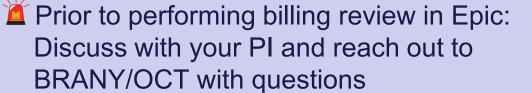
NB = Non-billable

SOC = Standard of Care

R = Research

CRC = Clinical Research Center

EL = Einstein Lab







SOC Only

Description	Weekly Epic review required?
All procedures/services are routine care and would be done whether or not the participant was in the trial	YES. ALL charges for participants associated with study will be held in Epic.
	Charges are either:Study related – bill to insuranceNot study related

Update participant status in Velos when off study to trigger Epic to stop holding charges

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			uv/u i						_						_
ASSESSMENT/EVENT	CPT Code	NCD/LCD/ References	Modifier?	Comments	Screenin	Abla	Ablation Procedure Visit								. PRN/As
Study Visit						Pre Procedur e	Procedure	Prior to Hospital Discharge	3 Month F/I	J 6 Month F/U	9 Month F/U	12 Month F/U	24 Month F/U	60 Month F/U	Necessary
	nt if diagnosis Code Z00.6 (formerly 70.7) (and Co				Υ	Υ	Y	Υ	Υ	Y	Υ	Υ	Υ	Υ	N
Administrative procedures and forms	CPT Code	NCD/LCD/ References	Q0/Q1	Comments											
Informed consent	None	N/R	N		S										
Inclusion/Exclusion	None	N/R	N		S										
Ablation Procedure Data Collection	None	N/R	N				S								
Randomization Adverse Events	None None	N/R N/R	N N				S	S	S	S	S	S	S	S	-
Adverse Events			W W				3	5	3	3	3	3	3	3	
Procedures and tests	CPT Code	NCD/LCD/ References	Modifier?	Comments											
Physical Examination (PE) including NYHA Functional Class Scale (at screening as applicable), Demographics (at screening), Vital Signs, Cardiovascular History and Medical History, Cardiac Medications, CHA2DS2Vasc Score (at screening), AF History (at screening), AF/AT/AFL Recurrence Assessment	G0463 ((Outpatient) 99201-99215, 99241- 99245 (APC 0604-0607)); (Inpatient) 99251-99255, 99231-99233 (Hospital observation or inpatient w/same day admission/discharge) 99234-99236 (Hospital observation) 99217-99220 [99224, 99225, 99226]	Footnote 2	Y		soc			soc	soc	soc	soc	soc	soc	soc	
Neurological Exam	(Outpatient) 99201-99215, 99241-99245 (APC 0604-0607); (Inpatient) 99251-99255, 99231-99233	Footnote 2	Υ		SOC										
12 Lead ECG	93000-93010 (APC 0099)	Footnotes 1 and 2	Υ					soc							
Ablation Procedure	93650, 93653,93654, 93655, 93657	Footnotes 1 and 2	Y				SOC								
Repeat Ablation	93650, 93653,93654, 93655, 93657	Footnotes 1 and 2	Υ							SOC - As clir	nically indicated				
24 Hour Holter Monitoring (AF/AT Burden)	93228	Footnote 3	Υ						SOC	SOC		SOC	SOC	SOC	
Stop AAD at 3 months	None	N/R	N						SOC						
Imaging Assessments	CPT Code	NCD/LCD/ References	Q0/Q1	Comments											
Detection of LAA Thrombi by TEE / CT / MRI / Intracardiac Echo (ICE)	TEE, 93318 / MRI Heart, 75557-75565 / Cardiac CT 0144T, 0145T -0151T / Intracardiac Echo 93662	Footnote 2	Υ	Within 48 hours of the study procedure			soc								
Echocardiogram / TTE	93303-93308 (APC 0269), 93320-93325 ECHO	Footnotes 2 and 4	Υ		SOC				soc	soc					
Laboratory Assessments	CPT Code	NCD/LCD/ References	Q0/Q1 Modifier? Y/N	Comments											
Venipuncture	36415	None	Υ	Service performed to obtain samples for processing at a local lab and patient management.	SOC	SOC	SOC		SOC	SOC	soc	soc	SOC	soc	
Coagulation: INR	3555F (INR)	Footnote 1	Υ		SOC	SOC	SOC		SOC	soc	soc	SOC	soc	soc	

All procedures would be designated as "Research related – Bill to Insurance" at time of billing review

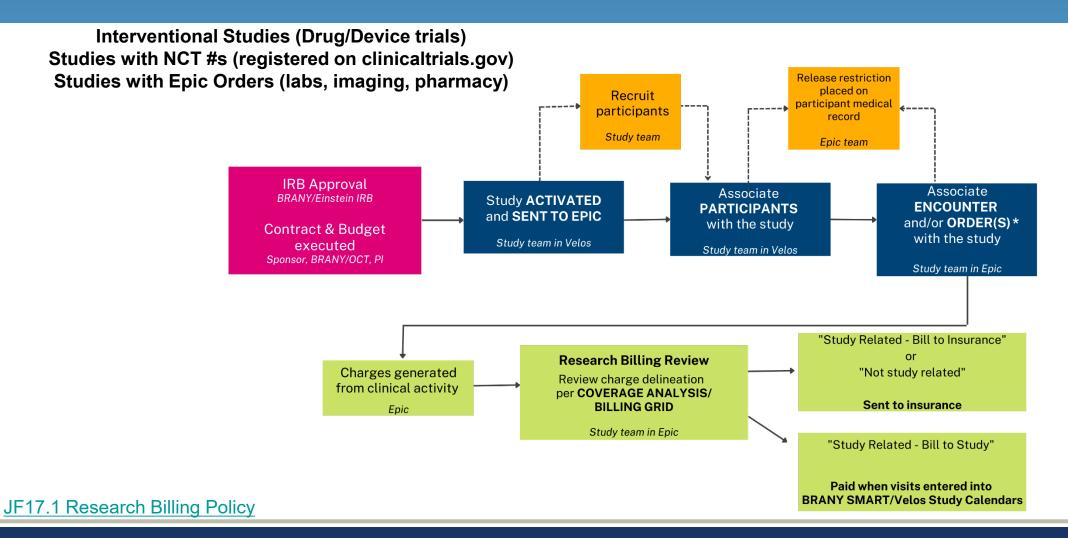
Nothing to bill

Description	Weekly Epic review required?
Study team effort.	No.
NON-BILLABLE PROCEDURES/SERVICES ONLY.	
Study does NOT involve ANY EPIC ORDERS (labs, imaging, drug/device)	
*These studies are not typically sent to Epic.	



