Cloudy, With A Chance of Regulation: Getting Ahead Of The Storm

Stuart Fedderson, MBA, CPC, CPS

Associate Director, Revenue Integrity

DukeHealth

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FINISH
TOUGH


TOUGH
MUDDER
MERRELL


75 mph
MORE THAN 600,000 WITHOUT POWER IN NC
EVACUATIONS SHOULD BE COMPLETE. EVACUEES SHOULD BE IN SHELTERS WELL AWAY FRO

Natural Catastrophe Losses in The United States

As of March, 2019	Number of Events	Fatalities	Estimated Overall Losses (US $bn)	Estimated Insured Losses (US $bn)*
Severe Thunderstorm	56	66	18.8	14.1
Winter Storms & Cold Waves	9	26	4.2	3
Flood, Flash Flood	20	49	2.6	1.2
Earthquake & Geophysical	2		0.5	0.4
Tropical Cyclone	5	107	30.4	15.6
Wildfire, Heat Waves, & Drought (ongoing drought condition without loss estimation for the half year)	16	107	25.4	18
Totals	**108**	**355**	**$81.9**	**$52.3**

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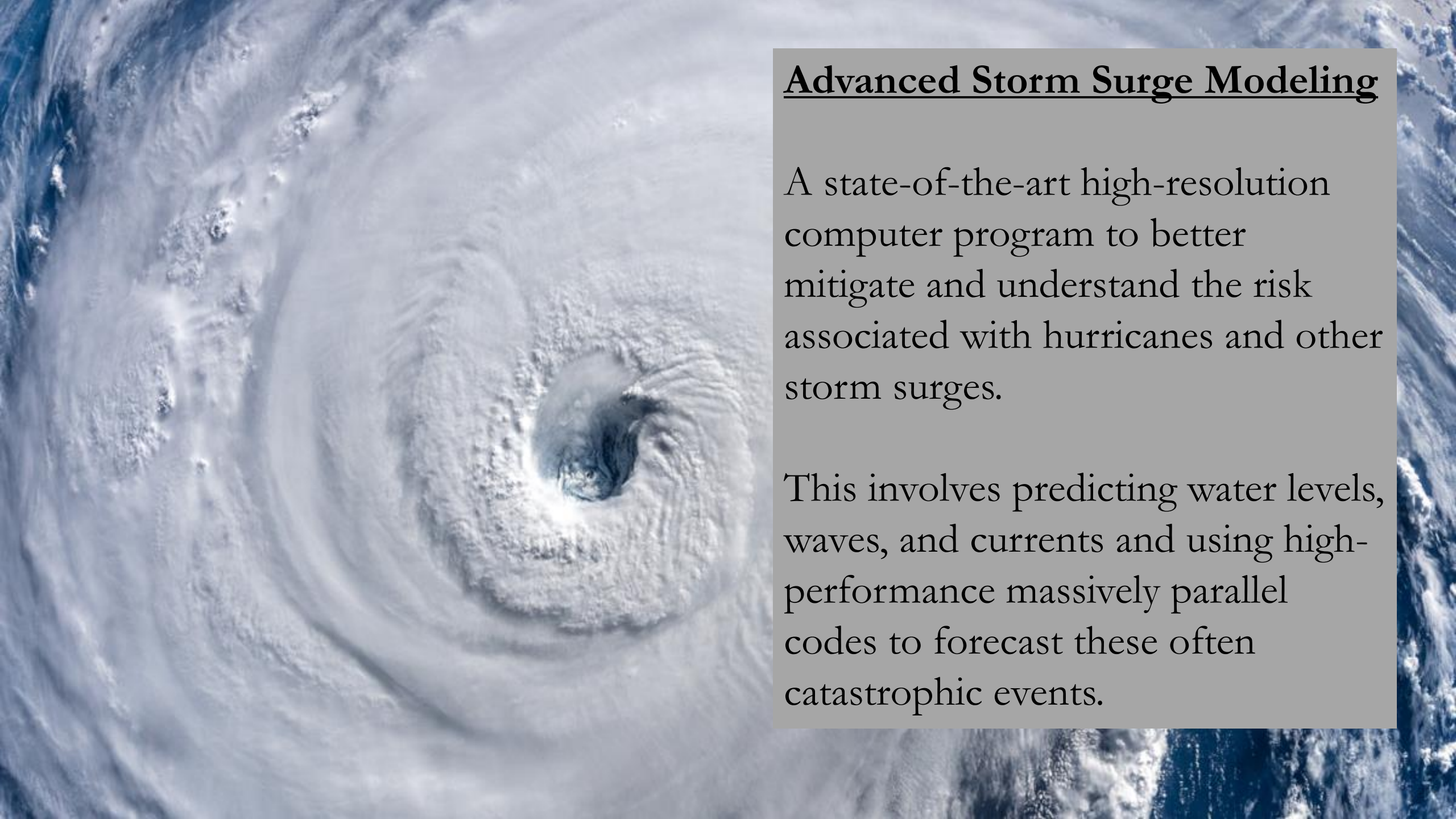
Advanced Storm Surge Modeling

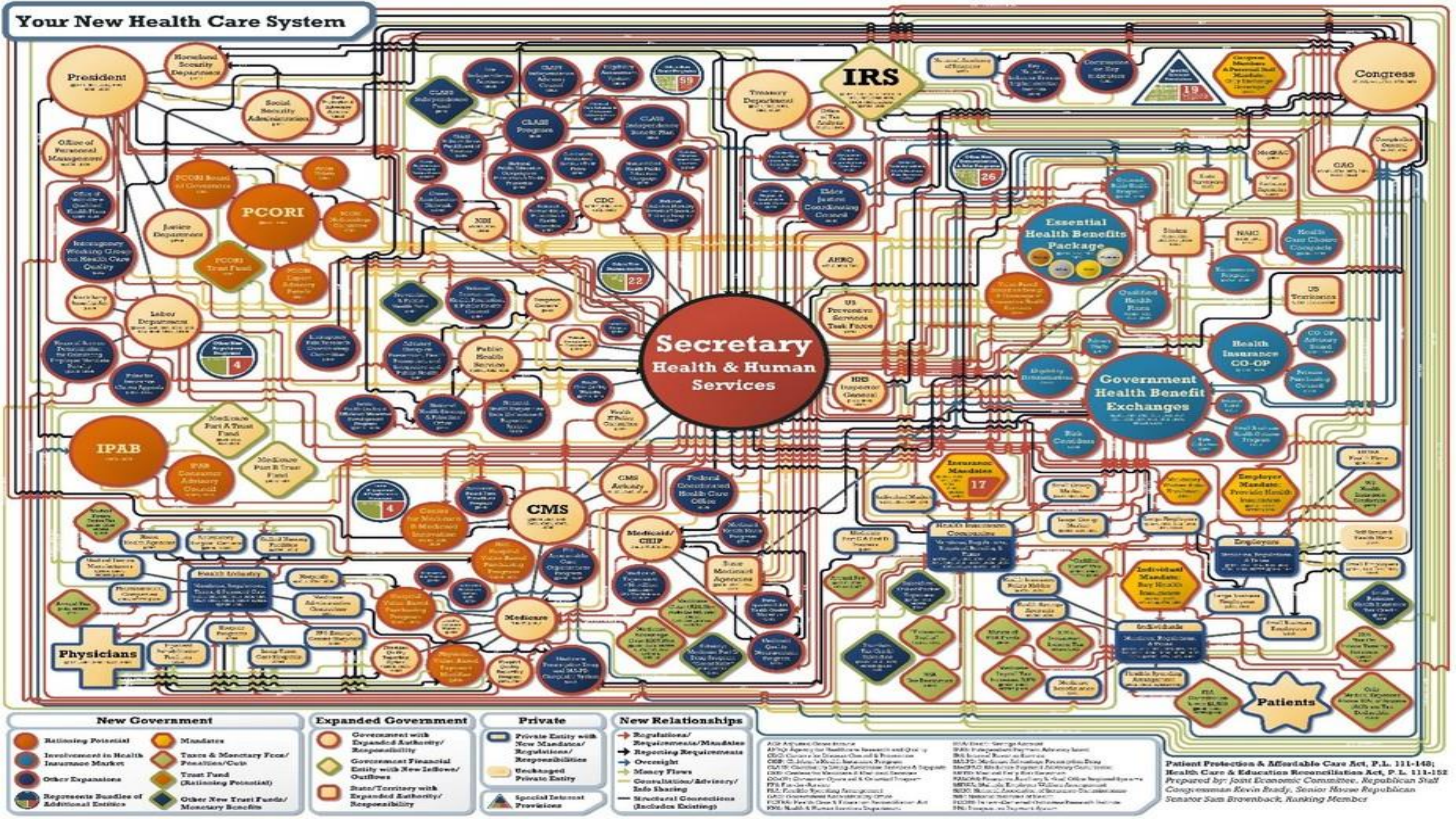


Advanced Storm Surge Modeling

A state-of-the-art high-resolution computer program to better mitigate and understand the risk associated with hurricanes and other storm surges.

This involves predicting water levels, waves, and currents and using high-performance massively parallel codes to forecast these often catastrophic events.

So what does a *Healthcare Regulation Storm* look like??


Your New Health Care System
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Social Security Administration
Office of Personnel Management
PCORI Board of Governors
PCORI
Justice Department
PCORI Trust Fund
Labor Department
IPAB
Medicare Part A Trust Fund
Medicare Part B Trust Fund
IPAB Consumer Advisory Council
CLASS Independence Fund
CLASS Program
CLASS Independence Benefit Plan
CDC
NIH
IRS
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Elder Justice Coordinating Council
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US Preventive Services Task Force
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Insurance Mandates
Employer Mandate: Provide Health Insurance
Individual Mandate: Buy Health Insurance
Health Insurance Companies
Employers
Individuals
Patients
New Government
Rationing Potential
Mandates
Involvement in Health Insurance Market
Taxes & Monetary Fees/Penalties/Cuts
Other Expansions
Trust Fund (Rationing Potential)
Represents Bundles of Additional Entities
Other New Trust Funds/Monetary Benefits
Expanded Government
Government with Expanded Authority/Responsibility
Government Financial Entity with New Inflows/Outflows
State/Territory with Expanded Authority/Responsibility
Private
Private Entity with New Mandates/Regulations/Responsibilities
Unchanged Private Entity
Special Interest Provisions
New Relationships
Regulations/Requirements/Mandates
Reporting Requirements
Oversight
Money Flows
Consultation/Advisory/Info Sharing
Structural Connections (Includes Existing)
Patient Protection & Affordable Care Act, P.L. 111-148;
Health Care & Education Reconciliation Act, P.L. 111-152
Prepared by: Joint Economic Committee, Republican Staff
Congressman Kevin Brady, Senior House Republican
Senator Sam Brownback, Ranking Member


Feeling Overwhelmed?
Professional/Technical Charge Code Requests
Coding Clinics
Annual CPT Updates
Lack of Root Cause Analysis
LCD/NCD Updates
Missing Charges
Final Rule
RAC/ADR Requests
Office of Inspector General
Disengaged Physicians
Revenue Cycle Silos
CMS Articles
Value Based Care
"The back-end will fix it!"
Disjointed Denials/Appeals Management
High Value of DNB & Stop Bill Edits
HELP!

