

# Target Probe and Educate

## Hospitals and Providers in the Bulls Eye!

### What's the risk?

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**Chief Quality Officer**



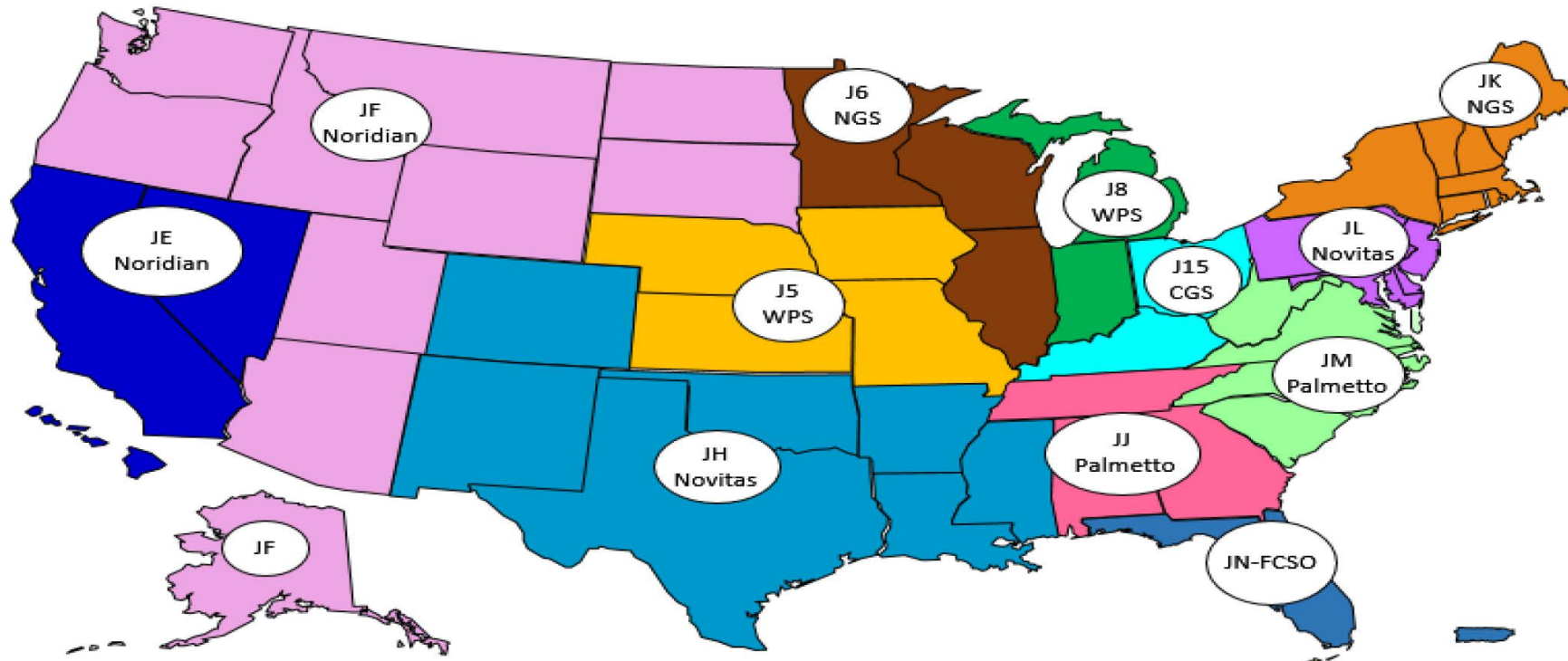


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# Know your MAC

A/B MAC Jurisdictions  
as of October 2017



# What is Target Probe & Educate?

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

- TPE is intended to increase accuracy in very specific areas.

## SPECIFIC AREA OF INTERESTS...

- 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.

