



Improving the business conditions of  
the oncology hematology practice

## Audits - The Oncology Target

Test Your Knowledge with an Interactive Session

Thursday, November 3, 2011

Presented By: Michelle Weiss

Weiss Oncology Consulting

[www.weissconsulting.org](http://www.weissconsulting.org)

Could I be implicated/charged with fraud and abuse if the policy was published by CMS but I never saw it?

1. Yes
2. No
3. Not if they can't find me!

Is it true that at this moment, a physician practice **MUST** have an active compliance plan in place?

1. Yes
2. No

Which would be considered an improper payment?

1. Payment to an ineligible recipient
2. Payment for an ineligible service
3. Any duplicate payment
4. Payment for services not received
5. All of the above

Which Acronym below is NOT a type of Auditing body...

1. CERT
2. RAC
3. MAC
4. CAC

CERT - What Does This Acronym Stand For?

1. Complete Error Recovery Testing
2. Corrective Error Recovery Table
3. Comprehensive Error Rate Testing
4. Corrective Error Rate Testing
5. None of the above

Who is the RAC for Pennsylvania?

1. Diversified Collection Services (DCS)
2. CGI Technologies
3. Connolly, Inc.
4. Health Data Insights (HDI)
5. None of the above

How many here today have had a RAC audit?

1. Yes, I have had a RAC audit
2. No, I have not had a RAC audit

How far back can a RAC review?

1. January 1, 2007
2. 1 year from the claim paid date
3. 2 years from the claim paid date
4. 3 years from the claim paid date
5. None of the above

When records are requested by the RAC, providers have how many days to return records?

1. 30
2. 45
3. 60
4. 90

Which Item below is not a NEW item on the OIG "Work Plan"?

1. High Cumulative Part B Payments
2. Evaluation and Management Services: Trends in Coding of Claims
3. Payments for Off-Label Anticancer Pharmaceuticals and Biologicals
4. Physician-Administered Drugs and Biologicals
5. Medicare Payments for the Drug Herceptin

What do you do if during your self audit you unveil a significant issue where you were inappropriately reimbursed for a service or services?

You should.....

1. Immediately make a copy of all the EOB's, write a check and send it to the payer
2. Fix the problem for all future billings document your compliance plan
3. Contact a healthcare attorney
4. Ignore the request and make the ask more than once

Is the supervising physician required to read and co-sign a midlevel provider's history and physical, progress note or other documentation?

1. Yes
2. No

New vs Established Patient; Patient never seen in office. Previously seen by another physician from our group practice 2.5 years ago for a benign hematology problem. Patient presents today for recently diagnosed cancer.

1. New
2. Established

New vs Established Patient; Patient had surgery for a hernia 2.5 years ago by a member of our group. Presented today for a recently diagnosed colon cancer.

1. New
2. Established

New vs Established Patient; Patient last seen for follow up of colon cancer 4 years ago by a member of our group. Presented today to see the same physician for recurrence of *colon cancer*.

1. New
2. Established

Under the CPT guidelines, which item below is not considered a KEY component in selecting the level of service?

1. History
2. Examination
3. Medical Decision-making
4. Counseling and coordination of care

A patient presents for an office visit after preliminary work-up. The physician sees the patient in his office and discusses the treatment options and subsequent lifestyle effects of the treatment for 40 minutes. The physician did not complete a history or physical exam. What level of service can the physician bill?

1. Level 1 – 99211
2. Level 3 – 99213
3. Level 4 – 99214
4. Level 5 – 99215
5. The physician cannot bill for this service

Billing using time.....

Physician is face to face with an established patient in the office for 35 minutes, counseling and coordinating care.

Which code would you bill?

1. 99214 (25 min)
2. 99215 (40 min)
3. Beats the heck out of me!

Billing using time...

What % of time must the counseling and coordination of care dominate?

1. At least 50%
2. More than 50%
3. 75%
4. 100%

Billing using time....

In the office setting, which component below cannot be included when determining time?

1. Time spent face to face with the patient counseling the patient
2. Time spent examining the patient
3. Time spent answering questions from the patient's family with the patient in the same room
4. Time spent after the visit coordinating care with another physician
5. None of the above

Billing using time... In the hospital setting, which component below cannot be included when determining time?

1. Time down the hall from the patient's room communicating with the patient's family
2. Time spent in pathology department reviewing patient's findings
3. Time at the bedside discussing test results
4. Time at the bedside reviewing chart
5. Time at the nurses' station (same floor) writing the note

If a physician has established the code based on time but spends a long time with the patient, can you also consider billing the prolonged add-on code?

1. Yes
2. No

Prolonged Services

*A physician performed a visit that met the criteria of an office visit code 99213-based on history, exam and medical decision making, less than 50% was spend counseling and coordinating care. The total duration of the direct face-to-face service was 65 minutes.*

What would the physician bill?

1. 99213 (15) alone
2. 99213 (15) and 99354 (>30)
3. 99214 (25)
4. 99214 (25) and 99354 (>30)
5. 99215 (40)
6. Beats me and I'm getting a headache

Prolonged Services

Physician spends 60 minutes with a patient counseling and coordinating care;

Which would you bill?

1. 99214 (25) plus 99354 (>30)
2. 99215 (40) plus 99354 (>30)
3. 99215 (40) alone
4. None of the above

Prolonged Services

What is the approximate Medicare reimbursement for the 99354;

prolonged physician service in the office or other outpatient setting requiring direct (face-to-face) patient contact beyond the usual service; first hour

1. \$25.00
2. \$55.00
3. \$95.00
4. \$115.00

### Prolonged Services

What is the approximate reimbursement for the 99355; prolonged physician service in the office or other outpatient setting requiring direct (face-to-face) patient contact beyond the usual service; Additional 30 minutes

1. \$25.00
2. \$55.00
3. \$95.00
4. \$115.00

E & M - Can the Review of Systems (ROS) and/or Past, Family, Social History (PFSH) sections of the History component of an Evaluation and Management (E/M) be recorded by ancillary staff?

1. Yes
2. No

E & M – Is it ok to “clone” (copy and paste) information from the previous visit to create the current medical record?

1. Yes
2. No
3. Some portions
4. One portion

### Single Dose Vial – Waste

When using a 100 mg single dose vial with 4 hours shelf life after reconstituted – and 3 patients receiving 20 mg each, how do you document and bill for the waste?

1. Bill for waste by dividing waste by all patients who used that vial
2. Bill for waste on the last patient only
3. You can't bill for the waste in this situation