The External Audit Storm Surge

According The Advisory Boards most recent survey:

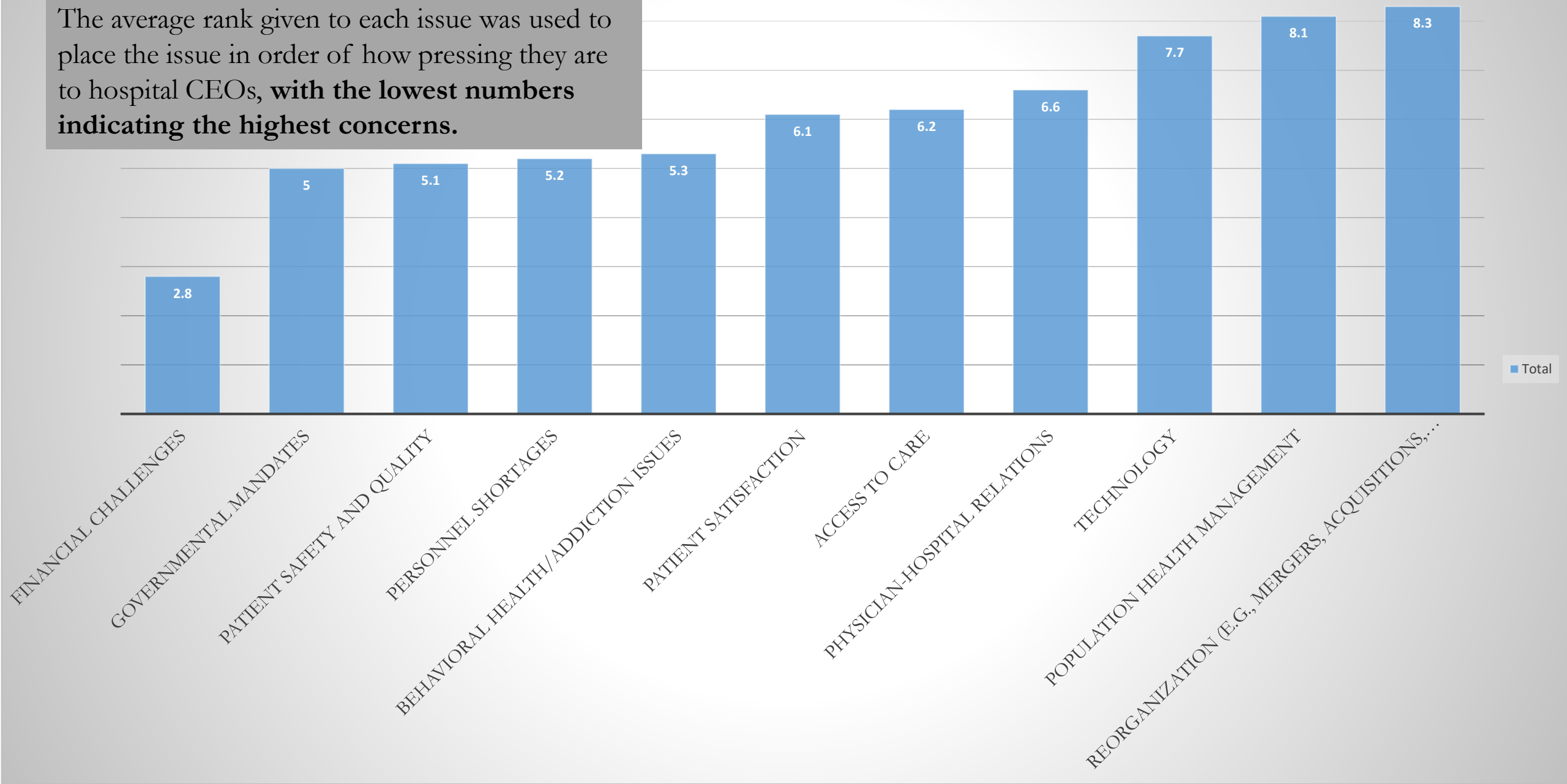
The Average 350-bed hospital is losing an average of $22 million in revenue due to the complexity of regulatory audits, denials, and missing charge capture.

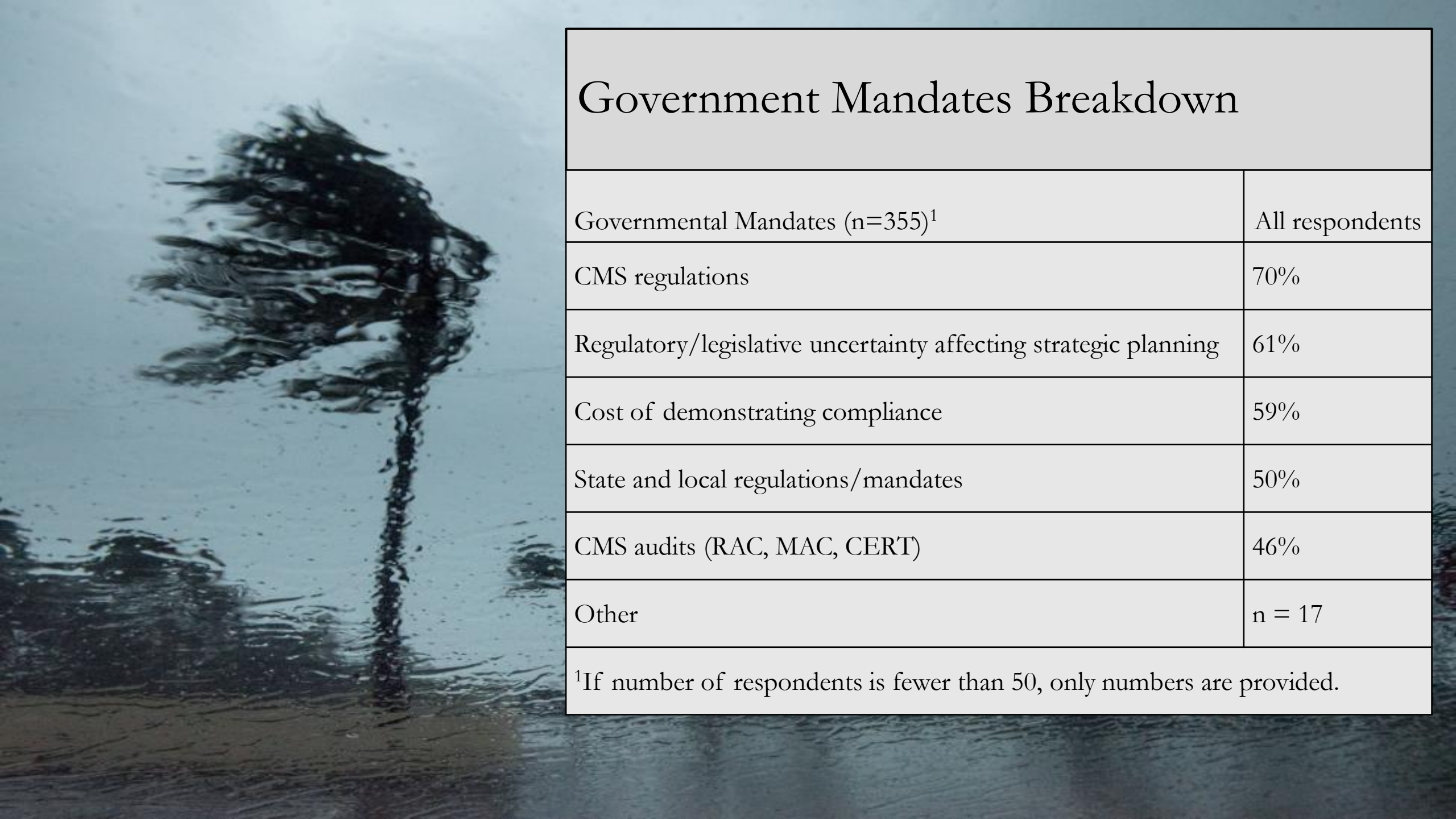
This is lost revenue that could be used to save more lives, treat more patients, and re-invest back into your respective organization for improved patient care.

Source: https://www.healthcarefinancenews.com/news/average-hospital-revenue-cycles-losing-roughly-22-million-missed-revenue-capture-thanks-cost

ACHE 2018 Most Pressing Concerns for Healthcare Executives

The average rank given to each issue was used to place the issue in order of how pressing they are to hospital CEOs, **with the lowest numbers indicating the highest concerns.**





Government Mandates Breakdown

Governmental Mandates (n=355)[1]	All respondents
CMS regulations	70%
Regulatory/legislative uncertainty affecting strategic planning	61%
Cost of demonstrating compliance	59%
State and local regulations/mandates	50%
CMS audits (RAC, MAC, CERT)	46%
Other	n = 17

[1]If number of respondents is fewer than 50, only numbers are provided.