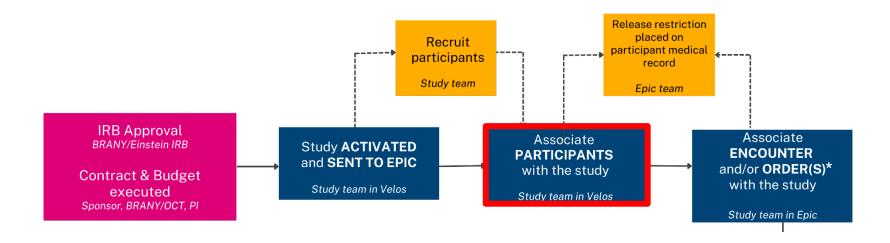


Epic Research Workflow



Epic Research Workflow

Interventional Studies (Drug/Device trials)
Studies with NCT #s (registered on clinicaltrials.gov)
Studies with Epic Orders (labs, imaging, pharmacy)







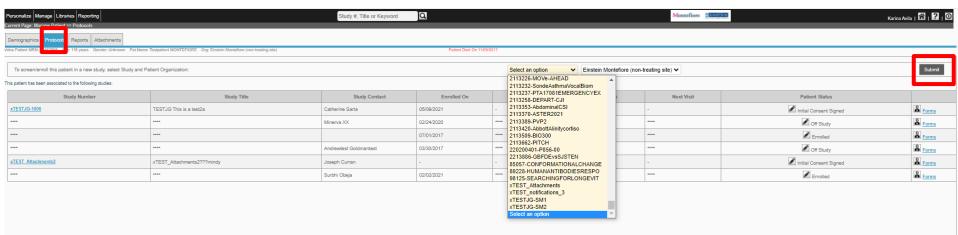
Associate Participants with the study

II. NEW STUDY PARTICIPANTS (BE SURE TO CLOSE THE PATIENT RECORD IN EPIC BEFORE PROCEEDING)

- A.

 Search for Patient in Velos Registry (Click Patient Search tab)
 - If not found: Click "Continue search in EMR"
 - ☐ Select MRN to Add/Verify Patient in Velos Patient Registry (enter e-signature)
- **B.** \square Verify all Demographics on Screen: Inform the Registrar of any changes that need to be made.
 - You <u>must scroll down to the MORE PATIENT DETAILS SECTION and indicate</u> whether the EMR demographic data needs to be corrected. If information is correct as is, answer NO (information does not need to be corrected). If changes are needed, specify the changes on this screen. Enter your e-signature.
- C.

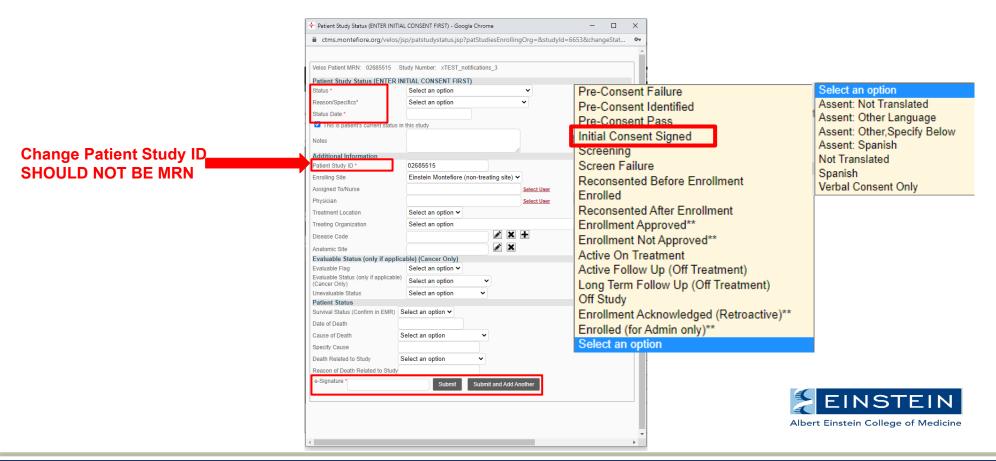
 Attach Patient to Study (Click on PROTOCOLS tab) Select the correct study.





- D. ☐ ADD NEW STATUS record: Select status "INITIAL CONSENT SIGNED"
 - 1. Select appropriate REASON/SPECIFICS
 - 2. Enter Date of Consent (THIS DATE IS SENT TO EPIC AS "ACTIVE START DATE")
 - 3. Change Patient Study ID from MRN to screening ID (Mandatory for patient confidentiality)
 - 4. Enter Assigned to (Study Coordinator) / Nurse and Physician, if applicable
 - 5. Enter Treatment Location (Inpatient or Outpatient)
 - 6. Disease Code: Click on the pencil and search for correct ICD-10 code (Do not use decimal point)
 - 7. Scroll to bottom of screen and enter e-signature.