**NOTE-IT IS NOT A RETROSPECTIVE REVIEW OF THE MEDICAL CARE AND RECORD THAT HAS BEEN DELIVERED!**

# Why do we have Target Probe and Educate?



2017 Office of Inspector General Report-

<https://www.oig.hhs.gov/oei/reports/oei-06-99-00090.pdf>

Palmetto Pre-Payment Review-

<https://www.palmettogba.com/palmetto/providers.nsf/DocsCat/Providers~JM%20Part%20A~Medical%20Review~Results~ATRHGN2266>

CMS Pre-Payment Review-

<https://www.cms.gov/Research-Statistics-Data-and-Systems/Monitoring-Programs/Medicare-FFS-Compliance-Programs/Recovery-Audit-Program/RecoveryAuditPrepaymentReview.htm>

Noridian-

<https://med.noridianmedicare.com/web/jea/cert-reviews/mr>

Bookmark this site... All things TPE

Center for Medicare and Medicaid Services:

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

***NOTE-IF YOU TAKE NOTHING AWAY FROM THIS WEBINAR, PLEASE COPY AND SHORTCUT THE ABOVE PAGE TO YOUR DESKTOP!***

# What QCR is seeing in our AUDITS

## PHYSICIAN'S HISTORY AND PHYSICAL EXAMINATION

**General Appearance** alert talkative male oriented to time, place and event

**Chief Complaint** Diabetic foot infection right first and second toes and webspace. See my Jacksonconsult of June 26, 2018. Dr. \_\_\_\_\_ did surgery June 27, June 29 and July 17. Got

IV antibiotics about a month. **No demonstrated osteomyelitis** but process extended to bone. Takes decadron daily for very sever gout.

- **Vital Signs**
- **Blood Pressure** 142/92 mmHg
- **Respirations** 16 /minute
- **General Pain** 0 (Scale: 0 to 10)
- **Weight** 210 pounds
- **BMI** 29.3
- **Pulse** 84 bpm
- **Temperature** 97.8 degrees Fahrenheit
- **Height** 71 inches
- **Skin Element**
- **RLE** Wound between fourth and fifth toes with moderate exudate and maceration,
- exposed tendon small open sinus overlving fourth MTP on

## PHYSICIAN COMMENTS

Evaluation of ulcer characteristics was done in detail. The ulcer shows no change. Infection or increased bioburden can delay wound healing. No signs or symptoms of infection were noted or reported such as increased pain, erythema, induration, fever or change in drainage. The Treatment Plan is as follows: After evaluation of the patient and wound status and characteristics, **it was decided that the wound would be debrided. Please see procedure note. We discussed HBOT and he is agreeable to this. Will begin with 2.4 Atmospheres 100% oxygen for 90 minutes with one 10 minute air break for 30 treatments initially and re-evaluate.** Will try NPWT also. Return to clinic in 1 week. I also removed 3 sutures from dorsum of foot.

- **Studies/Orders** • 30 treatments of HBO at 2.4 ATA for 120 minutes with 1 ten minute air break then reassess
- **Treatment Plan** • Local anesthesia for sharp debridement, PRN.
- • Sharp debridement PRN
- • Negative Pressure Wound Therapy

# What's Missing?

## MEDICAL NECESSITY MUST HAVES

PROCESS	DFU	ORN/STRN	GRAFT/FLAP	OSTEO
Consult <b>All Elements to support Medical Necessity</b>	<ol style="list-style-type: none"> <li>1. Thirty days of conventional wound care and what it included. Debridements, Antibiotics, Surgical interventions.</li> <li>2. Include correspondence with whom, what &amp; when for above.</li> <li>3. Wound Volume currently &amp; that there has been no measureable improvement over the last thirty days.</li> <li>4. Ongoing wound care- what are you currently doing &amp; photos.</li> <li>5. Smoking Cessation Education.</li> <li>6. Glycemic Control &amp; HgbA1C as well as education.</li> <li>7. ABI or other quantifier of vascular flow.</li> </ol>	<ol style="list-style-type: none"> <li>1. All correspondence with the specialist: (Urology, Oral Surgery, Plastics, etc)</li> <li>2. Radiation History-what, where, when, how much.</li> <li>3. Anatomical Location</li> <li>4. What care have been delivered &amp; will continue to be delivered.</li> <li>5. Photos- STRN</li> <li>6. Procedures-has the patient been scoped?</li> <li>7. Patients symptoms: &gt;Pain-how much &amp; location &gt;Blood-where? &gt;Urine-how much, frequency, clots. &gt;Stools- consistency, frequency,</li> </ol>	<ol style="list-style-type: none"> <li>1. Date &amp; Time of Graft/Flap.</li> <li>Anatomical location &amp; type of Graft/Flap.</li> <li>Date Compromised &amp; description.</li> <li>All Correspondences with Specialists.</li> <li>Other Clinical correspondences.</li> </ol>	<ol style="list-style-type: none"> <li>1. Diagnostic Imaging- type &amp; in the M/R</li> <li>2. Labs- what &amp; in M/R</li> <li>3. ABX-type, course, delivery</li> <li>4. Wound Care- what care has been delivered.</li> <li>5. Specialist engaged in care.</li> <li>6</li> </ol>
Orders	All components of the treatment	All components of the treatment	All components of the treatment	All components of the treatment
Goals/Plan of Care	To support the decision of Medical Necessity, what is your expected outcome?	To support the decision of Medical Necessity, what is your expected outcome?	To support the decision of Medical Necessity, what is your expected outcome?	To support the decision of Medical Necessity, what is your expected outcome?
Daily Treatment	See proposed MACRO	See proposed MACRO	See proposed MACRO	See proposed MACRO
Re-Asses.	Most recent wound assessment w/ improving wound volume Off Loading S/C & B/S education Revisit & update the POC	Clinical Improvement- Pain Blood Stools & Urine Revisit & update POC	Clinical Improvement What does the Graft/Flap site look like? Has it declared itself, did it survive, will the patient be re-grated? Revisit POC	Clinical Improvement Education Improving Wound Volume Revisit and Update POC