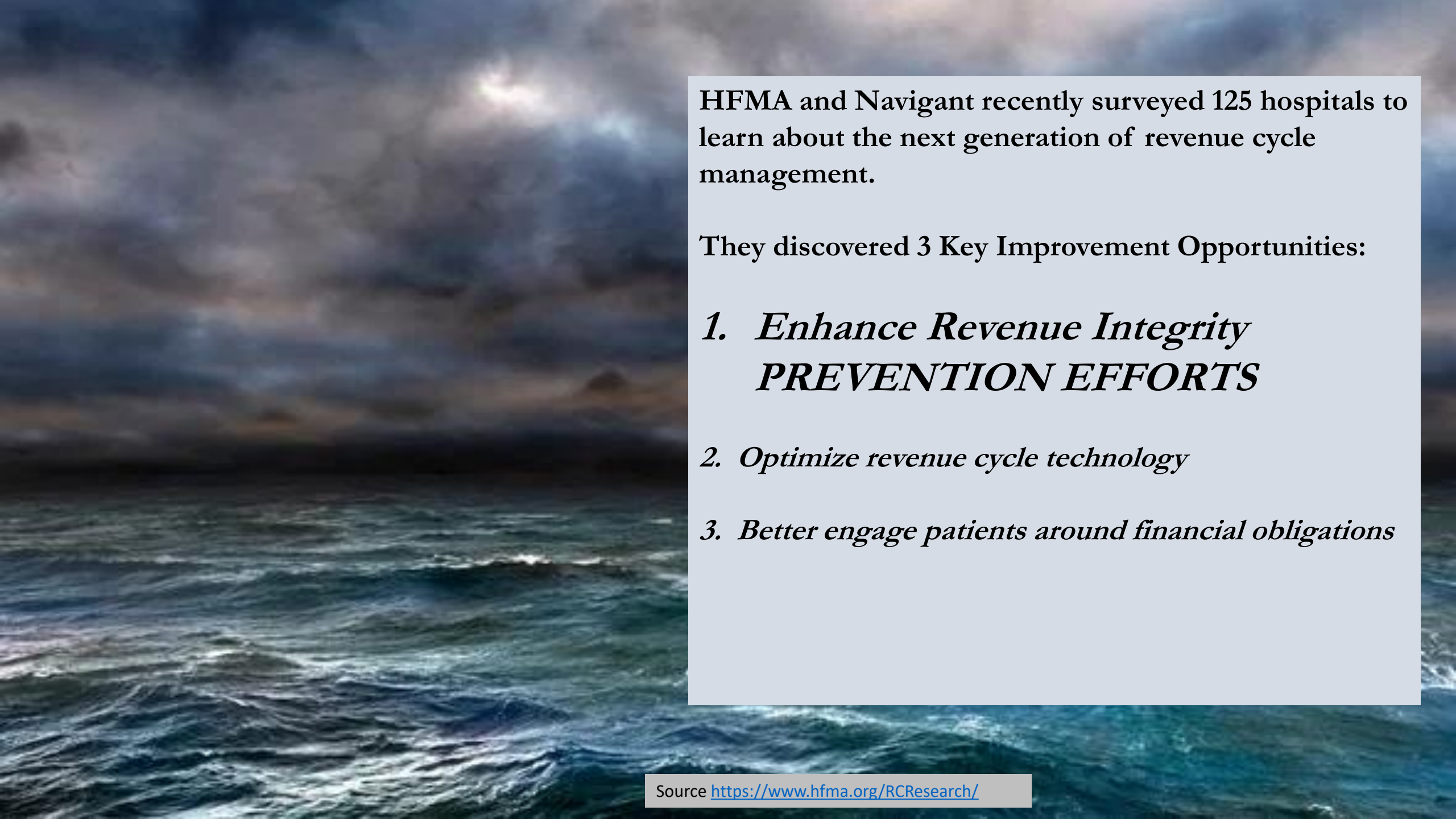
In a recent survey conducted by Ingenious Med looking at how charge capture is conducted and perceived uncovered the following:

Accurate Charge capture is critical for success but is not a frequent agenda item.

Over three-quarters (78%) of respondents characterize charge capture as "essential" to their organization's success. Twenty-one percent characterize it as useful, and 1 percent say it's optional.

Despite this, leadership teams at 40% of organizations talk about charge capture once a month or less. One-third (32%) discuss it weekly, while 18 percent discuss it twice a month, 8 percent discuss it daily, and 2 percent never discuss it

Source https://www.prnewswire.com/news-releases/78-of-healthcare-execs-say-charge-capture-is-essential-yet-40-discuss-it-once-a-month-or-less-300774051.html



HFMA and Navigant recently surveyed 125 hospitals to learn about the next generation of revenue cycle management.

They discovered 3 Key Improvement Opportunities:

1. ***Enhance Revenue Integrity PREVENTION EFFORTS***
2. ***Optimize revenue cycle technology***
3. ***Better engage patients around financial obligations***

Source https://www.hfma.org/RCResearch/

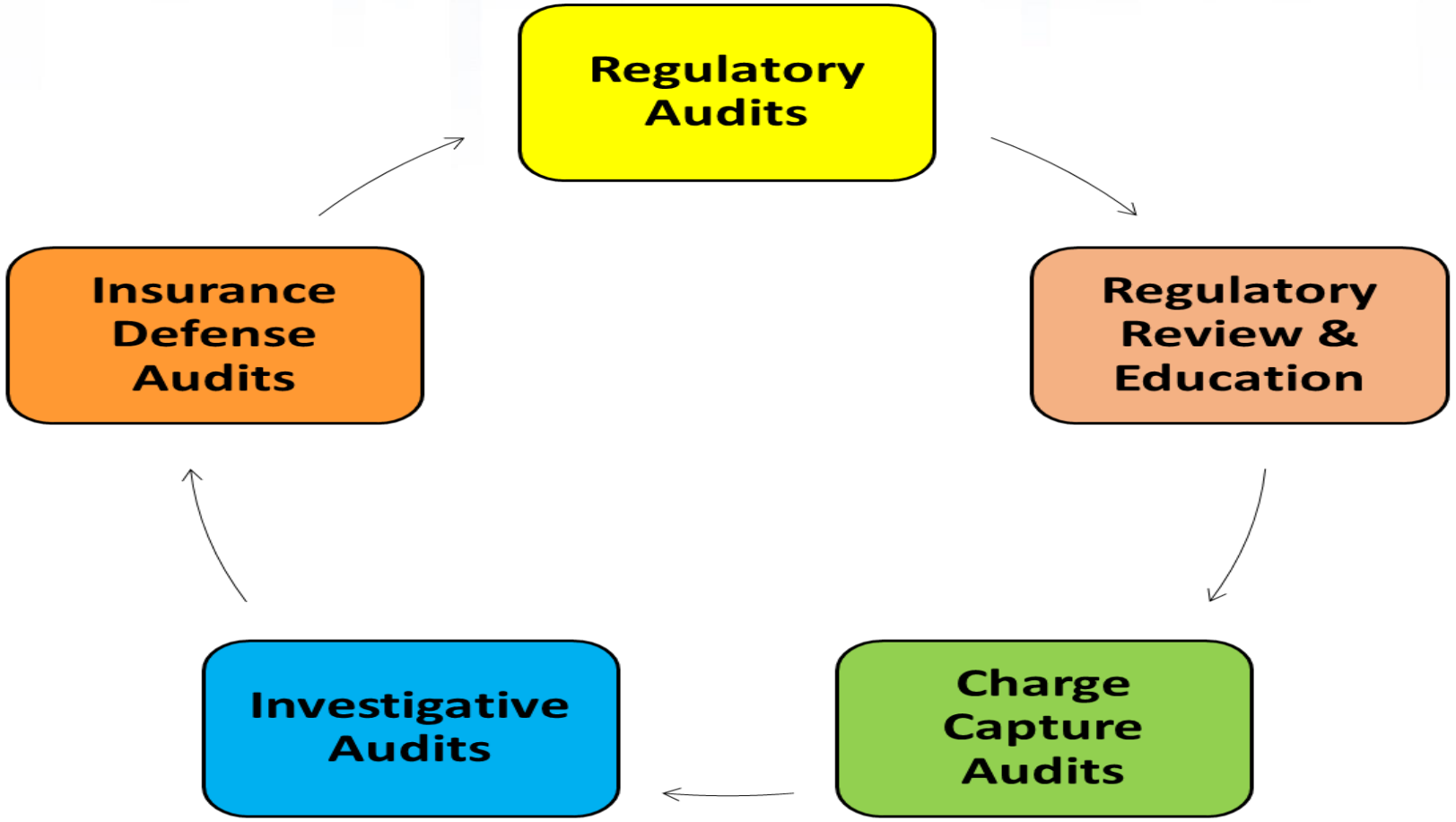
"Revenue Integrity is a proactive approach that focuses on assessing and minimizing risk and making sure you are focusing in on the key areas of importance."

"It's almost like having an [cms] auditor working from inside of your organization."

"Revenue cycle is focused more on integrating multiple transactions, **where Revenue Integrity is about taking a step back and trying to prevent problems of the future."**

Todd Nelson, Director of Partner Relations HFMA

Duke's Revenue Integrity Scope



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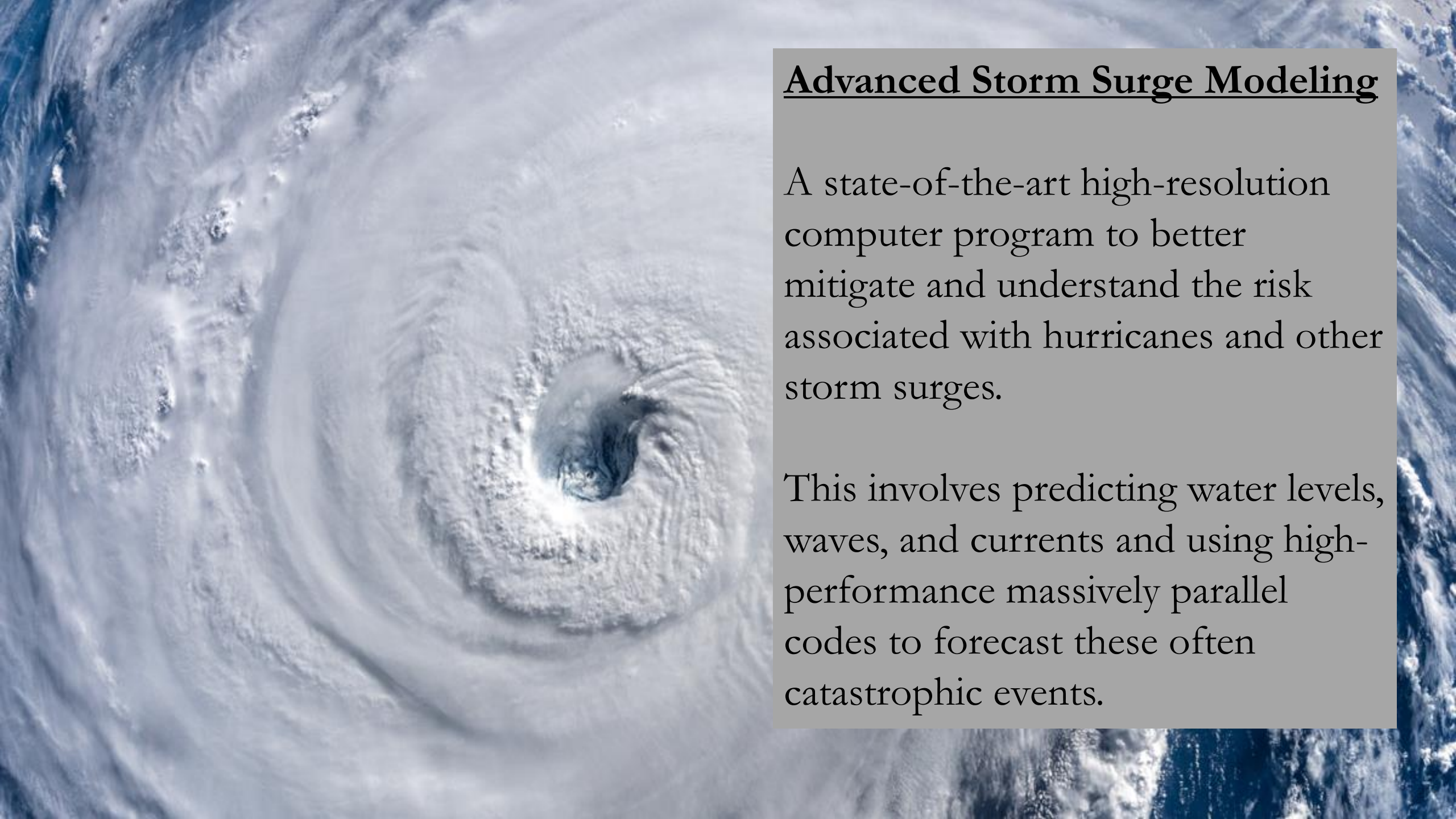

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A state-of-the-art high-resolution computer program to better mitigate and understand the risk associated with hurricanes and other storm surges.

