LESSONS LEARNED FROM AN OIG AUDIT

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STATE OF ARIZONA OIG – PROVIDER FRAUD

LESSONS LEARNED: OBJECTIVES

› Where do allegations come from

› Documentation issues

› Steps in an investigation

› Tips for prevention
OIG WORK PLAN 2014

Hospital related policies and practices
- Reconciliation of outlier payments
- New inpatient admission criteria

Hospital billing and payments
- Mechanical ventilation
- Duplicate graduate medical education payments
- Outpatient dental claims
- Billings with kwashiorkor diagnosis
  - Icd-9 260
  - Icd-10 e42

OIG WORK PLAN 2014

Nursing homes
- Part a billing for skilled nursing facilities
- Questionable billing patterns for part b
- Background checks on long term care employees

Hospices
- Hospice in assisted living facilities
- General inpatient care

Home health
- Employment of individuals with criminal convictions
OIG WORK PLAN 2014

- Medical equipment and supplies
  - Power mobility
  - Competitive bidding for medical equipment and diabetes testing supplies
  - Nebulizers and related drugs
- Other providers - policies and practices
  - Ambulance services
  - Asc payment systems
  - Compliance location requirements for rural health clinic

OIG WORK PLAN 2014

- Other providers – billing and payments
  - Ambulance, medical necessity and level of transport
  - Anesthesia services
  - Chiropractic services
  - Diagnostic radiology
  - Electrodiagnostic testing
  - Evaluation & management
  - Imaging
  - Laboratory tests
  - Ophthalmologists
  - Place of service coding errors
OIG WORK PLAN 2014

- Other providers – quality of care & safety
  - ESRD – dialysis facility survey cycle
  - Mental health providers

- Prescription drug – policies and practices
  - Manufacturer reporting of average sales prices for part b drugs
  - Part b payments under the 340b program

- Beneficiary eligibility
- Provider eligibility
- Medicare c & d payments
LESSONS LEARNED: ALLEGATIONS

- Online fraud hotline
- Phone fraud hotline
- Data analysis
- Self reports
- Health plans or other health entities
- Patients
- Former spouses/boyfriends/girlfriends
- Ex employees
- State or other government agencies

LESSONS LEARNED: INVESTIGATION

- Allegation received
- Verify information
  - Facility contracted
  - Provider contracted
  - Allegation credible
- Pull in your resources
  - Coding manuals
  - Policies and guidelines
  - Statutes and regulations
LESSONS LEARNED: INVESTIGATION

- Medical record request
  - Case notes
  - Timesheets
  - Certifications/licensure
  - X-rays or other medical records
  - Personnel files
  - Aac r9-22-512.E - A provider shall furnish records requested by the administration or a contractor to the administration or the contractor at no charge.

LESSONS LEARNED: INVESTIGATION

- Check the policies, rules & guidelines

- What “laws” and or policies are affected

- Verify all records requested

- Verify licensures

- What is the allegation

- What is providers “scope of practice”
LESSONS LEARNED: INVESTIGATION

- Work the case
  - Track and document issues you may find
  - List supporting materials on why your are calling an error
  - Track your time

- Report of investigation
  - Written report of investigation
  - Facts only
  - Interview

LESSONS LEARNED: INVESTIGATIONS

- No loss to the programs
- Monetary recoupment
- Corrective action plan
- Civil monetary penalties
  - Ars 36-2918
    - “a person who violates a provision of subsection a is subject, in addition to any other penalties that may be prescribed by federal or state law, to a civil penalty of not to exceed two thousand dollars for each item or service claimed and is subject to an assessment of not to exceed twice the amount claimed for each item or service.”
LESSONS LEARNED: INVESTIGATION

- Criminal prosecution
  - Attorney Generals Office
  - FBI
  - US attorney’s office
  - DEA

LESSONS LEARNED: INVESTIGATION

- Policies and guidelines
  - State
  - Federal
  - CMS
  - ICD-9
  - CPT®
  - HCPCS
  - Specific health plan
LESSONS LEARNED: DOCUMENTATION

- Waiving of deductibles and/or co-payments.
- Incorrect reporting of diagnoses or procedures (includes unbundling).
- Overutilization of services.
- Corruption (kickbacks and bribery).
- False or unnecessary issuance of prescription drugs.