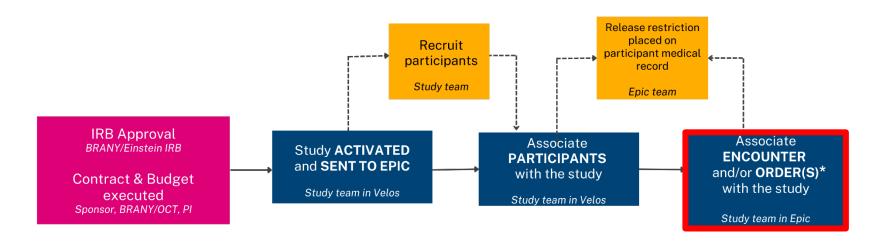
Note: ONLY USE THIS STATUS 1X FOR THE INITIAL CONSENT- Use "RECONSENTED AFTER ENROLLMENT" if patient re-consents. If you would like to enter another status for this patient (e.g. SCREENING, SCREEN FAILURE or ENROLLED), click on ADD NEW STATUS. (See III.C.1. below)



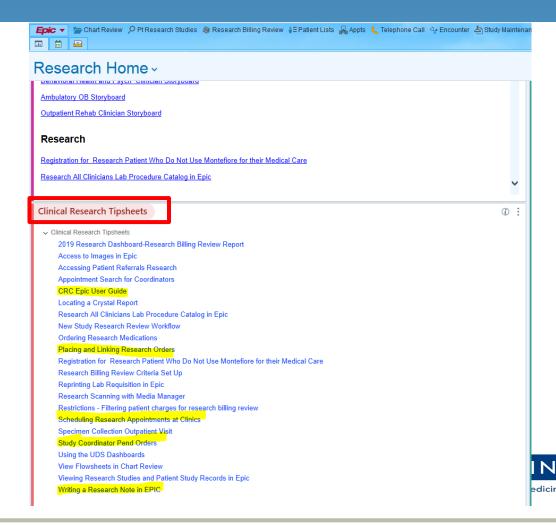


Epic Research Workflow

Interventional Studies (Drug/Device trials)
Studies with NCT #s (registered on clinicaltrials.gov)
Studies with Epic Orders (labs, imaging, pharmacy)

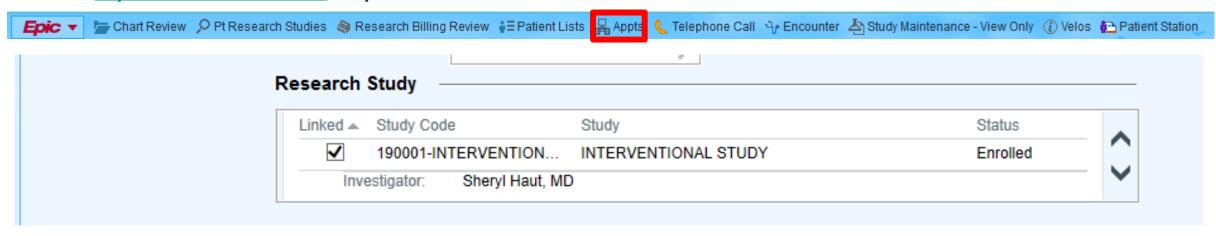


Epic Research Dashboard Clinical Research Tip sheets





If scheduling at Einstein/Moses CRC, follow instructions included in "CRC Epic User Guide" tip sheet