This involves predicting water levels, waves, and currents and using high-performance massively parallel codes to forecast these often catastrophic events.

Advanced External Audit Surge Modeling

A state-of-the-art prevention plan to better mitigate and understand the risks associated with regulatory storm surges.

This involves proactively identifying high risk procedures, performing a **mock CMS audit** on those procedures, followed by remediation of any identified variances.

This puts your organization 10 steps ahead of CMS and other external audit contractors which then leads to revenue preservation and optimization.

Advanced External Audit Surge Modeling

1. Pull Revenue and Usage Report for the past year

2. Pivot the top ten High Dollar CPT Codes

3. Pivot the top ten High Volume CPT Codes

4. Reconcile the identified CPT Codes with National and Local Coverage Determinations

5. Research OIG High Risk Areas

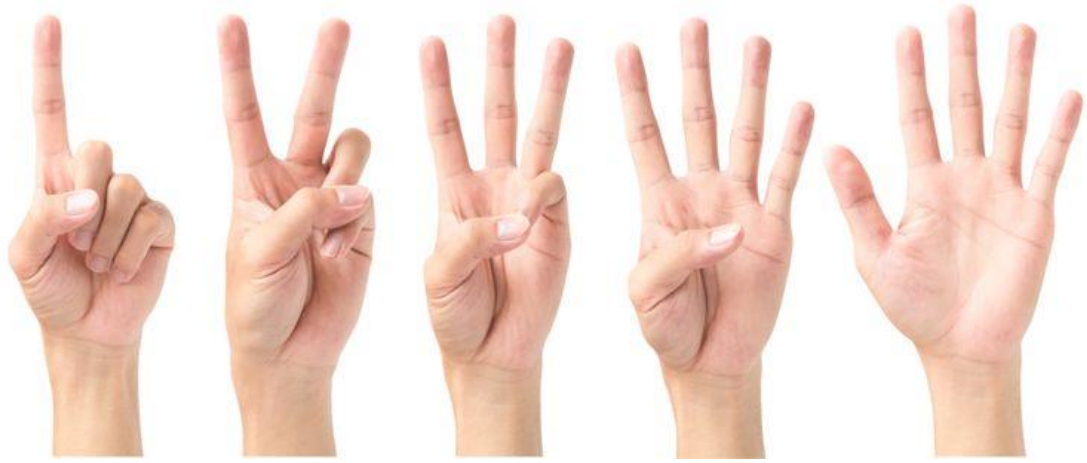
6. Research Approved RAC Topics

7. Research MAC Focus Areas (Palmetto, Noridian, etc.)

8. Draft Annual Proactive Audit Plan based upon findings.

9.Conduct mock CMS Audits using Six Sigma DMAIC Model and remediate as needed.

Pull Revenue and Usage Report



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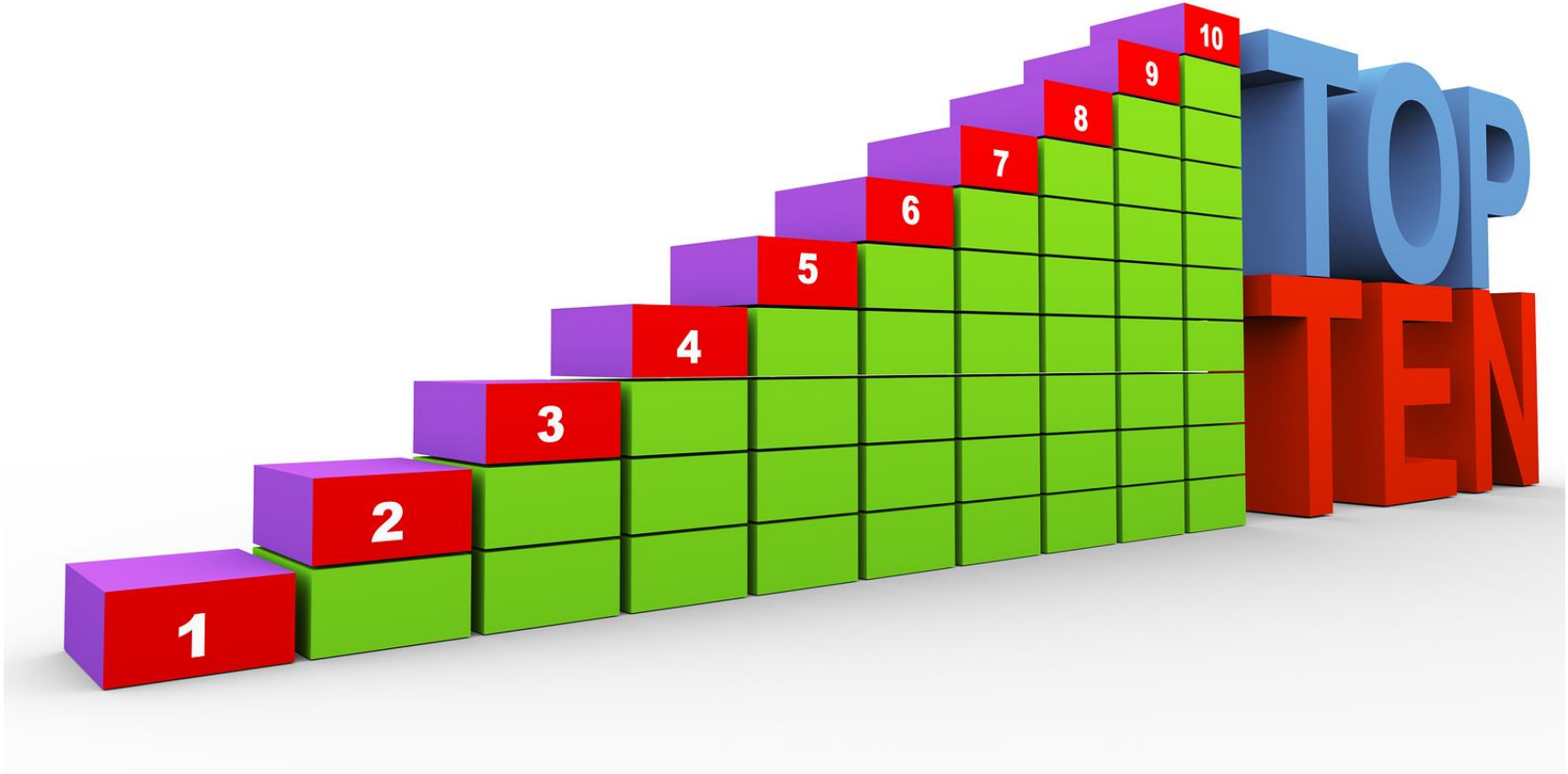
Pivot on top ten High Dollar CPT Codes



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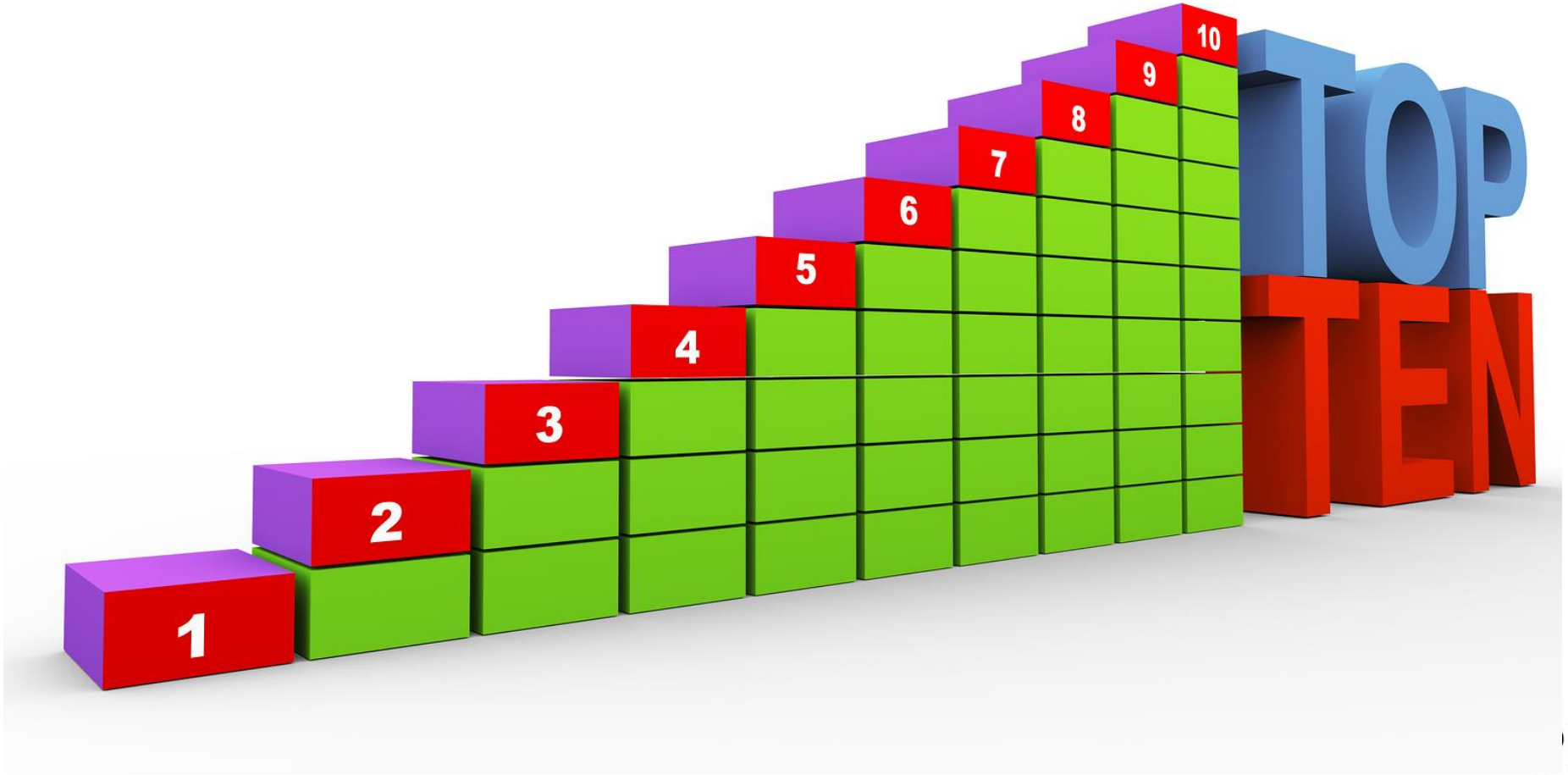
Pivot on Top Ten High Volume Codes