# First HBOT Treatment

E11.622,L98.492 Type 2 diabetes

mellitus with other skin ulcer of skin of other sites with fat layer exposed

E11.65 Type 2 diabetes mellitus

with hyperglycemia

G99.0 Autonomic neuropathy

in diseases classified elsewhere

I10 Essential (primary) hypertension

T81.89XA Other complications of procedures, not elsewhere classified

Y83.9 Surgical procedure, unspecified as the cause of abnormal reaction of the patient, or of later complication, without mention of misadventure at the time of the procedure

Does the patient meet Medical Necessity?

Diagnoses	<b><i>E11.622,L98.492: Type 2 diabetes mellitus with other skin ulcer of skin of other sites with fat layer exposed</i></b>		
	<b><i>E11.65: Type 2 diabetes mellitus with hyperglycemia</i></b>		
	<b><i>G99.0: Autonomic neuropathy in diseases classified elsewhere</i></b>		
Treatment	<b>1 of 30</b>	Location	<b>OP</b>
		Pressure	<b>45</b>
		Duration	<b>120 min</b>
<b>Vital Signs</b>			
Pre: Temp	<b>98.0</b>	BP	<b>100/67</b>
Post: Temp	<b>97.9</b>	BP	<b>134/74</b>
Pre: Hearing		TM	<b>L 0 / 0 R</b>
Post: Hearing		TM	<b>L 0 / 0 R</b>
		Resp	<b>18</b>
		Pain	<b>0</b>
		Resp	<b>18</b>
		Pain	<b>0</b>
		Vision	
		Vision	
<b>Pre-Treatment Check</b>			
Patient voided	<input checked="" type="checkbox"/>	Patient free of head congestion	<input checked="" type="checkbox"/>
Lungs clear to auscultation	<input checked="" type="checkbox"/>	100% cotton materials only	<input checked="" type="checkbox"/>
Ground cable secured	<input checked="" type="checkbox"/>	Pre-treatment instructions given	<input checked="" type="checkbox"/>
		Patient took all medications	<input checked="" type="checkbox"/>
		Remove all unapproved items	<input checked="" type="checkbox"/>
		Cardiac monitoring	<input type="checkbox"/>
<b>Notes</b>			
11:10	Begin System Pressurization - Pressurization rate is variable, between 1.0 psig/min and 5.0 psig/min, based on patients ability to equalize all air spaces		
11:25	Treatment Pressure Achieved.		
12:05	10 minute air break started.		
12:55	Treatment Complete - Begin System Depressurization.		
13:10	System Depressurization Complete - Event Unremarkable		
<b>Therapist Comments</b>			
Blood glucose levels were 137 mg/dL at Pre-TX; 145 mg/dL at Pre-TX; 152 mg/dL at Post-TX. Pt was given 1 glucerna prior to tx due to low BGL. The patient tolerated the treatment without any problems.			
<b>Physician Comments</b>			
I have ordered pre, intra, and/or post treatment blood sugars as clinically indicated to address the risk of hypoglycemia in the hyperbaric environment. Patient is receiving Hyperbaric Oxygen for a Wagner Grade 3 foot ulcer that has failed to respond to conventional wound care greater than thirty (30) days. All criteria inclusive of vascular, nutritional, and diabetes have been assessed and are currently being managed. The patient continues to wear his off-loading device. The patient was treated at 2.4 ATA (45fsw), receiving an oxygen dose time of ninety minutes & 1 breaks breathing air to reduce the potential of oxygen toxicity.			