LESSONS LEARNED: DOCUMENTATION

- Billing for services not rendered
- Billing for a non-covered service as a covered service
- Dates of service
- Locations of service
- Provider of service
LESSONS LEARNED: DOCUMENTATION

- CPT - 73700-59 CT of neck w/o contrast
- 625.9, Chronic pain female pelvis
- V25.42 contraceptive IUD check

Wounds
- Size
- Location
- Culture taken (don’t forget to record results)
- Biopsy or excision
- Explain wound
- If subsequent visit what is new size

LESSONS LEARNED: VACCINATIONS

- Route /dosage/site
  - Oral
  - Intranasal
  - Subcutaneous
  - Intramuscular
    - Thigh / vastus lateralis muscle
    - Upper arm / deltoid muscle
  - Intradermal
    - Upper arm / deltoid region
LESSONS LEARNED: VACCINATIONS

- Documentation requirements: [www.cdc.gov](http://www.cdc.gov)
- Date of administration
- Vaccine manufacturer
- Vaccine lot number
- Name and title of person who administered the vaccine and the address of the facility where the permanent record will reside

Vaccine information statement (VIS)
- Date printed on the VIS
- Date VIS given to patient or parent/guardian

Vaccine type, route, dosage and site
LESSONS LEARNED: NON PRESSURE WOUND THERAPY (NPWT)

- Coverage of NPWT (including NPWT pump and supplies) when both of the following criteria are met.
  1. Member has one of the following eligible conditions:
     a. Chronic Stage III or IV pressure ulcer
     b. Chronic neuropathic (e.g. diabetic) ulcer
     c. Chronic venous or arterial insufficiency ulcer
     d. Chronic ulcer of mixed etiology
     e. Dehisced wound or wound with exposed hardware or bone
     f. Complications of a surgically created wound

LESSONS LEARNED: NPWT

- 2. A wound care program as described below must have been tried or considered and ruled out prior to application of NPWT. Each of the following components of a wound therapy program must be addressed, applied, or considered and ruled out prior to application of NPWT:
  a. Documentation in the member's medical record of evaluation, care, and wound measurements by a licensed health care professional, and
  b. Application of dressings to maintain a moist wound environment, and
  c. Debridement of necrotic tissue if present, and
  d. Evaluation of and provision for adequate nutritional status
LESSONS LEARNED: NPWT

Stage III - Full thickness skin loss involving damage to, or necrosis of, subcutaneous tissue that may extend down to, but not through, underlying fascia. The ulcer presents clinically as a deep crater with or without undermining of adjacent tissue.

Stage IV - Full thickness skin loss with extensive destruction, tissue necrosis, or damage to muscle, bone, or supporting structures (e.g., tendon, joint capsule). Undermining and sinus tracts also may be associated with Stage IV pressure ulcers.

LESSONS LEARNED: NPWT

E2402 NEGATIVE PRESSURE WOUND THERAPY

Information received for the date of service conflicted with the original information of the date of service.

Issues of the location, measurements and wound descriptions in the medical record were conflicting and did not match.