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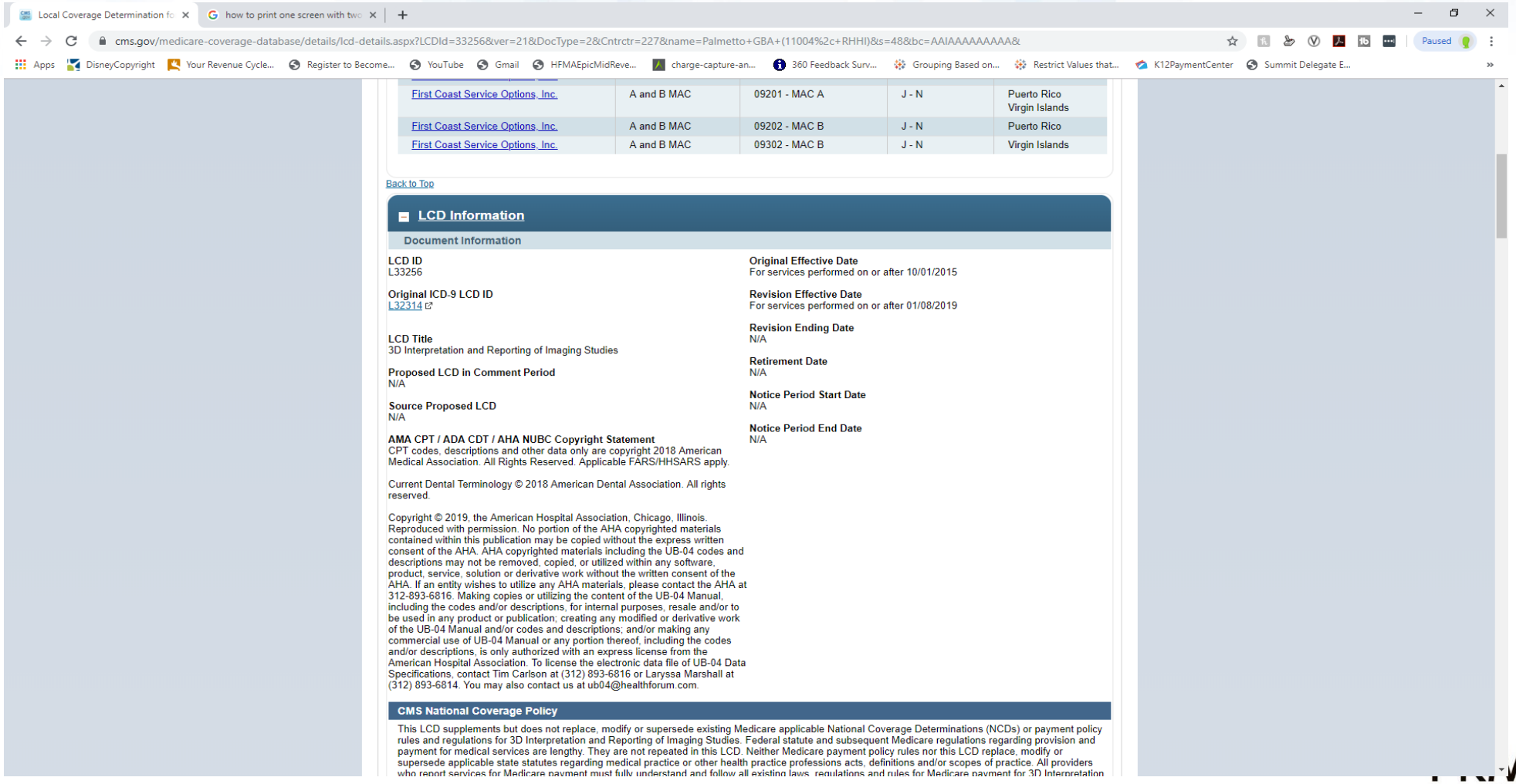
Reconcile with Local and National Coverage Determinations



First Coast Service Options, Inc.	A and B MAC	09201 - MAC A	J - N	Puerto Rico Virgin Islands
First Coast Service Options, Inc.	A and B MAC	09202 - MAC B	J - N	Puerto Rico
First Coast Service Options, Inc.	A and B MAC	09302 - MAC B	J - N	Virgin Islands

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LCD Information

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3D Interpretation and Reporting of Imaging Studies

Proposed LCD in Comment Period
N/A

Source Proposed LCD
N/A

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Original Effective Date
For services performed on or after 10/01/2015

Revision Effective Date
For services performed on or after 01/08/2019

Revision Ending Date
N/A

Retirement Date
N/A

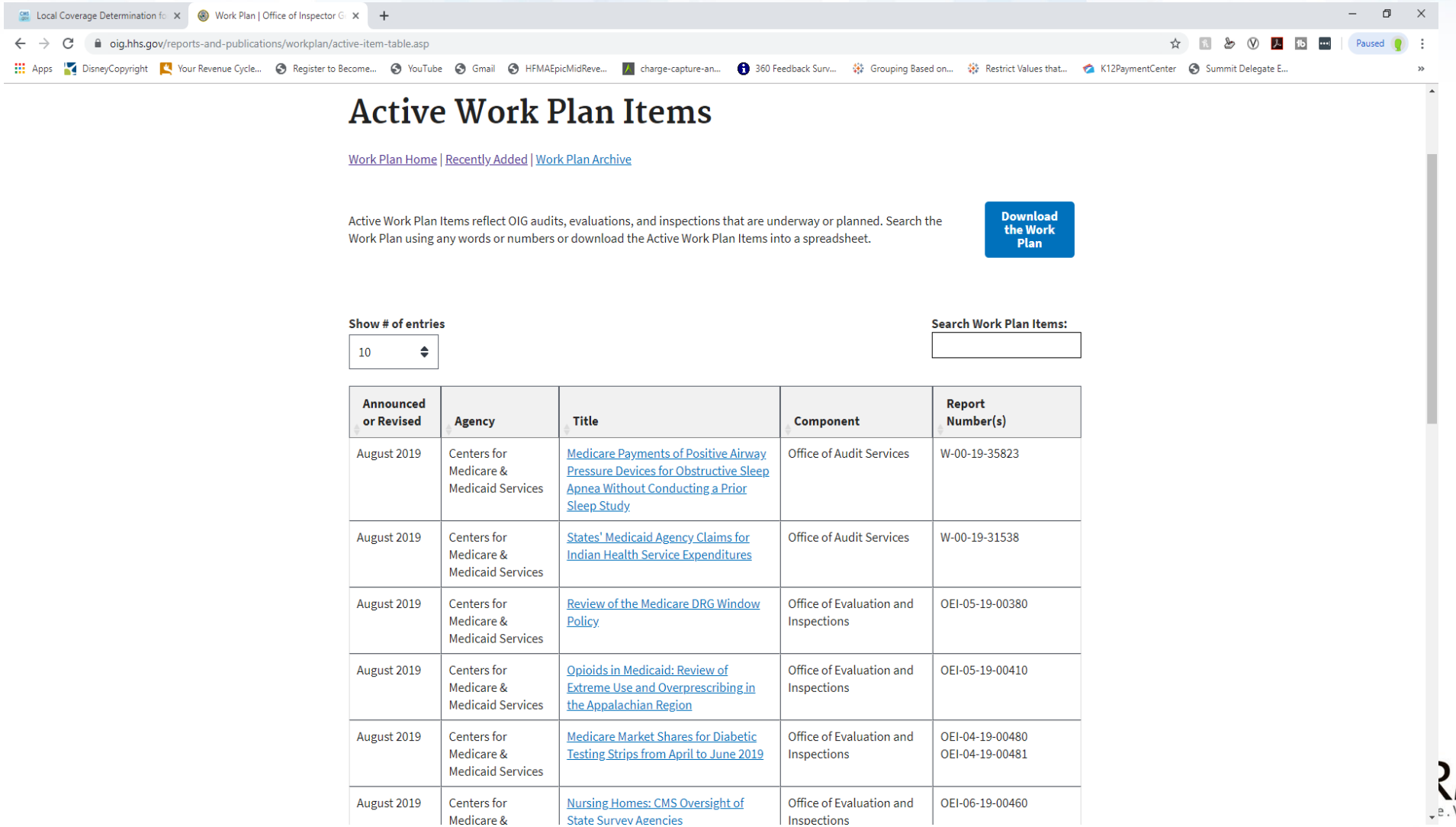
Notice Period Start Date
N/A

Notice Period End Date
N/A

CMS National Coverage Policy

This LCD supplements but does not replace, modify or supersede existing Medicare applicable National Coverage Determinations (NCDs) or payment policy rules and regulations for 3D Interpretation and Reporting of Imaging Studies. Federal statute and subsequent Medicare regulations regarding provision and payment for medical services are lengthy. They are not repeated in this LCD. Neither Medicare payment policy rules nor this LCD replace, modify or supersede applicable state statutes regarding medical practice or other health practice professions acts, definitions and/or scopes of practice. All providers who report services for Medicare payment must fully understand and follow all existing laws, regulations and rules for Medicare payment for 3D Interpretation

Research OIG Work Plan



Active Work Plan Items

Work Plan Home | Recently Added | Work Plan Archive

Active Work Plan Items reflect OIG audits, evaluations, and inspections that are underway or planned. Search the Work Plan using any words or numbers or download the Active Work Plan Items into a spreadsheet.