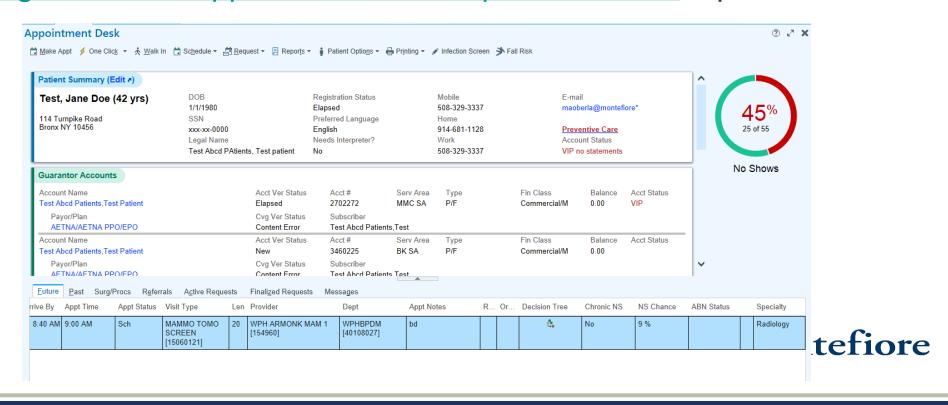


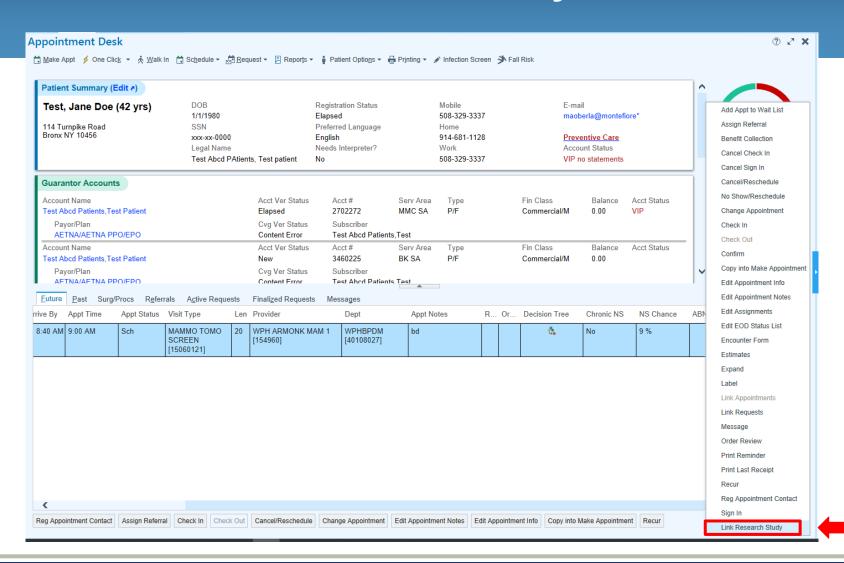
Consider workflows

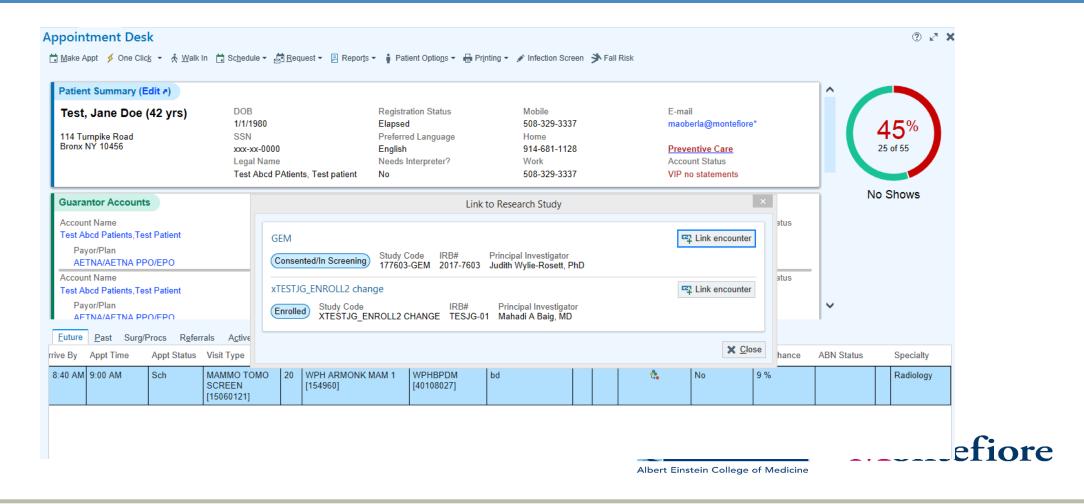
Can't link encounter until participant signs consent and is associated with the study in Velos

30

 If scheduling at an outpatient clinic, follow instructions included in "Scheduling Research Appointments at Outpatient Clinics" tip sheet







Successful encounter association

		12/3/2019 Tue	9:30 A	15	OFFICE VISIT [1004]	AEGEA, FINN-IM [IM01]	CSTLMGFAMPLA [10320001]	Dr. Aegea follow up	g)	
--	--	---------------	--------	----	------------------------	-----------------------	----------------------------	---------------------	----	--





Associate ORDERS with the study

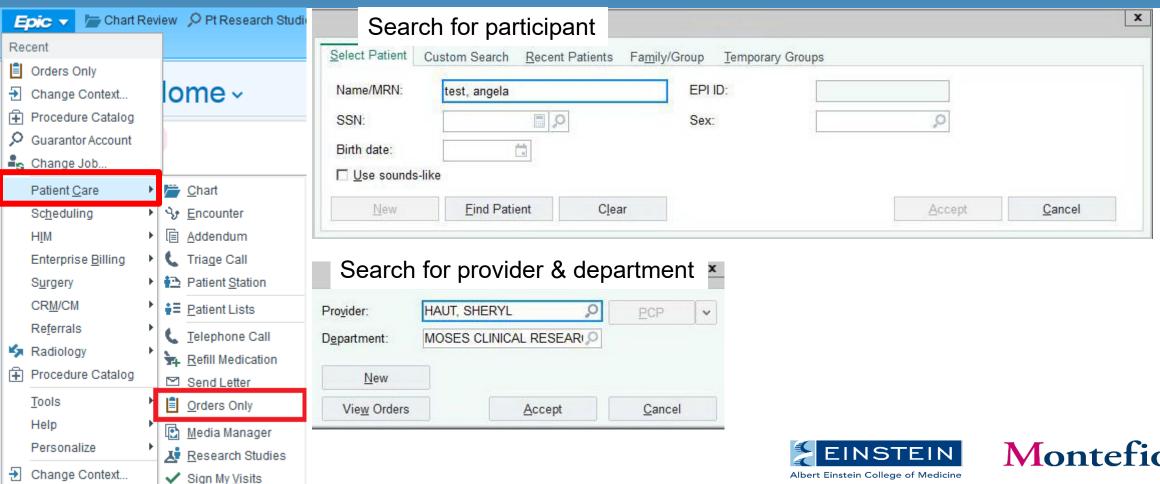
Per Research Billing Policy (page 9, section F)

- Research procedures/services that will be paid for by the sponsor
 - > Link to research at time of order
- Research procedures/services that will be billed to insurance
 - > Link at the time of billing review
- Study Coordinator Pend Orders Tip Sheet
 - Clarify with PI who will be placing orders