# Based on these notes does patient meet Medical Necessity to continue HBOT?

## **Follow Up Note: 10-2-18**

### **PHYSICIAN COMMENTS**

Evaluation of ulcer characteristics was done in detail. The ulcer is improved. Infection or increased bioburden can delay wound healing. No signs or symptoms of infection were noted or reported such as increased pain, erythema, induration, fever or change in drainage. He is about to complete 30 HBOT (on 26 today). Also completing his IV antimicrobials. Labs noted. The CRP has been variable but the ESR has been consistently normal recently. I debrided the ulcer and silver nitrated the hypergranulation, Will bring him back next week to see Dr. \_\_\_\_\_ and make a decision about continuing HBOT.

## **Follow up Assessment for HBOT 10-10-18**

### **PHYSICIAN COMMENTS**

I examined the patient for an ulcer that has been resistant to healing despite numerous interventions. The plan is to now examine any underlying characteristics that may impede healing. A thorough evaluation of the wound was done in detail. The wound is improved. Infection or increased bioburden can delay wound healing. No signs or symptoms of infection were noted or reported such as increased pain, erythema, induration, fever or change in drainage. Clinical improvement may be due to the following factors: The wound micro-environment has been moist and bioburden has been decreased. The wound has been insulated and protected from trauma such as pressure, shearing, maceration and friction. The dressings ordered are to provide a microenvironment which can enhance healing including maintaining a moist environment, decreasing bioburden and insulating and protecting the wound. The patient has been compliant with the treatment plan. Factors which likely contribute to non-healing in this diabetic foot ulcer include: a limited understanding of the disease of diabetes and its processes, The Treatment Plan is as follows: The treatment plan will remain the same. The patients peripheral vascular was assess in the clinic. Vascular status appears to be adequate for healing at this point and no other testing is planned. Return to clinic in 1 week.

# Who's LUCKY and Who's Not?

- 1- Analysis of billing data indicating “questionable billing practices.”
- 2- High claim error rates from prior reviews or adjudications.
- 3- Services that have high national error rates.
- 4- Services that are a “financial risk to Medicare.”