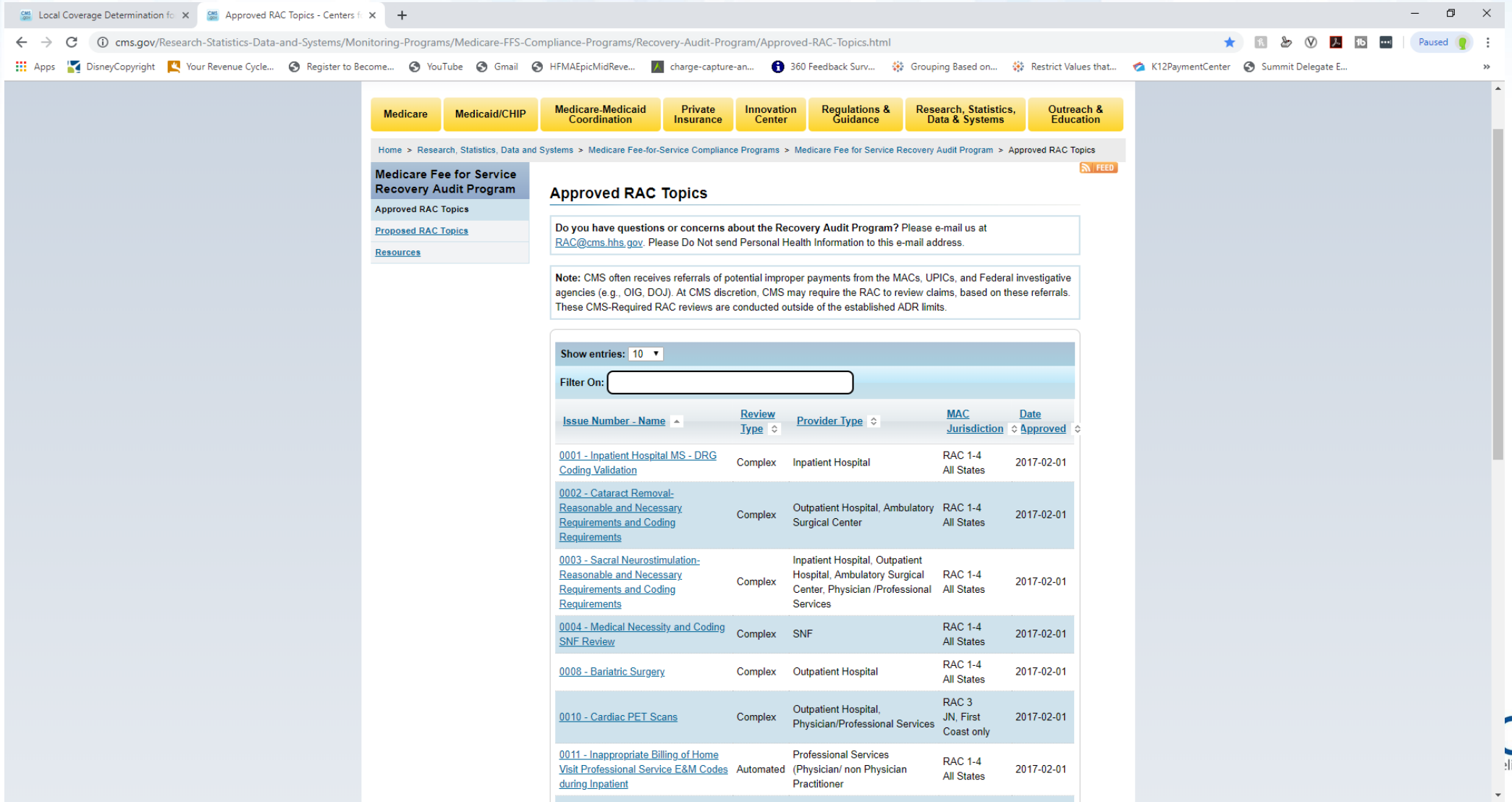
Download the Work Plan

Show # of entries: 10

Search Work Plan Items:

Announced or Revised	Agency	Title	Component	Report Number(s)
August 2019	Centers for Medicare & Medicaid Services	Medicare Payments of Positive Airway Pressure Devices for Obstructive Sleep Apnea Without Conducting a Prior Sleep Study	Office of Audit Services	W-00-19-35823
August 2019	Centers for Medicare & Medicaid Services	States' Medicaid Agency Claims for Indian Health Service Expenditures	Office of Audit Services	W-00-19-31538
August 2019	Centers for Medicare & Medicaid Services	Review of the Medicare DRG Window Policy	Office of Evaluation and Inspections	OEI-05-19-00380
August 2019	Centers for Medicare & Medicaid Services	Opioids in Medicaid: Review of Extreme Use and Overprescribing in the Appalachian Region	Office of Evaluation and Inspections	OEI-05-19-00410
August 2019	Centers for Medicare & Medicaid Services	Medicare Market Shares for Diabetic Testing Strips from April to June 2019	Office of Evaluation and Inspections	OEI-04-19-00480 OEI-04-19-00481
August 2019	Centers for Medicare &	Nursing Homes: CMS Oversight of State Survey Agencies	Office of Evaluation and Inspections	OEI-06-19-00460

Research Approved RAC Topics



Local Coverage Determination fo | Approved RAC Topics - Centers f

cms.gov/Research-Statistics-Data-and-Systems/Monitoring-Programs/Medicare-FFS-Compliance-Programs/Recovery-Audit-Program/Approved-RAC-Topics.html

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Home > Research, Statistics, Data and Systems > Medicare Fee-for-Service Compliance Programs > Medicare Fee for Service Recovery Audit Program > Approved RAC Topics

Medicare Fee for Service Recovery Audit Program

- Approved RAC Topics
- Proposed RAC Topics
- Resources

Approved RAC Topics

Do you have questions or concerns about the Recovery Audit Program? Please e-mail us at RAC@cms.hhs.gov. Please Do Not send Personal Health Information to this e-mail address.

Note: CMS often receives referrals of potential improper payments from the MACs, UPICs, and Federal investigative agencies (e.g., OIG, DOJ). At CMS discretion, CMS may require the RAC to review claims, based on these referrals. These CMS-Required RAC reviews are conducted outside of the established ADR limits.

Show entries: 10

Filter On:

Issue Number - Name	Review Type	Provider Type	MAC Jurisdiction	Date Approved
0001 - Inpatient Hospital MS - DRG Coding Validation	Complex	Inpatient Hospital	RAC 1-4 All States	2017-02-01
0002 - Cataract Removal- Reasonable and Necessary Requirements and Coding Requirements	Complex	Outpatient Hospital, Ambulatory Surgical Center	RAC 1-4 All States	2017-02-01
0003 - Sacral Neurostimulation- Reasonable and Necessary Requirements and Coding Requirements	Complex	Inpatient Hospital, Outpatient Hospital, Ambulatory Surgical Center, Physician /Professional Services	RAC 1-4 All States	2017-02-01
0004 - Medical Necessity and Coding SNF Review	Complex	SNF	RAC 1-4 All States	2017-02-01
0008 - Bariatric Surgery	Complex	Outpatient Hospital	RAC 1-4 All States	2017-02-01
0010 - Cardiac PET Scans	Complex	Outpatient Hospital, Physician/Professional Services	RAC 3 JN, First Coast only	2017-02-01
0011 - Inappropriate Billing of Home Visit Professional Service E&M Codes during Inpatient	Automated	Professional Services (Physician/ non Physician Practitioner	RAC 1-4 All States	2017-02-01

Research MAC Focus Areas

Local Coverage Determination fo | Palmetto GBA - JM Part B - Targe | Targeted Probe and Educate (TPE

cms.gov/Research-Statistics-Data-and-Systems/Monitoring-Programs/Medicare-FFS-Compliance-Programs/Medical-Review/Targeted-Probe-and-EducateTPE.html

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Home > Research, Statistics, Data and Systems > Medicare Fee-for-Service Compliance Programs > Medical Review and Education > Targeted Probe and Educate (TPE)

Medical Review and Education

- Targeted Probe and Educate (TPE)
- Face-to-Face Encounter Requirement for Certain Durable Medical Equipment
- Home Health Medical Review
- Inpatient Hospital Reviews
- Supplemental Medical Review Contractor (SMRC)
- Therapy Cap
- Hurricane Sandy
- Part A to Part B Rebilling Demonstration
- Prior Authorization of Power Mobility Devices (PMDs) Demonstration
- Prior Authorization of PMDs Demonstration: Status Update
- PMD Documentation Requirements (Nationwide)
- Chiropractic Education

Targeted Probe and Educate (TPE)

When Medicare Claims are submitted accurately, everyone benefits.

CMS's Targeted Probe and Educate (TPE) program is designed to help providers and suppliers reduce claim denials and appeals through one-on-one help.

The goal: to help you quickly improve. Medicare Administrative Contractors (MACs) work with you, in person, to identify errors and help you correct them. Many common errors are simple – such as a missing physician's signature – and are easily corrected.

To learn more about TPE, check out this 5 minute video!

Most providers will never need TPE.

TPE is intended to increase accuracy in very specific areas.
MACs use data analysis to identify:

- providers and suppliers who have high claim error rates or unusual billing practices, and
- items and services that have high national error rates and are a financial risk to Medicare.

Providers whose claims are compliant with Medicare policy won't be chosen for TPE.

What are some common claim errors?

- The signature of the certifying physician was not included
- Documentation does not meet medical necessity
- Encounter notes did not support all
- Missing or incomplete initial

Draft Annual Proactive Audit Plan

Month	CPT Code(s)	CPT Code Description	LCD/NCD Criteria	Auditor	Audit Complete	Error Rate	Audit Report Distributed
Sep-19	93306	Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, with spectral Doppler echocardiography, and with color flow Doppler echocardiography					
Sep-19	G0257	Unscheduled or emergency dialysis treatment for an esrd patient in a hospital outpatient department that is not certified as an esrd facility					
Sep-19	67028 (OIG Workplan June 2019)	Intravitreal injection of a pharmacologic agent (separate procedure)					
Oct-19	11042-11047	Surgical Debridement					
Oct-19	82542, G6053, G6056, G6042, G6031, G6044	Diagnostic Services					
Nov-19	90832-90836	Psychiatry and Psychotherapy	LCD L37633				
Nov-19	70450, 70460, 70470	Under Diagnostic Radiology (Diagnostic Imaging) Procedures of the Head and Neck	LCD L34417				
Dec-19	85025	Under Hematology and Coagulation Proced	NCD 110.4				
Dec-19	MOIDX	MOIDX	MOIDX				
Jan-20	97112	Physical Medicine and Rehabilitation Therapeutic Procedures	LCD L34427				
Jan-20	97161-97163	PT Eval	LCD 34428				
Feb-20	97140	Manual therapy techniques (eg, mobilizatior	LCD L34427				
Feb-20	36522	Extracorporeal Photopheresis	NCD 110.4				
Mar-20	C1300	HBO	NCD 20.29				

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DMAIC Collaborative Initiative

- “The Six Sigma DMAIC (Define, Measure, Analyze, Improve, Control) methodology can be thought of as a roadmap for problem solving and process improvement.”

https://www.isixsigma.com/new-to-six-sigma/dmaic/six-sigma-dmaic-roadmap/

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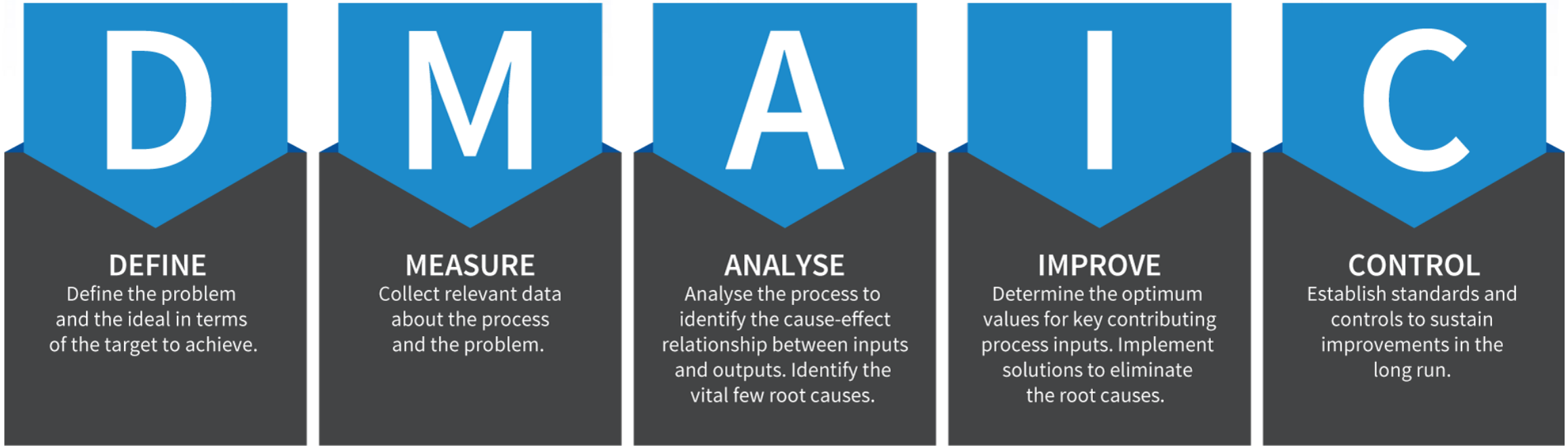
DMAIC Collaborative Initiative