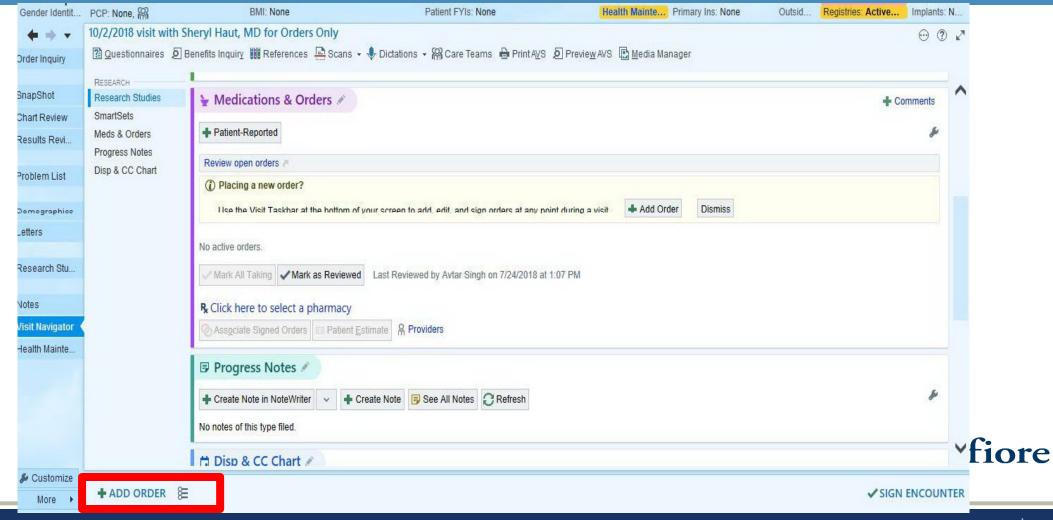




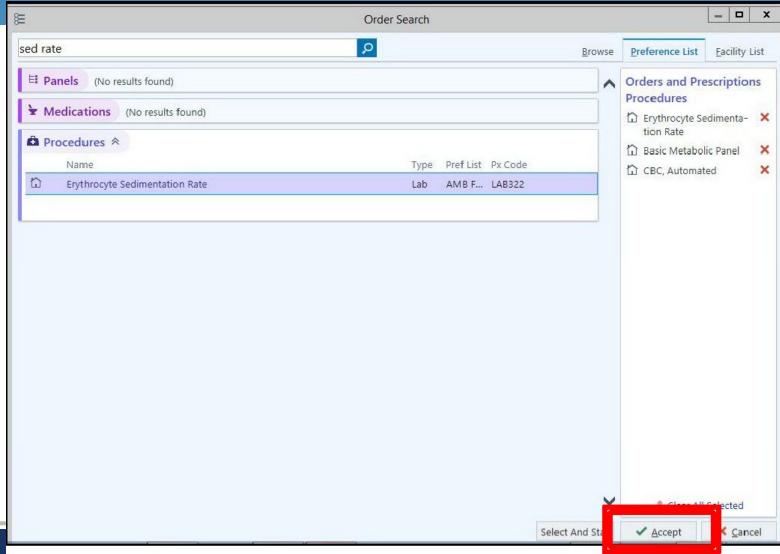
Associate ORDERS with the study **Study Coordinator**



Associate ORDERS with the study Study Coordinator

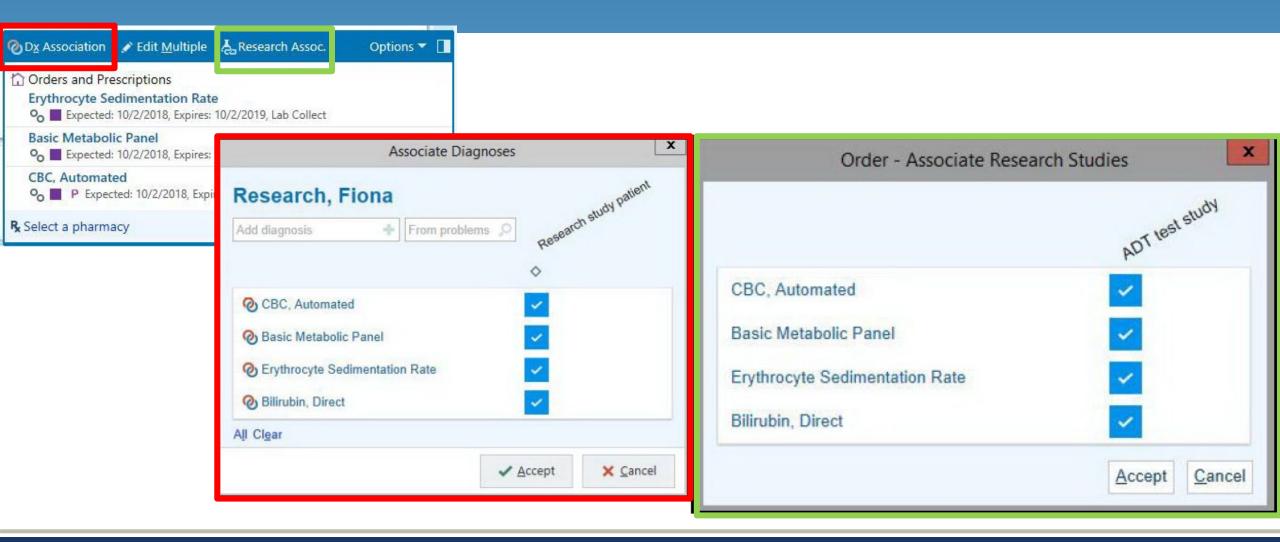


Associate ORDERS with the study Study Coordinator

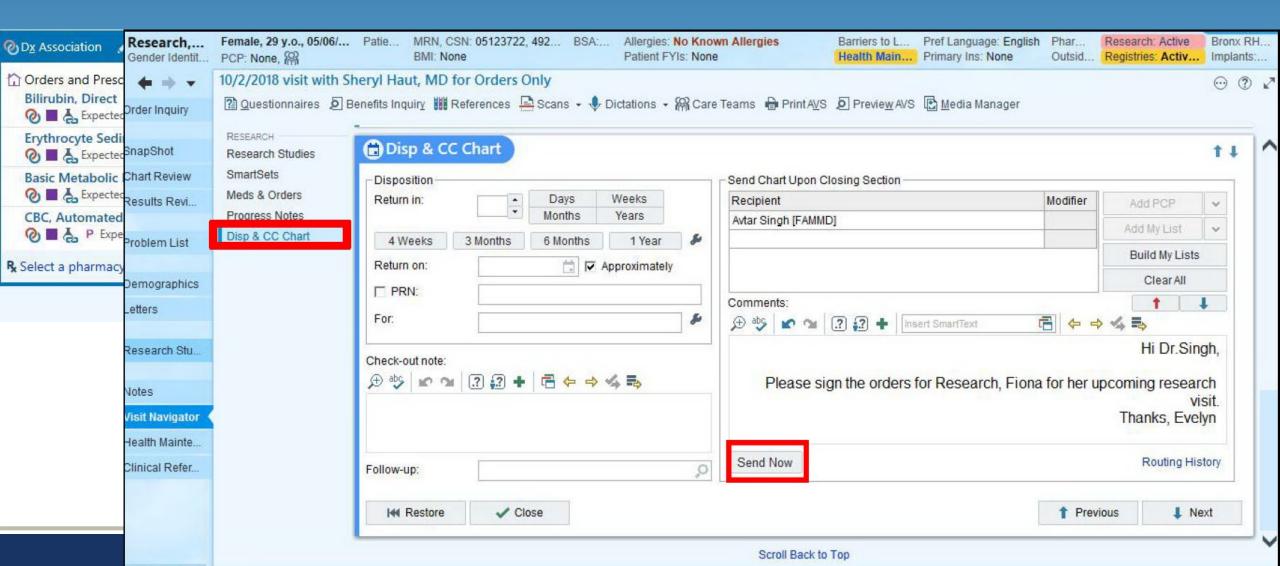


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Associate ORDERS with the study Study Coordinator