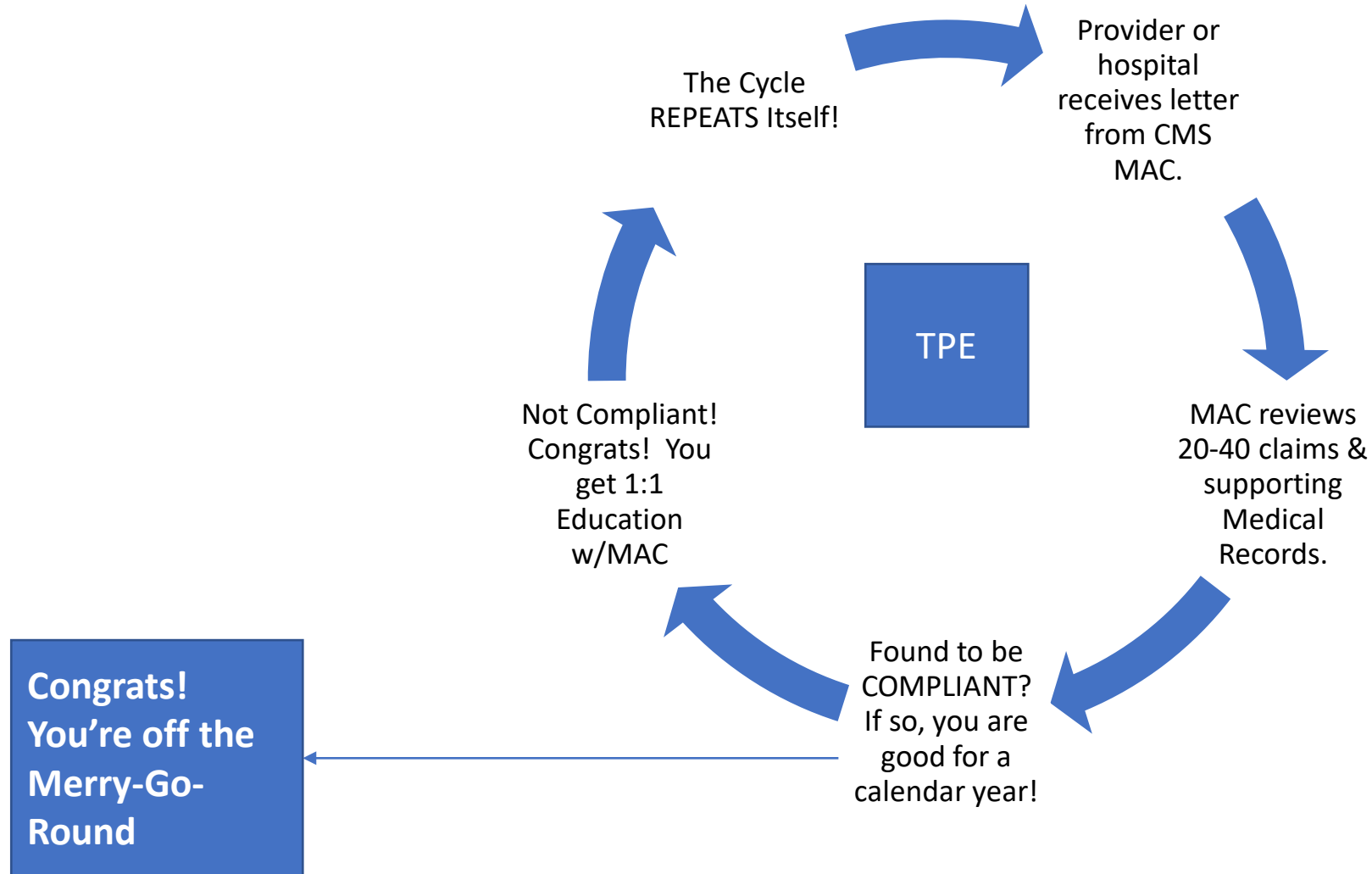
# The Unlucky!!!

The letter-

<https://www.novitas-solutions.com/webcenter/portal/MedicareJH/page/pagebyid?contentId=00173506& afrLoop=1000351580804953#!%40%40%3F afrLoop%3D1000351580804953%26contentId%3D00173506%26 adf.ctrl-state%3Di80331f3t 30>

