



*Outpatient RAC Vulnerabilities
Exposed - Real Audits, Real Examples*

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Opening Thought.....

“Strengthen your policies and procedures with regard to billing for OP services under OPPS.”
per Office of Inspector General

RAC Set of Approved Outpatient Issues Connolly and HealthDataInsights (HDI) Outpatient RAC Initiatives – Automated Reviews

1 Neulasta or J2505 6mg

- Units and Revenue code 0636
- Issue - Unit of 1 versus 6 as reported via claims
- 2008 Overpayment per claim
 - \$8,720 facility + \$2,175 beneficiary
 - **\$10,895** unadjusted payment rate
- High frequency of oncology patients and services
- Pharmacy CDM and “calculator” programming
- Lack of “claims scrubber” technology to identify
- “Fly-by” claim through system

RAC Set of Approved Outpatient Issues Neulasta Action Plan

- **Do your own “complex” review –**
 - Physician order, signature and intent = medical necessity
 - NO Rubber Stamps per Medicare
 - Not even, initialed rubber stamps by Docs
 - Verbal orders must be signed in 48 hours
 - DX /Intent = medical necessity must be evident
 - Local Coverage Determination requirements
 - Primary and Secondary Requirements
 - Monthly versus Single DOS submission
 - Re-visit operational process for DX assignment

RAC Set of Approved Outpatient Issues

Blood Transfusion

2 Blood Transfusion

- CPT code 36430
 - Duplication on claim OR unit >1
 - 2008 Overpayment per claim
 - Facility \$173.08 + Beneficiary \$43.27
 - Total Unadjusted payment \$216.35
- High volume of oncology patients
- Ambulatory Care, Ambulatory Services, Outpatient Service Departments
- HIM versus CDM – Duplication of Effort plus misunderstanding CPT
- Department charge capturing by “hour” or per “unit of blood”

RAC Set of Approved Outpatient Issues

Blood Transfusion Action Plan

- **Do your own “complex” review –**
 - Physician order, signature and intent = medical necessity
 - NO Rubber Stamps per Medicare
 - Not even, initialed rubber stamps by Docs
 - Verbal orders must be signed in 48 hours
 - DX /Intent = medical necessity must be evident
 - Facility E/M on same day of blood transfusion
 - Modifier 25
 - Injection and infusion charge capture in conjunction with blood transfusion
 - Modifier 59

RAC Set of Approved Outpatient Issues

Blood Transfusion Action Plan

- When a **CERT** is performed by FI/MAC regarding E/M reported in addition to a procedure/service on the same day prompting modifier 25
- Key documentation TIPS *that will help support reporting an E/M visit on the same day as a procedure/therapy – thus prompting modifier 25*
 - Making a clinical decision to change the current regimen i.e. decision to change therapy resulted in another procedure being performed that day
 - Assessment of a new symptoms/issues unrelated to the established ones, for which the patient was initially seen for
 - Review of lab work, (if the key elements of E/M are demonstrated and not part of the another assessment)
 - Ordering of new lab for an issue that is not already part of the basic established assessment or
 - Medication changes for development of new system/issue.

RAC Set of Approved Outpatient Issues Excessive Units – Untimed codes

3 Untimed codes – Excessive Unit(s)

- **CPT Surgery Codes > 1 unit**
 - Reporting by time increments and rolling to >1 unit
 - Duplication from other departments and HIM
 - Debridement – Wound Care
 - Colonoscopy – GI Lab
 - Epidural injection – Pain Management
 - CVA insertion – Interventional Radiology
 - ESWL – CDM driven
- **Bonus - Nerve Conduction Test – 95904**
 - >6 units

RAC Set of Approved Outpatient Issues Excessive Units – Untimed codes Action Plan

➤ *Do your own “complex” review –*

➤ *Outpatient Surgery Review*

- Top 25 Frequently Reported Medicare Procedures
- Unit = 1
- HIM CPT Code Accuracy with Modifier application to include 59
- Transference of CPT codes from Encoder Product thru to UB04 claims submission
- HIM CPT/HCPCS Accuracy for 50 claims – 55-65%
- HIM Revenue Accuracy for 50 claims – 70% - 75%
- Questionable Body Systems include Orthopedic, Integumentary and Urinary

2009 Outpatient Compliance Challenges

HIM versus CDM = Duplication

- **Areas of Risk Duplication = (\$433,376)**

- Gastrointestinal Lab (GI Lab)/45380

- **(\$296) x 960 = (\$284,160)**

- Wound Care/11042

- **(\$90) x 100 = (\$9,000)**

- Pain Management/64475

- **(\$236) x 169 = (\$39,884)**

- Blood Transfusion/36430

- **(\$221) x 50 = (\$11,050)**

- ESWL/50590

- **(\$1,383) x 54 = (\$74,682)**

- Interventional Radiology/36569

- **(\$365) x 40 = (\$14,600)**

RAC Set of Approved Outpatient Issues Bronchoscopy – Excessive Units

4 *Bronchoscopy- Excessive Units*

- *CPT code range 31622 through 31640*
- *Based on CCI manual –*

“When endoscopic service(s) are performed, the most comprehensive code describing the service(s) rendered should be reported. If multiple services are performed and not adequately described by a single CPT code, more than one code may be reported.”