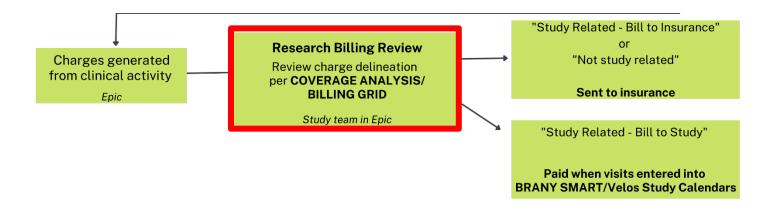


Associate ORDERS with the study Study Coordinator

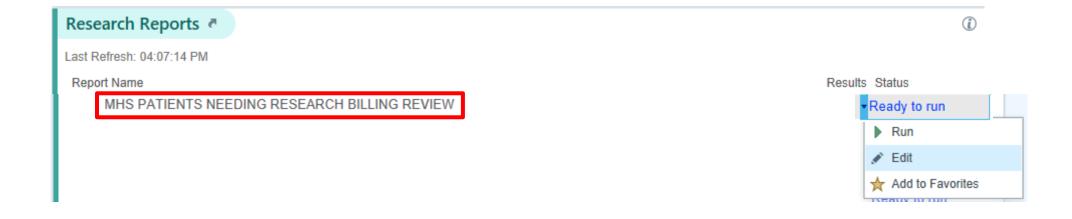


Epic Research Workflow

Interventional Studies (Drug/Device trials)
Studies with NCT #s (registered on clinicaltrials.gov)
Studies with Epic Orders (labs, imaging, pharmacy)



Research Billing Review Running the report

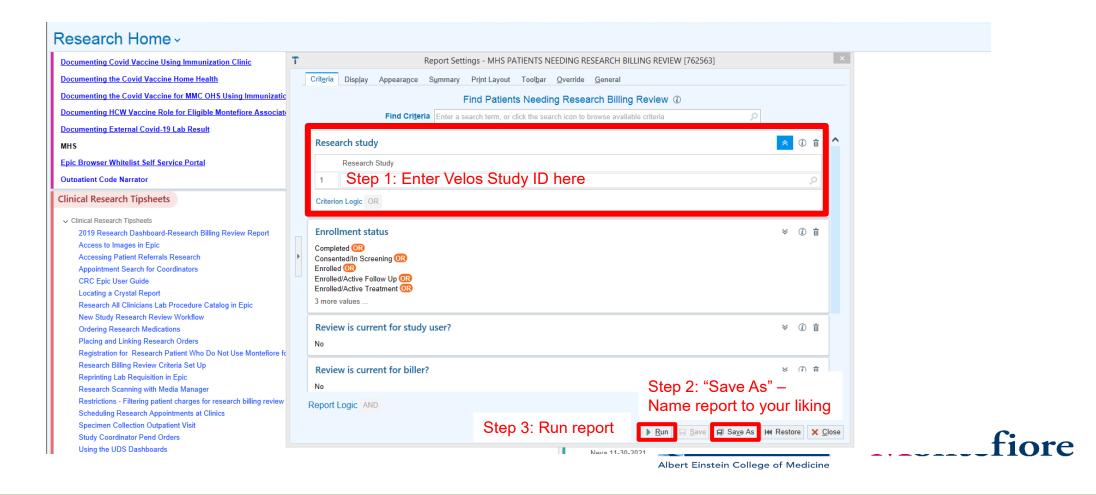








42



Velos Study ID found in Velos next to study name

Last Modified Studies	
Quick Access	Study Number
	220226001-217710
	2213958-InvestigatingDupilum
	2214032-VX21-147-301
	2213952-REBIRTH
	2213935-ATRIUMtrial





Select participant you want to review and double-click or click "Billing Review"







Types of charges

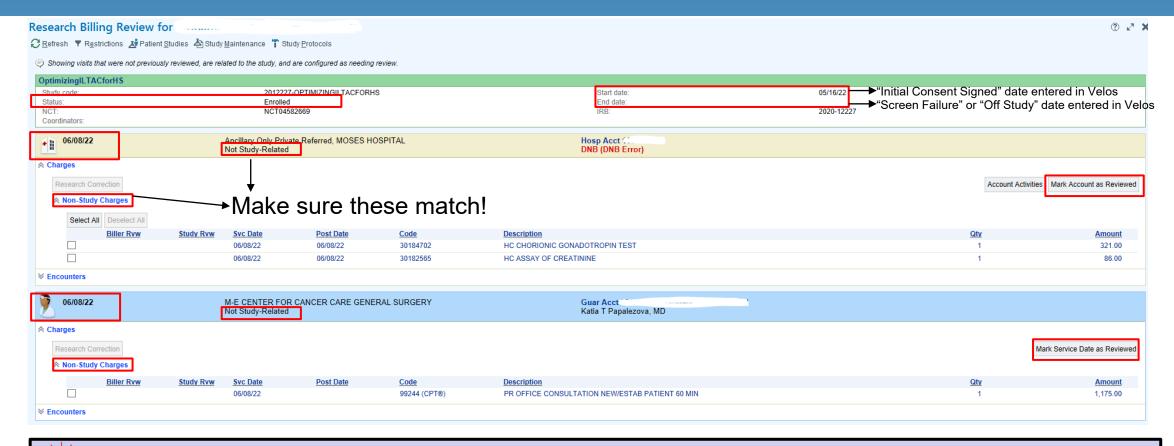
- Hospital Billing (HB)
 - > AKA Technical charges
 - > Includes:
 - Labs
 - Procedures
 - Hospital rooms
- Professional Billing (PB)