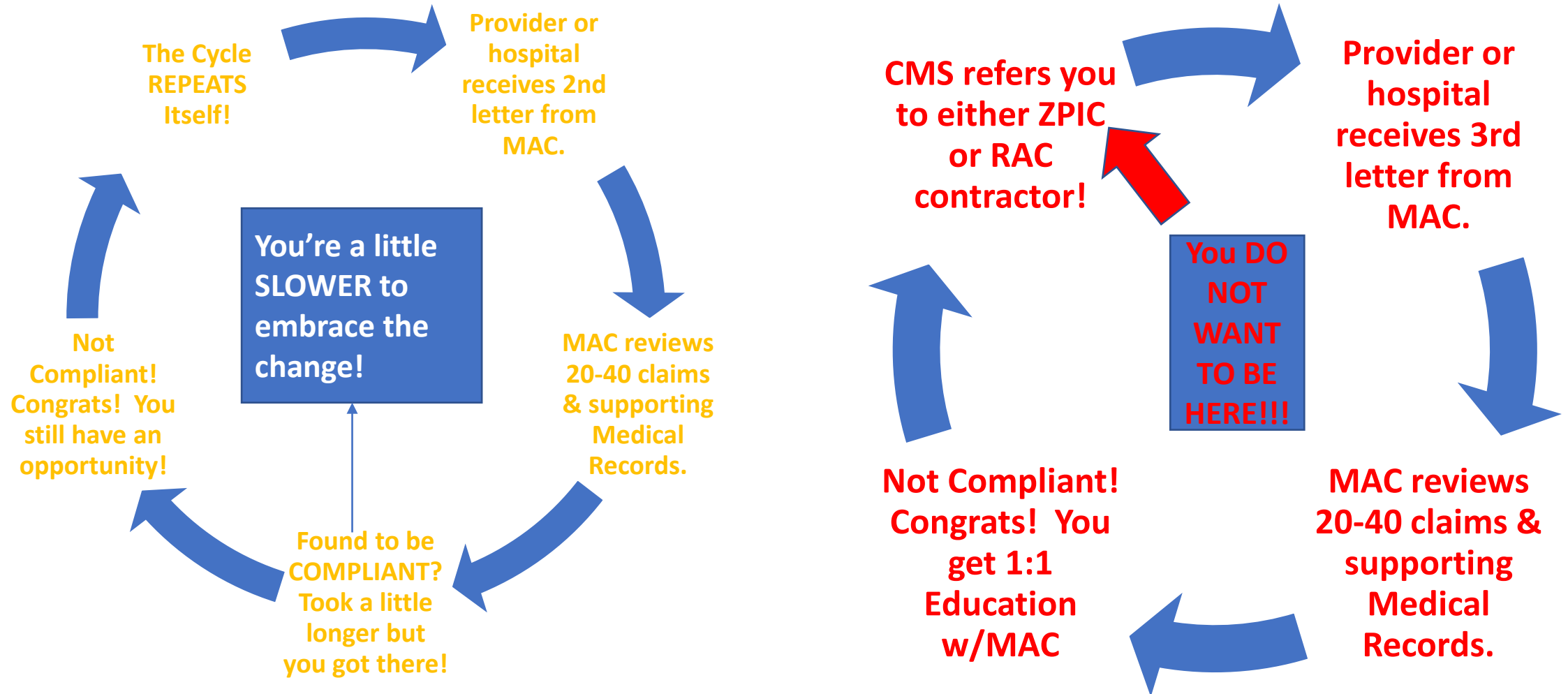
**NOTE-IF YOU RECEIVE A LETTER, DON'T PANIC! HOWEVER, GET A COPY TO THE HOSPITAL LIASON AND THE SERENAGROUP CHIEF QUALITY OFFICER....!**

# What is the PROCESS & What does it look like?



# Round II versus Round III

## Is there a difference?



# THE NEXT STEPS!!!!

## **Zone Program Integrity Contractors (ZPIC) Program-**

To identify cases of suspected fraud, investigate them, and take action to ensure any inappropriate Medicare payments are recouped.

## **Recovery Audit Contractors- (RAC) Program-**

I/D & correct improper payments through the efficient detection and collection of overpayments made on claims of health care services provided to beneficiaries, and identification of underpayments to providers so that the CMS can implement actions that will prevent future improper payments.



# What are they finding & what are the results.

## The North East

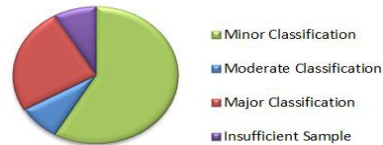


### JL Targeted Probe & Educate Hyperbaric Oxygen Therapy (HBO) 5LH11 Round One Results

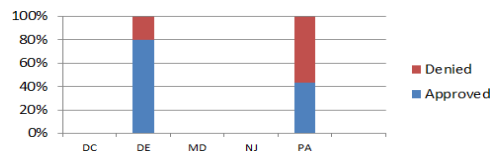
#### Findings:

Through complex data analysis Medical Review Part A identified provider billing practices and services that pose the greatest financial risk to the Medicare program. Providers chosen to participate in Hyperbaric Oxygen Therapy (HBO) Targeted Probe & Educate (TPE) through the data analysis process were offered education prior to, during, and after the probe process had been completed. The results of JL Hyperbaric Oxygen Therapy (HBO) 5LH11 TPE Round One are as follows:

- 12 probes completed
- 7 probes closed with a minor error classification
- 1 probes closed with a moderate error classification
- 3 probes closed with a major error classification
- 1 probe closed with a insufficient sample size



#### Findings by State



#### Reasons for Denials:

Denials for Hyperbaric Oxygen Therapy (HBO) TPE Round One are based on Centers for Medicare and Medicaid Services (CMS) guidelines. These guidelines can be found in the Center for Medicare and Medicaid Services (CMS) National Coverage Determination (NCD) for Hyperbaric Oxygen Therapy (20.29) and L35021 -Local Coverage Determination for Hyperbaric Oxygen (HBO) Therapy.