RAC Set of Approved Outpatient Issues Bronchoscopy – Excessive Units

- ***Based on CPT Assistant Instructions –***
 - Is it appropriate to report codes 31623, 31625, and 31635 together?
 - CPT codes 31623, *Bronchoscopy (rigid or flexible); with brushing or protected brushings*, 31625, *Bronchoscopy (rigid or flexible); with biopsy*, and 31635, *Bronchoscopy (rigid or flexible); with removal of foreign body*, may be reported with each other, as these are distinct procedures, which are not considered integral components of one another.
 - When multiple procedures or services are performed at the same session by the same provider, the primary procedure should be reported as listed in the CPT book. The additional procedure(s) or service(s) may be identified by appending modifier -51, *Multiple procedures*, to the additional procedure or service code(s).
 - **Of course** – Modifier 51 is NOT applicable to OPPS; but instructions remain

RAC Set of Approved Outpatient Issues

Bronchoscopy – Excessive Units

– *So what's the issue?*

- Duplication between HIM and CDM resulting in overpayment
- Bronchoscopy with unit > 1
 - System “roll-up”
 - “Divine intervention” – AKA HUMAN
- Remember – Status T Discounting – 50% for each additional APC
- 2008 Overpayment *per claim*
 - Facility \$173.08 + Beneficiary \$43.27
 - Total Unadjusted payment *\$216.35*

RAC Set of Approved Outpatient Issues Bronchoscopy – Excessive Units Action Plan

- **Do your own “complex” review –**
 - ***Respiratory Endoscopy Review***
 - ***CPT Accuracy, Supportive documentation, modifier application to include 59 and 50, LCD requirements***
 - ***Bronchoscopy***
 - ***Laryngoscopy***
 - ***Sinus Endoscopy***

RAC Set of Approved Outpatient Issues

IV Hydration – Excessive Units

5 *IV Hydration – Excessive Units*

- 96360 Intravenous infusion, hydration; initial, 31 minutes to 1 hour
 - Must be unit of 1
- Duplication may have occurred with multiple 96360 or “initials”
 - Modifier 59 reported with multiple 96360 charge line items on claim
- System issues if >1 for 96360
 - Incorrect charge narrative
 - Incorrect CPT code mapped to charge line item
- Incorrect charge capture based on drug hierarchy
 - Operations of charge capture
- 2008 Overpayment ***per claim***
 - Facility \$91.71 + Beneficiary \$22.93
 - Total Unadjusted payment ***\$114.64***

RAC Set of Approved Outpatient Issues IV Hydration – Excessive Units Action Plan

- **Do your own “complex” review –**
 - ***Other issues for drug hierarchy***
 - ***Time Frame Documentation***
 - ***Charging Pre/post operative infusion/injection***
 - ***Surgery CPT codes***
 - ***Modifier 59 appended on Infusion/injection***
 - ***Injections and CPR event (92950)***
 - ***Modifier 59 appended on Injection/Infusion***
 - ***Injections in conjunction with IV con sedation***
 - ***Modifier 59 appended on Injection/Infusion***