- > Office visits
- > Radiologist review of x-rays
- > Pathologist review of biopsy



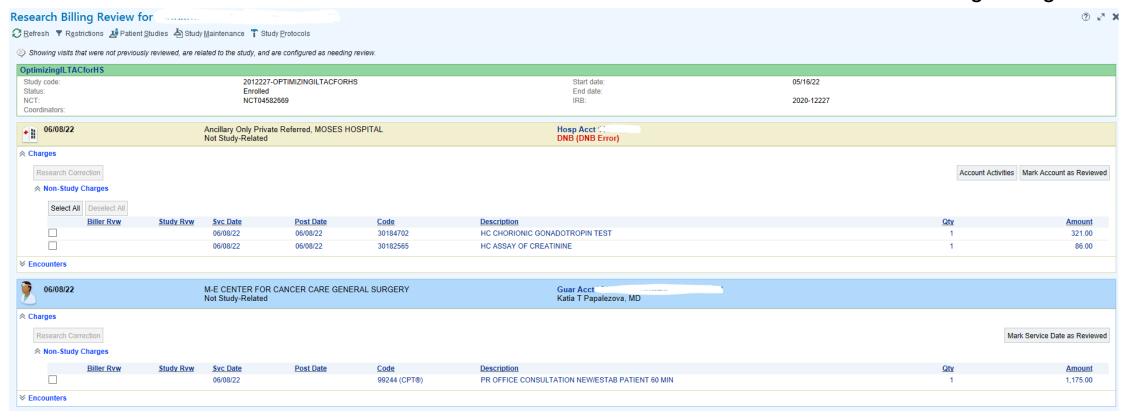


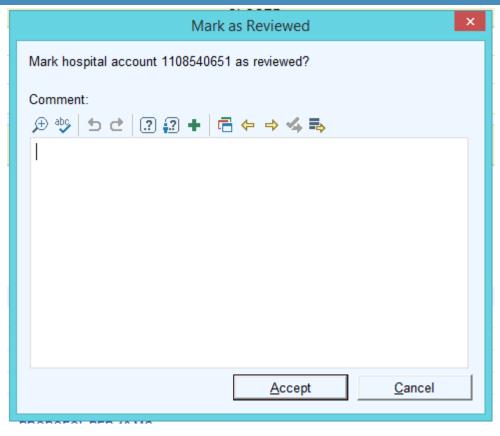


Make sure to cross reference service date with study visit dates

Make sure labels match

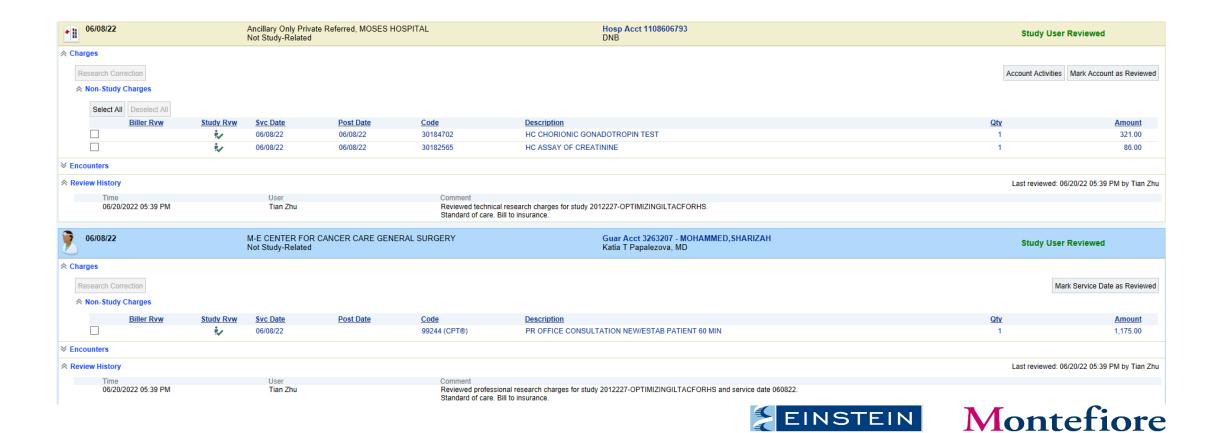
If charges are correct, select "Mark Account as Reviewed" for Hospital Billing Charges "Mark Service Date as Reviewed" for Professional Billing Charges





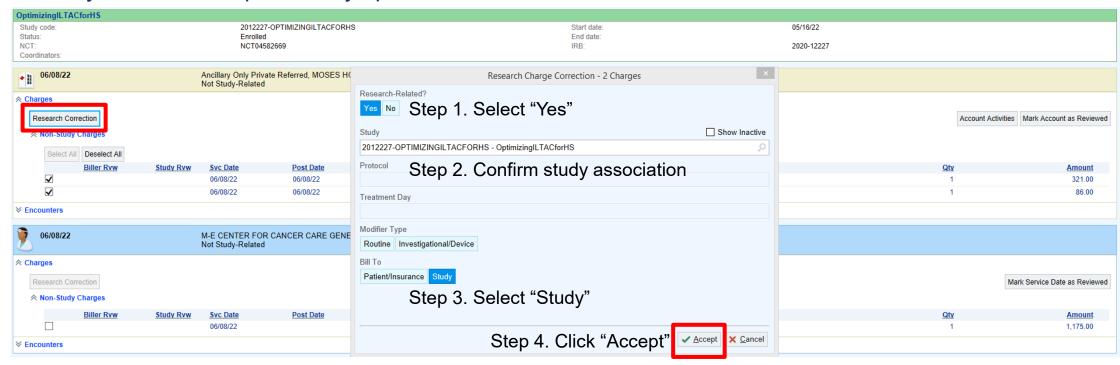






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If study related to be paid for by sponsor and need to be corrected





