

**Department of Medicine**  
**Clinical Research Coordinator Monthly Meeting**  
**January 22nd, 2008 – 2:00-3:00 PM, Laurel Heights 430F**

**Present:** Glenna Auerback, Veronica Carnero, Michele Carter, Beverly Fein, Irina Gorodetskaya, James Hong, Jennifer Kellen, Debbie Koehler, Rachel Kornfield, Sarah Lee, John Lough, Suzanne Sutton, Joseph Wilson

**Guest:** Kevin McLaren

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### **IDX Initiative**

Kevin McLaren, the Director of Revenue Management and Compliance in the Department of Medicine, spoke about the new initiative utilizing the IDX billing system, which would enforce compliance in adding QV modifiers during the clinical trial billing process in the outpatient setting.

Effective July 2007, the Centers for Medicare and Medicaid Services (CMS) made significant changes that affect the way clinical trials are registered, run, and billed. One of these changes included the mandatory use of a QV modifier anytime a service in a clinical trial is provided to a patient covered by Medicare. In an effort to ensure that the modifier is being used, the Department of Medicine added a designated area on the encounter form, which is marked whenever a standard-of-care service is performed within a trial protocol. However, the Medical Center recognizes its risks if the use of the modifier is not consistent across the enterprise and all clinical studies. As a result, the recommendation is to have the TES system in IDX be used as a verifier that all bills related to clinical trials have the appropriate modifier before the bill is sent out.

Every Medicare-related encounter form that has a ZZ number, which would identify it as a clinical study would then be listed on a TES edit list, which would require manual review of the bill for appropriate inclusion of a QV modifier before the bill can be batched and sent for reimbursement. The review of the bills requires someone who is knowledgeable about the services provided to the patient as part of the study, whether the services provided are trial-related or standard of care. It is logical that the CRCs be the individuals to clear the TES edits.

This new procedure will be piloted in the Cancer Center. Once the pilot has begun, we will know more about how effective the TES edits will be to ensuring the QV modifier is included and the amount of time it will take to train CRCs to clear edits. The pilot program will be initiated in the Cancer Center within 4-6 weeks, and will run for a few months; department-wide implementation of the system is expected sometime in the summer of 2008.

#### *Troubleshooting: When to Use the QV Modifier*

CRCs should make sure that their PIs are aware of the massive audit risk that is created if the QV modifier is not used properly.

In cases where a patient follow-up visit occurs, which is not covered by the study (e.g. is considered standard-of-care but also has lab collection component) the QV modifier should be used.

The QV modifier should still be applied if the patient has other primary coverage but is secondarily covered by Medicare.

### **Clinical Research Coordinator Training**

Starting in February 2008, there will be a new mandatory training for all Clinical Research Coordinators in the Department of Medicine. Monthly trainings will be led by Beth Davis, the Clinical Research Manager of the BMT Clinical Research Unit, and will be required for all new CRCs, and for CRCs who have been in their position for six months or less. CRCs can choose any month to attend, but are encouraged to attend as soon as possible. Please see the appended document or visit [http://medicine.ucsf.edu/research/new\\_Training/CRCTraining2008.pdf](http://medicine.ucsf.edu/research/new_Training/CRCTraining2008.pdf) to view the schedule.

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*The next CRC Meeting is scheduled for Tuesday, February 26, 2008 from 2:00-3:00 PM at Parnassus in room C417.*