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DMAIC Alignment Teams

Service Lines	Revenue Integrity	Revenue Manager	CDM	Coding Integrity	HIM-CS
Children's Health, PT,OT, Women's Health	Jackie	Kenya Bennet	Shirley King	Denise Williams	
Transplant, Surgical Clinics, MSCC, DUH Amb (ENT, Urology, Oral/Dental, Voice, Urodyn, Surgery Clinics)	Hayat	Jared Collins	Miguel Cabral	Ella King	
Perioperative Services, GI Endo/Bronch, DRH	Shirleen	Nieesha Newlin	Shirley King	Kim Londo	
Heart Center Clinics, Cancer Center Clinics	Jan	Robert White	Pat Clarke	Bobette Haley	
Pharmacy, ABMT, Infusion Therapy	Carnetta	Monica Card	Kim Griffin	Kim Londo	
Clinical Lab	Karen	Kari Ryan	Debbie Jacobs	Kim Londo/ Collaboration with others	
Neuro/Psych/DUH Ambulatory (Infect. Dis., Endocrin. Hematology, GYN/Rheum/GET, etc)	Tim (Interim)	Deanna Allen	Kim Griffin	Janet Lewis/Debbie Cooper	
Duke Primary Care	Tim	Mario Vescio	Miguel Cabral	Thomas Beach / Primary Care	
Radiology, Heart Center Labs (Cath/EP)	Denise	Ronda Malnar	Debbie Jacobs	Trina Holloway	
ED/DRAH, Wound Care, Pain Mgmnt	Tanya	Heidi Ballard	Pat Clarke	Kathy Kirk	
Service Line Generalist and Support: Tim (Regulations)					
Service Line Generalist and Support: Valerie (Coding)					
Service Line Generalist and Support: Lee (Regulations)					

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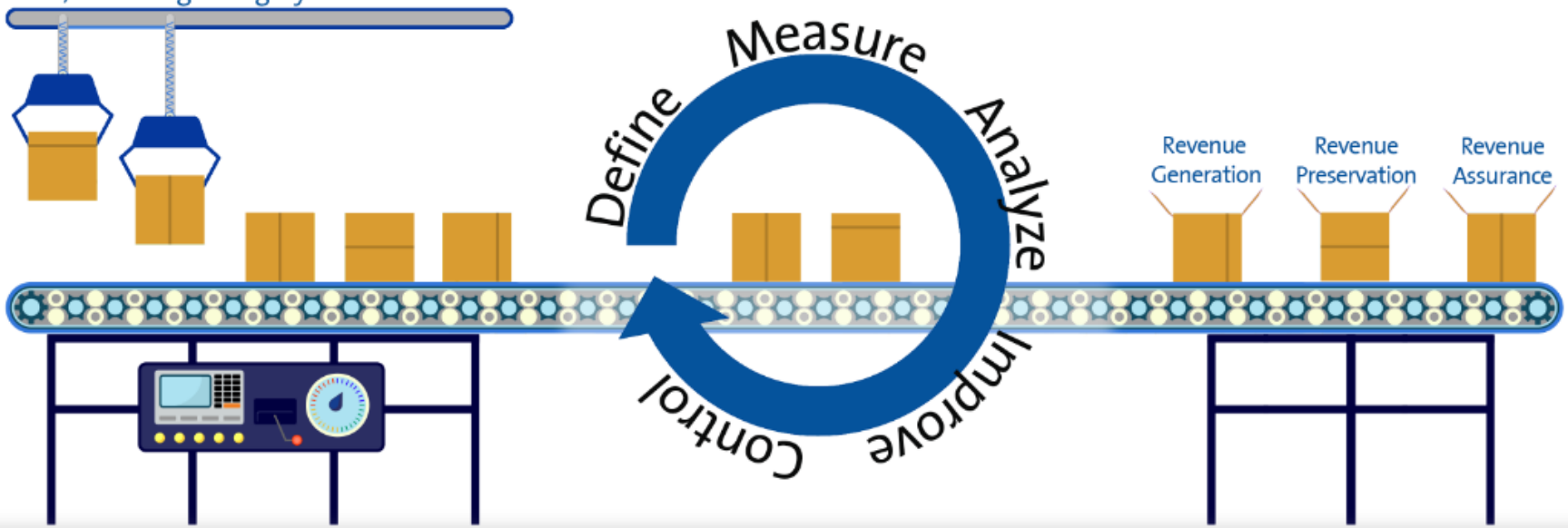
Understanding the DMAIC Process

Project assigned to DMAIC Alignment Teams, with each team consisting of a representative from Revenue Integrity, Revenue Management, CDM, and Charge Integrity.



10 Root Cause Task Force Teams:

- Transplant, Surgical Clinics, MSCC
- Children's Health, PT, OT, Women's
- Cardiac, Cancer Center
- Periop, GI Endo/Bronch
- Duke Primary Care
- Lab
- Pharmacy
- Radiology
- Neuro/Psych
- ED/DRAH

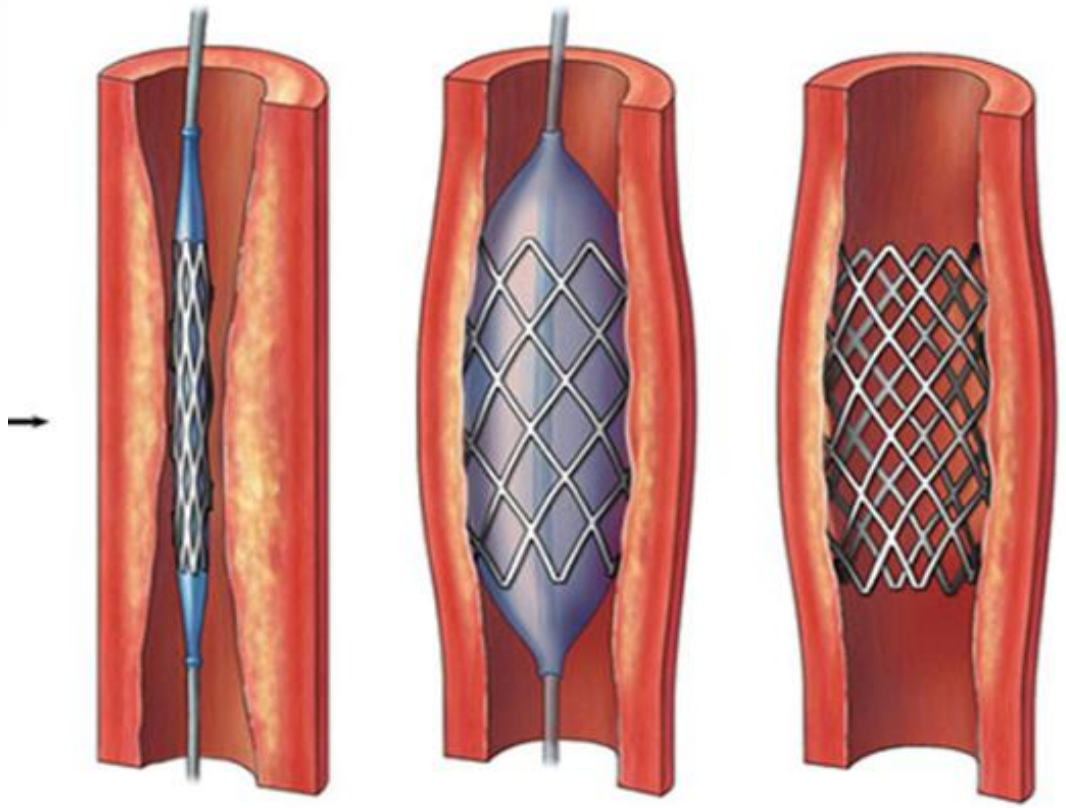
Work through the DMAIC Steps:

1. Define the problem.
2. Measure against criteria (audits/trending)
3. Perform root cause analysis
4. Improve and educate at the source; standarize throughout the system
5. Monitor to ensure integrity and consistency

Through use of the DMAIC Process, we achieve Revenue Generation, Revenue Preservation and Revenue Assurance.

Percutaneous Tranluminal Angioplasty (PTA)

- Percutaneous- via the skin
- Transluminal- involving the passage of an inflatable catheter along the lumen of a blood vessel
- Angioplasty- surgical unblocking of a blood vessel
- Stent- small mesh tube placed inside the blood vessel to keep it open



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PTA DMAIC Project: Define the Problem

Analysis of data:

- In 2018, Utilizing **Advanced External Audit Surge Modeling**, the National Coverage Determination (NCD) 20.7 was identified as a high dollar/high risk area that could cause significant revenue leakage if audited by external auditors.

PTA DMAIC Project: Measure the Problem

- In 6/2018, the DMAIC PTA Audit Tool was created to **measure** the indications and limitations of coverage based upon CMS' NCD 20.7 guidelines.

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PTA DMAIC Project Audit Criteria

National Coverage Determination (NCD) for Percutaneous Transluminal Angioplasty (PTA) (20.7)

Expand All | Collapse All

Tracking Information

Publication Number	Manual Section Number	Manual Section Title
100-3	20.7	Percutaneous Transluminal Angioplasty (PTA)
Version Number	**Effective Date of this Version**	**Implementation Date**
10	1/1/2013	3/11/2013

Description Information

Benefit Category
Inpatient Hospital Services
Physicians' Services

Please Note: This may not be an exhaustive list of all applicable Medicare benefit categories for this item or service.

Item/Service Description
A. General

This procedure involves inserting a balloon catheter into a narrow or occluded blood vessel to recanalize and dilate the vessel by inflating the balloon. The objective of percutaneous transluminal angioplasty (PTA) is to improve the blood flow through the diseased segment of a vessel so that vessel patency is increased and embolization is decreased. With the development and use of balloon angioplasty for treatment of atherosclerotic and other vascular stenoses, PTA (with and without the placement of a stent) is a widely used technique for dilating lesions of peripheral, renal, and coronary arteries.