PRESSURE ULCERS

707.23 Pressure ulcer, stage III
707.24 Pressure ulcer, stage IV
<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
<th>ICD-10-CM Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>250</td>
<td>Diabetes mellitus without mention of complication, type II or unspecified type, not stated as uncontrolled</td>
<td>707.03</td>
<td>Pressure ulcer, lower back</td>
</tr>
<tr>
<td>250.6</td>
<td>Diabetes with neurological manifestations, type II or unspecified type, not stated as uncontrolled</td>
<td>707.04</td>
<td>Pressure ulcer, hip</td>
</tr>
<tr>
<td>334.9</td>
<td>Spinocerebellar disease, unspecified</td>
<td>707.05</td>
<td>Pressure ulcer, buttock</td>
</tr>
<tr>
<td>344.61</td>
<td>Cauda equina syndrome with neurogenic bladder</td>
<td>707.06</td>
<td>Pressure ulcer, ankle</td>
</tr>
<tr>
<td>344.9</td>
<td>Paralysis, unspecified</td>
<td>707.07</td>
<td>Pressure ulcer, heel</td>
</tr>
<tr>
<td>345.01</td>
<td>Generalized nonconvulsive epilepsy, with intractable epilepsy</td>
<td>707.09</td>
<td>Pressure ulcer, other site</td>
</tr>
<tr>
<td>440.23</td>
<td>Atherosclerosis of native arteries of the extremities with ulceration</td>
<td>707.12</td>
<td>Ulcer of calf</td>
</tr>
<tr>
<td>459.81</td>
<td>Venous (peripheral) insufficiency, unspecified</td>
<td>707.13</td>
<td>Ulcer of ankle</td>
</tr>
<tr>
<td>518.83</td>
<td>Chronic respiratory failure</td>
<td>707.14</td>
<td>Ulcer of heel and midfoot</td>
</tr>
<tr>
<td>569.81</td>
<td>Fistula of intestine, excluding rectum and anus</td>
<td>707.15</td>
<td>Ulcer of other part of foot</td>
</tr>
<tr>
<td>682.2</td>
<td>Cellulitis and abscess of trunk</td>
<td>707.19</td>
<td>Ulcer of other part of lower limb</td>
</tr>
<tr>
<td>682.5</td>
<td>Cellulitis and abscess of buttock</td>
<td>707.19</td>
<td>Open wound of all body parts</td>
</tr>
<tr>
<td>682.7</td>
<td>Cellulitis and abscess of foot, except toes</td>
<td>998.59</td>
<td>Other postoperative infection</td>
</tr>
<tr>
<td>682.9</td>
<td>Cellulitis and abscess of unspecified sites</td>
<td>998.8</td>
<td>Non-existent code [requires 5th digit]</td>
</tr>
<tr>
<td>707</td>
<td>Pressure ulcer, unspecified site</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Lessons Learned: DME**

- **DME issues**
  - Proof of delivery
  - No new scripts for over 5 years
  - Diapers
- **Updated CMS**
- **Written orders**
- **POS 11 for home items**
- **Claims submitted but never delivered to a valid patient**
- **Lack of medical necessity**
LESSONS LEARNED: MEDICAL CHART

- Documentation
  - Patients name or medical ID on every page
  - Legible documentation
  - Date of service
  - Reason for the visit
    - Follow up (what is the ICD-9 code?)
  - Medical record states
    - See attached: nothing submitted
  - Working diagnoses FLOW THROUGH HPI, ROS, EXAM
  - Current medication list updated every visit
  - Laboratory and radiology “reviewed”

LESSONS LEARNED: EHR

- Electronic health records
  - Cut, copy and paste
  - Documentation of who is doing the actual services or certain portions of the record
    - Medical assistant
    - Scribes
  - Templates
    - Good and bad
  - Audit trails
LESSONS LEARNED:

- Lets look at some actual case documentation

LESSONS LEARNED: DOCUMENTATION

- ACTUAL MEDICAL RECORD DOCUMENTATION
- She stated that she had been constipated for most of her life until 1989 when she got a divorce.
- Between you and me, we ought to be able to get this lady pregnant.
- She is numb from her toes down.
- I saw your patient today, who is still under our care for physical therapy.
- The patient lives at home with his mother, father, and pet turtle, who is presently enrolled in day care three times a week.
- Bleeding started in the rectal area and continued all the way to Los Angeles.
- Both breasts are equal and reactive to light and accommodation.
LESSONS LEARNED: TIPS

- Conduct self-audits
- Self report if you find issue
- Code correctly
  - Up to date books, training
- Get everything in writing
- Don’t assume that since you received payment that nothing is wrong
- Cooperate with investigators
- Compliance plan
  - Update frequently and use it

LESSONS LEARNED: RESOURCES

- Immunization
  - http://www.cdc.gov/vaccines/
- Documentation guidelines
- Evaluation and management guidelines
OIG Work plan, exclusions database
http://oig.hhs.gov/reports-and-publications/workplan/index.asp#current

OIG Compliance guidance
CEU CODE

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