#### The most common reasons for denial were:

- Insufficient documentation to support services medically reasonable and necessary
- Incomplete or missing treatment records
- Insufficient documentation of diagnostic or physician progress note to confirm diagnosis
- Missing signed physician's order for treatment
- Insufficient documentation of response to treatment or measurable signs of healing
- Insufficient documentation of failed standard treatment or debridement of diabetic wounds

## The Southwest

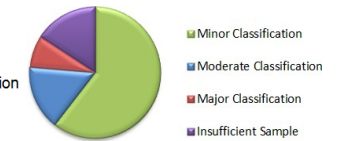


### JH Targeted Probe & Educate Hyperbaric Oxygen Therapy (HBO) 5HH11 Round One Results

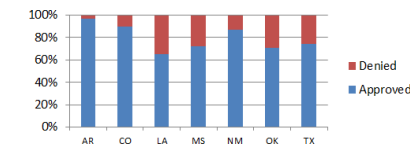
#### Findings:

Through complex data analysis Medical Review Part A identified provider billing practices and services that pose the greatest financial risk to the Medicare program. Providers chosen to participate in Hyperbaric Oxygen Therapy (HBO) Targeted Probe & Educate (TPE) through the data analysis process were offered education prior to, during, and after the probe process had been completed. The results of JH Hyperbaric Oxygen Therapy (HBO) 5HH11 TPE Round One are as follows:

- 38 probes completed
- 23 probes closed with a minor error classification
- 6 probes closed with a moderate error classification
- 3 probes closed with a major error classification
- 6 probe closed with a insufficient sample size



#### Findings by State



#### Reasons for Denials:

Denials for Hyperbaric Oxygen Therapy (HBO) TPE Round One are based on Centers for Medicare and Medicaid Services (CMS) guidelines. These guidelines can be found in the Center for Medicare and Medicaid Services (CMS) National Coverage Determination (NCD) for Hyperbaric Oxygen Therapy (20.29) and L35021 -Local Coverage Determination for Hyperbaric Oxygen (HBO) Therapy.

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# Novitas

Update on MAC Claims × + ▾

← → ↻ 🏠 <https://www.uhms.org/quarc-current-issues/503-update-on-mac-claims-review.html> 📖 ☆ ⚙️ 📄 📧 ⋮

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## MAC Area J5

### Article - Hyperbaric Oxygen Therapy (HBO) – 5HBOB Interim Results

This article is to update provider of the claim review finding for reason code 5HBOB – Hyperbaric Oxygen Therapy Part A Services billing OPT Code G0277 with *primary diagnosis diabetes*.

61 claims were reviewed from April 1, 2017 – June 30, 2017 revealing a claim error rate of 88.5% and a charge error rate of 95.3%. The breakdown of those findings are as follows:

- 13 claims were accepted
- 54 claims were denied in part or in full for the following reasons:
  - Documentation submitted was insufficient to support the service(s) billed med Medicare guidelines:
    - History and Physical
    - Physician progress notes
    - Legible signed physician order for the service(s) billed or attestation statement if signature is illegible
    - Prior medical, surgical and/or previous HBO
    - Prior antibiotic therapy and surgical interventions
    - Procedure (logs) including ascent time, descent time, and pressurization level
    - Direct physician supervision and monitoring was not supported for the date(s) of service billed
    - Diabetic wound information:
      - wound classification (Wagner Grade III or higher)
      - records of failed wound therapy as defined in the National Coverage Determination
      - validation that wound is a result of a diagnosis of diabetes.
  - Documentation did not support National Coverage Determination (NCD) coverage requirements have been met for the condition billed

**Individual provider error rates are also analyzed on a quarterly basis. Providers who appear to be performing well in the audit are excluded from further review. This quarter, 1 provider was identified for exclusion from the edit.**

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5:51 PM 10/22/2018

# What you need to know....

## WHAT IF MY ACCURACY STILL DOESN'T IMPROVE?

This should not be a concern for most providers and suppliers. The majority of those that have participated in the TPE process increased the accuracy of their claims.