Indications and Limitations of Coverage
B. Nationally Covered Indications

The PTA is covered when used under the following conditions:

1. Treatment of Atherosclerotic Obstructive Lesions

–In the lower extremities, i.e., the iliac, femoral, and popliteal arteries, or in the upper extremities, i.e., the innominate, subclavian, axillary, and brachial arteries. The upper extremities do not include head or neck vessels.

–Of a single coronary artery for patients for whom the likely alternative treatment is coronary bypass surgery and who exhibit the following characteristics:

- Angina refractory to optimal medical management;
- Objective evidence of myocardial ischemia; and
- Lesions amenable to angioplasty.

https://www.cms.gov/medicare

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PTA DMAIC Error Rate Audit

GTR	HB HAR	Admit Date	D/C Dept	ICD-10 Dx Code	PCS Code	PERFORMING_PRVDR_NM	Charge Amount	MRN	Auditor	Audit Date
Medicare	111111111111	8/13/2018	DUH N3200 General Surgery	I65.21	037K3DZ		60852.04	PY1127	Jan Bledsoe	9/4/2018

0= Documentation missing/deficient 1=Present, but not up to standard 2= Up to standard, N/A = Not Applicable

Indications of Coverage		Score	Possible
Treatment of Atherosclerotic Obstructive Lesions		2	2
	Subtotal =	**2**	**2**
Limitations of Coverage			
High Risk Candidate for CEA (defined below): ▫Age ≥ 80; ▫Recent (< 30 days)MI; ▫(LVEF) < 30%; ▫Contralateral carotid occlusion; ▫New York Heart Association (NYHA) Class III or IV congestive heart failure; ▫Unstable angina: Canadian Cardiovascular Society (CCS) Class III/IV; ▫Renal failure: end-stage renal disease on dialysis; ▫Common Carotid Artery (CCA) lesion(s) below clavicle; ▫Severe chronic lung disease; ▫Previous neck radiation; ▫High cervical Internal Carotid Artery (ICA) lesion(s); ▫Restenosis of prior (CEA); ▫Tracheostomy; ▫Contralateral laryngeal nerve palsy.	**prior bilateral CEA**	2	2
Select one of the following: o Symptomatic carotid artery stenosis ≥ 70%, w/ FDA-approved stenting and FDA-Approved Embolic Protection Device o Symptomatic carotid artery stenosis between 50% and 70%, in a Category B IDE Clinical Trial or in a Post-Approval Study o Asymptomatic carotid artery stenosis ≥ 80%, in a Category B IDE Clinical Trial or in a Post-Approval Study	**Asymptomatic high-grade recurrent right ICA stenosis. 95-99% stenosis at the right ICA.**	0	2
Angiography (pre-procedure or at start of procedure)	yes	2	2
% of Stenosis recorded prior to procedure	yes	2	2
FDA-Approved or cleared Embolic Protection Device used	yes	2	2
FDA-Approved Embolic Protection Device charged	yes	2	2
FDA-Approved Stent charged	yes	2	2
	Subtotal =	**12**	**14**
ICD-10 CM Codes/MN			
165.21- Occlusion and stenosis of right carotid artery	yes	2	2
	Subtotal =	**2**	**2**

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PTA DMAIC Error Rate Audit

Root Cause Analysis; Insufficient physician documentation

Indication/Limitations of Coverage (11 accounts reviewed)	**Error Rate %**	**1**	**2**	**3**	**4**	**5**	**6**	**7**	**8**	**9**	**10**	**11**
Treatment of Atherosclerotic Obstructive Lesions	0%	P	P	P	P	P	P	P	P	P	P	P
High Risk Candidate for CEA	36%	F	P	P	P	P	F	P	F	P	P	F
Select one of the following: o Symptomatic carotid artery stenosis ≥ 70%, w/ FDA-approved stenting and FDA-Approved Embolic Protection Device o Symptomatic carotid artery stenosis between 50% and 70%, in a Category B IDE Clinical Trial or in a Post-Approval Study o Asymptomatic carotid artery stenosis ≥ 80%, in a Category B IDE Clinical Trial or in a Post-Approval Study	73%	P	F	F	F	F	P	P	F	F	F	F
Angiography (pre-procedure or at start of procedure)	0%	P	P	P	P	P	P	P	P	P	P	P
% of Stenosis recorded prior to procedure	18%	P	P	P	P	F	P	P	F	P	P	P
FDA-Approved or cleared Embolic Protection Device used	18%	P	P	P	P	P	F	P	F	P	P	P
FDA-Approved Embolic Protection Device charged	18%	P	P	P	P	P	F	P	F	P	P	P
FDA-Approved Stent charged	0%	P	P	P	P	P	P	P	P	P	P	P
Approved ICD-10 CM Code meets medical necessity	0%	P	P	P	P	P	P	P	P	P	P	P

Anything other than a 0% in each element resulted in a write-off

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PTA DMAIC Project: Analyze for Root Cause

- A total of 11 accounts(DUH & DRAH, 7 providers) were audited; root causes were identified and prioritized.
  - 78% of the accounts failed to identify patient's symptoms and/or involvement in a Category B IDE Clinical Trial or in a Post-Approval Study
  - 36% of the accounts failed to identify if the patient was a High Risk Candidate for CEA
  - 18% of the accounts failed to provide sufficient documentation for the following:
    - % of stenosis recorded prior to procedure
    - Utilization and charging of a FDA-Approved Embolic Protection Device

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PTA DMAIC Project: Summary

Impact

Bill Area	CPT Code	PB$ at Risk
ANESTHESIA CHRONIC PAIN - PDC [208220000016]	01925	$2,247
ANESTHESIA NEURO DIVISION - PDC [208220000018]	01925	$2,247
ANESTHESIA-GVTU DIVISION - PDC [208220000019]	01916, 01925	$14,231
Cerebrovascular & Skull Base - PDC [208250000033]	37215, 37216, 61635	$23,196
CRNA DUKE NORTH - DUH [208230000042]	01916, 01925	$870
DUKE CARDIOLOGY OF RALEIGH-CPDC [208240000009]	37215	$5,776
INTERNATIONAL PHY-ANES - PDC [208220000104]	01925	$4,387
VASCULAR SURGERY - PDC [208220000204]	37215	$40,622
Grand Total		**$93,576**

Department	Inpatient Procedures / ICD- 10-PCS Code	HB$ at Risk
DRAH CARDIAC CATH LAB [1000303008]	037L3DZ	$37,326
DUKE NORTH NEURO/VASC IR [1000100092]	037K34Z, 037K3D6, 037L3DZ	$198,879
DUKE NORTH OR [1000100841]	037K3DZ, 037L3GZ, 037L3DZ, 037J3DZ	$437,100.23
DUKE NORTH PERIOP [1000100840]		
Grand Total		**$673,305.77**

- Specificity Error Rate:
  - **18.09%**
- Denial Rate:
  - **91%**

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PTA DMAIC Project: Improve

- From 07/18 to 01/19, the RI Analyst met with Revenue Managers to establish the corrective action.
- On 12/20/18, the RI Analyst spoke with the Medical Director to review the results of the audit.
- In an effort to enhance physician documentation, the Medical Director agreed to share the findings with fellow surgeons and update their EPIC documentation template.
- On 01/15/19, Medical Director confirmed that the template and her fellow surgeons had been updated.

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PTA DMAIC Project: Control and Monitor

- To ensure the action items in the improve phase were well-implemented, RI performed a 30 day post-audit review on 01/28/19.
- 3 accounts were reviewed:
  - 3 were favorable (met ALL criteria)
- Based upon the monitored data, The Medical Director and the PB Revenue Manager will be notified of the post-audit findings, encouraged of favorable outcomes and assisted in identifying measures to prevent unfavorable occurrences.

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Duke PRMO Mission and Values

Revenue Cycle Re-framed Podcast

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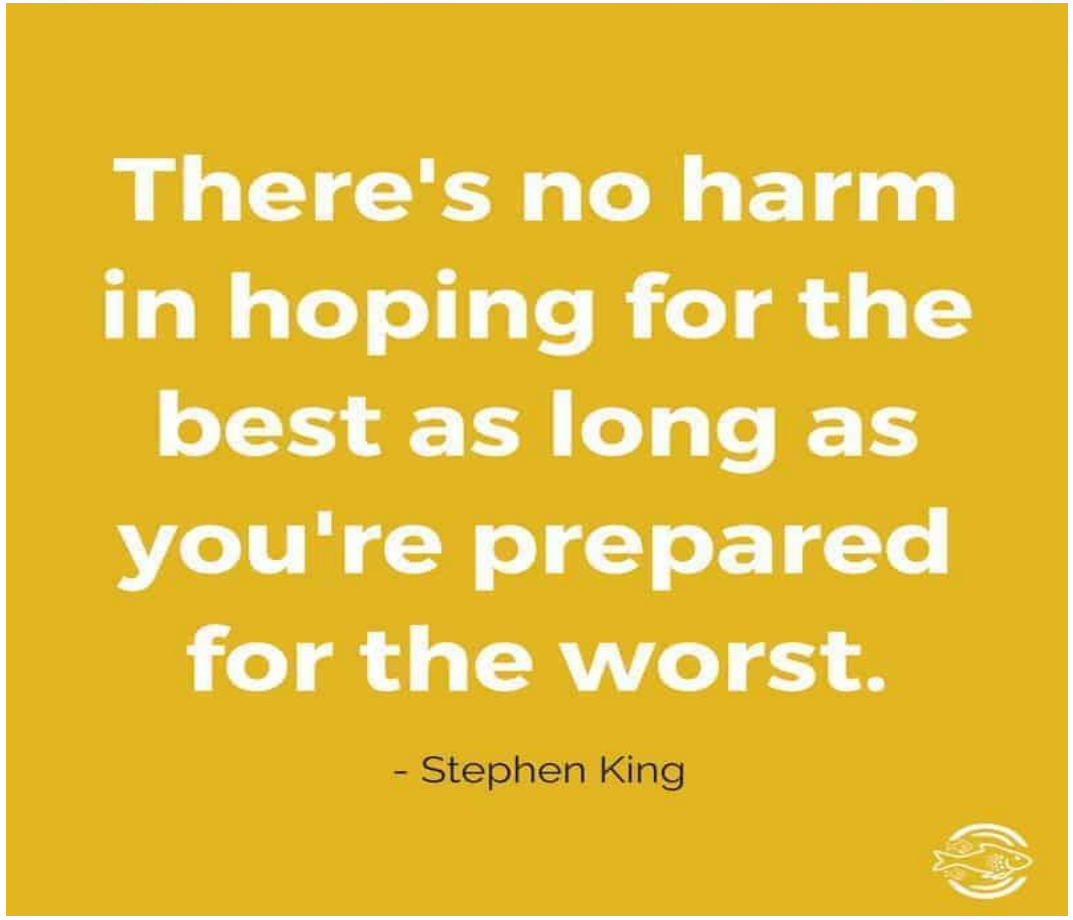
Final Thoughts



Questions?

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Thank you!

Stuart.fedderson@duke.edu

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