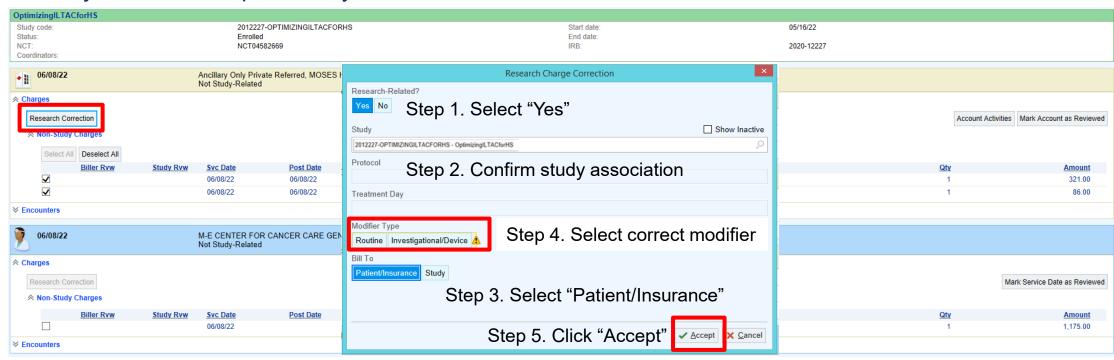








If study related to be paid for by insurance and need to be corrected













Epic Documentation Requirements

- Investigators who are scheduling research study visits in Epic must select an E&M code (Evaluation & Management code) based on total time spent performing research related activity within the visit.
 - Providers should NOT enter an E&M code of 99999 for a clinical research visit.
 - The research visit should be documented in a Research Note.
- For mixed research and SOC studies, a clinical note should include research-related activities/services







REVIEW CHARGES ON A WEEKLY BASIS



Mix of Research and SOC SOC Only

- Clarify with PI who will be responsible
- Outstanding charges = Delays in clinical revenue
 - > ALL charges held
- Room for error if you need to review multiple charges
- Charges cycle back for review when an edit has been made to the patient account by Hospital/Professional Billing - please re-review
 - > Updated provider name
 - > Updated clinical diagnosis
- E-mails from Health Services Receivables team and Clinical Research Manager if outstanding charges not reviewed

Reminders

- "Research Only" studies require Epic review for exemption from global billing hold AND require encounters/procedures to be linked at the time of scheduling/order
- Enter study visits into BRANY SMART/Velos Study Calendars





57

Best Practice Tips

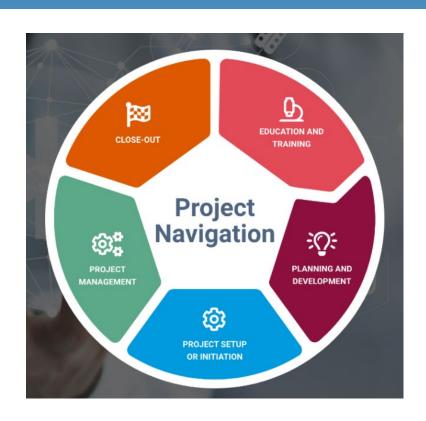
- Understand your budget talk to your PI
- Set up Velos "Epic billing" section correctly
- Link study visits and/or orders to research in Epic
- Update your patient status in velos accordingly
 - > "Initial Consent Signed" = start date, charges will be held from this date
 - > Screen failure / off study = end date, no more charges held
- Ensure tests/services from ancillary departments are arranged prior to study initiation





Resources

- JF17.1 Research Billing Policy
- Human Subject Research Project Navigation Tool
 - > Education and Training
 - Comprehensive Velos-Epic Research Training
 - > Project Setup or Initiation
 - Coverage Analysis
 - Budget Development and Approval
 - > Project Management
 - Participant Registration and Tracking
 - Epic Study Association
 - Epic Billing Review







Resources

- Epic Tip Sheets
 - > CRC Epic User Guide
 - > Scheduling Research Appointments at Clinics
 - > Study Coordinator Pend Orders
 - > Writing a Research Note in Epic
- Ancillary Department Forms & Contacts
 - > Radiology Dr. Tim Duong, Vice Chair for Research
 - > Pathology Jack Joyce, Program Manager Clinical Research
 - > Pharmacy (Investigational Drug Services) MMCIDS@montefiore.org

DOM Coordinator Webinars

(image is linked)

Resources for Study Teams

Expand All

DOM Research Coordinator Education Webinar Series



- <u>Velos Effectively Managing your Study</u>
- Essential Documents Understanding Your Regulatory Binder
- <u>Understanding your Protocol Logistics, Workflows and Strategies</u>
- Informed Consent Practical Considerations for Study Teams
- MMC Ancillary Department Services Radiology, Pathology, Research Pharmacy (IDS)
- ICTR Open House CRC, BARC, BioR
- Reportable Events in Research Requirements and Considerations



Helpful Contacts

- veloshelp@montefiore.org
- Karina Avila <u>karina.avila@einsteinmed.edu</u>
 - > 718-430-2003
- When reaching out, include:
 - > Protocol #
 - > PI
 - > Pt MRN
 - > Type of issue (pt association, encounter, order, billing review)
 - > Description of issue, including screenshots if applicable





Thank You!

Karina Avila, MPH
Clinical Research Manager
Department of Medicine

karina.avila@einsteinmed.edu 718-430-2003

https://einsteinmed.edu/departments/medicine

K. Zoe Tsagaris, MS, OTR/L Clinical Trials Network Manager Institute for Clinical & Translational Research

> zoe.tsagaris@einsteinmed.edu 718-430-8804

https://einsteinmed.edu/centers/ictr/

Suggestions for webinar topics?
Let Karina know!