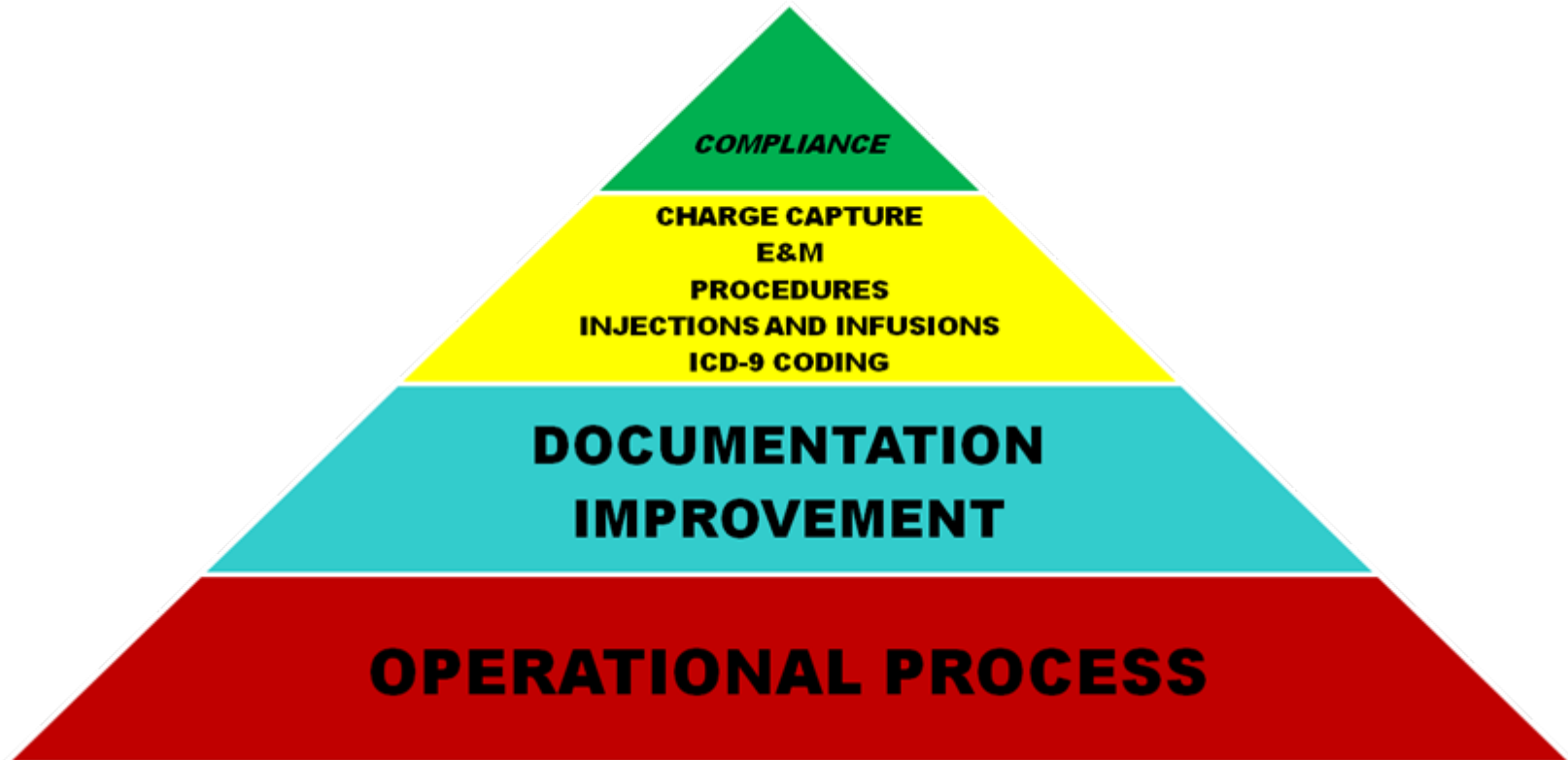
RAC Set of Approved Outpatient Issues IV Hydration – Excessive Units Action Plan

CPT 96375-59 x 2 plus 96365-59 ***(\$200)***

Minimum RAC Risk Per Claim ***(\$200)***

× 100 SDS claims = ***(\$20,000)***

RAC Set of Approved Outpatient Issues IV Hydration – Excessive Units Action Plan



Another Area to Review Proactively Critical Care Services

- ***Next steps internally to ascertain your RAC Risks and move to RAC Proofing –***
 - October 1st, 2007 and forward –
 - Frequency of 99291 assignment for Medicare patients
 - Transferred or Expired = OPPS payment
 - E/M Leveling = Time Determination
 - Points contributing to 99291?
 - Electronic or algorithm determination?
 - Nursing or ED determination?
 - 99291 2009 APC payment unadjusted **\$485**
 - 99285 2009 APC payment unadjusted **\$323**
 - ***RAC Minimum Risk = (\$162)***

Another Area to Review Proactively Critical Care Services

- *Next steps internally to ascertain your RAC Risks and move to RAC Proofing –*
 - Services included – *unadjusted APC national \$*
 - 94002 = *(\$192)*
 - 71020 x2 = *(\$88)*
 - 91105 = *(\$99)*
 - 82803 = *(\$30)*
- (\$409) Minimum Services***

Another Area to Review Proactively Critical Care Services

Minimum Services (\$409)

+

E/M Level Down Grade (\$162)

Minimum RAC Risk Per Claim (\$571)

× 100 claims = (\$57,100)

RAC Set of Approved Outpatient Issues

Thank You