***However, any who fail to improve after 3 rounds of TPE will be referred to CMS for next steps.***

# SO, WHAT ARE *SAID*, NEXT STEP?????

## ZPIC (Process) Investigation

- Request medical records and documentation;
  - No specification regarding look-back period
  - Unlimited document requests
- Use extensive data analysis including probe sampling, statistical sampling & extrapolation
- Conduct employee and beneficiary interviews
- Conduct an onsite visit, without prior notice
- Identify the need for a prepayment or auto-denial edit and refer these edits to the Medicare Administrative Contractors (MAC) for installation
- Withhold payments
- Refer cases to law enforcement
- Are not paid on contingency fee (performance bonuses exist though)

# ZPIC- need to know!

The purpose of any ZPIC investigation is to determine whether there is potential fraud or whether the provider merely made billing errors. If the investigation does not result in a case, the ZPIC will act to prevent further payment of inappropriate claims and recover any overpayments. **If the investigation becomes a case, the investigation will be closed and the case will be referred to the Office of Inspector General (OIG) and The United States Department of Justice (DOJ).** Regardless of whether or not the investigation becomes a case, the ZPIC will seek recoupment whenever it determines that there is an overpayment.

# RAC –need to know

The purpose and goal of the RAC Process is to identify and correct improper payments three years before start of audit. (This is a post payment process.) Document requests that vary by provider type. And, the contractor is paid and assured and contingency fee structure based on recovery.

## Types of RAC Audits-

Automated- the simpler of the two processes. Basically using algorithms the RAC uses a computer to do the auditing. This type of audit requires no medical records and little input from you or your staff.

Manual- ***allowed to request medical records from you and you must comply.*** This is somewhat of a burden to you and your staff, however ***there is a limit to the number of files the RAC can request in a 45 day period,*** although the number is quite high.

# How can you be ready????

1. Medical Necessity Macros-(contain metrics that are needed for M/N)
  2. Order sets (ensures that-(on-going periodic reassessments conducted)
  3. Ongoing Treatment Macros- (ensures all elements of treatment met)
- 
- A. Medical Necessity Must Haves
  - B. HBO Evaluation Criteria Checklist
  - C. QCR resources

# Medical Necessity

**Indication-** Patient has chronic refractory osteomyelitis of (where). The diagnosis of osteomyelitis was first noted on (date). The patient has had previous surgical debridement(s) performed on (date) or why not amenable for surgical debridements, and has also received appropriate antibiotic therapy without resolution. The patient received (antibiotics) from (dates). Currently noted by (imaging/bone culture, lab) and bone debridement (if done) the osteomyelitis is still present and supports the diagnosis.

**Education-** Education regarding: smoking cessation (if smoker) blood glucose optimization and nutrition, patient is currently being offloaded (how). The contraindications for therapy have been reviewed and the patient risk/benefit regarding therapy discussed.

**Compliance-** Pre-albumin and Albumin levels are within normal ranges or been optimized by (how) indicating that the patient's nutritional status is optimized. Recent Hemoglobin A1C is (value <8) & being followed by (who). Patient (is/not) being treated with (antibiotic) to resolve any infection.

**Plan-** Patient is candidate for hyperbaric oxygen therapy for the chronic refractory osteomyelitis of the (anatomical). Treatment will consist of 2.5 ATA for 90-120 minutes for ten treatments daily as an adjunct to the appropriate standard of care. Reevaluation of patient at treatment ten for review of symptoms and progress.

# On-going HBOT

Patient is receiving Hyperbaric Oxygen for a wound with Chronic Refractory Osteomyelitis that has failed to respond to **conventional wound care including a course of antibiotics, and debridement**. The patient was treated at **2.0 ATA (33fsw)**, receiving an oxygen dose time of ninety minutes zero breaks breathing air to reduce the potential of oxygen toxicity. Both ACLS & ICU capability were available throughout the treatment. The patient tolerated the procedure without incident and I provided **direct** supervision during the procedure.



Thank You!!!!

Questions

Round table Discussion