2013 CPT Updates	
Questions	**Answers**
Webinar Subscription Access Expires December 31.	
ARE WE STILL ON PAGE 3	ANSWER Page 4 now
WHY DOES HUMANA ASK FOR SO MANY AUDITS	Answer: That is part of their mission.
IS THIS GOING TO BECOME ALL INSURANCE COMPANYS MISSION? AND WHAT MISSION IS THIS follow this as well.	Answer: This is primary for government payers, but other payers
Will OIG plan change a lot with ICD-10?	We are not certain at this time.
This presentation will be worth 1 CEU and that code will be given at the end of the presentation.	
where do I go to print the slides of this presentation?	ANSWER: The slides have been available for 48 hours in the online account of the purchaser on the same page from which you originally accessed this webinar. You can also click on the "Documents" tab in the lower right corner of this screen.
are there certain type physicians that are at greater risk	ANSWER: They do not specify
will this be covering in office exempted ancillary services and anti trust issues related to mergers?	ANSWER: Not specifically but you may access the entire Work Plan at the OIG's website.
So, what does the government do with all that money recovered?	ANSWER: I am not certain of the specifics but some goes to education, administrative costs. You may check their website for more information.
Why do they say something when something has been undercoded?	ANSWER: The goal is correct coding, so there should be no overcoding or undercoding.
What slide are we on?	ANSWER: 10
when humana ask for your medical records is this an actual audit -they realy dont call it that contact the person who sent the letter to ask about the scope.	ANSWER: There are different types of audits. When in doubt,
how does this affect the urgent care facilities? cares and filing CMS1500 forms are addressed.	ANSWER: We are discussing professional services (physician billing) so the physicians seeing patients in urgent
how many years can they go back for auditing the practice?	ANSWER: I believe it is 10 but will verify.

is there a law of how much time we have to gather the records for them	ANSWER: Usually stated in the letter but you can verify with Medicare carrier in your area.
What is provider-based status???	ANSWER: Practices affiliated with hospitals. There are many different rules for this designation.
do we have to send the records in a certain time frame -in 1 week 2 months??	ANSWER: Look at the request for time limit and/or contact your carrier.
what are provider based services?	ANSWER: hospital-based clinics, etc
so theres no law pertaining how long we have to respond	ANSWER: Look at the request for time limit and/or contact your carrier.
Look at the request for time limit and/or contact your carrier. ANSWER: There is an index at beginning of Work plan that shows Medicaid prescription drug reviews, home, community and personal care services, etc.	
what can trigger the oig auditing	ANSWER: They do not tell us but we know they do a lot of data mining, i.e. looking at code patterns.
Can the presenter give specific CPTs and ICDs that cause audits?	ANSWER: No, we cannot. Those are not specifically published.
Are large multi-specialty practices (> 100 / 13 specialties) at higher risk for audits, and does a "work-in-progress" practice compliance plan adequatley demonstrate desire for compliance and help the providers in the event of audits?	ANSWER: They may be but Medicare does not confirm this. A completed compliance plan which is utilized is much stronger support in an audit situation.
Will the items affecting physicians be for Medicaid or just for Medicare?	ANSWER: The work plan addresses Medicare and Medicaid
can I listen to this again	ANSWER: Yes! The on demand version is available immediately following this broadcast. You can listen as many times as you would like, whenever you would like. You can even download it and fast forward, rewind, etc.
How will these audits effect a FQHC facility?	ANSWER: I am not sure. I will check on this.
As a provider of diagnostic radiology...whose responsible for the medical necessity? The ordering physician or the provider/facility?	ANSWER: The ordering physician should provide the diagnosis/reason for the study.

Are there any particular diagnostic radiology test that are being questioned?	ANSWER: Not that we know of at this time.
We are from an Opthalmology office and are wondering if the OIG comes to the office to look at records, or if this is something that done in the mail?	ANSWER: Either.
can you please confirm for the Sleep , Does the Sleep Centers to bill for Medicare services does the Sleep Center have to be accredited thru AASA or can it be "in process"	ANSWER: You should be able to look at Medicare's NCDs and LCDs for this answer. Thanks.
Where do you find out who can perform a specific test; ie elctrodiagnostic test	ANSWER: Try checking NCDs and LCDs for your area on Medicare website.
Are there any particular diagnostic radiology test that are being questioned?	ANSWER: Not that I am aware.
Medical necessity is a reason for OIG to audit. But, do the OIG auditors have medical background to determine if the procedure/service is medically necessary?	ANSWER: Yes they typically do.
Did Charla say that a hospital that performs outpatient sleep studies has to have an accredited sleep study lab?	ANSWER: It is my understandind that they do. You can confirm with Medicare Benefit Policy Manual.
does cms set guidelines for frequency of tests	ANSWER: Yes, check NCDs and LCDs
For the HA1C testing are they looking at physician documentation that are ordering for these tests or the lab that is billing for the testing. We are an Article 28 FQHC and do not bill lab codes.	ANSWER: They will look at whoever is billing them for services.
We have received letters from Humana regarding ICD-9 code changes. The letters are not a request for medical records but rather an FYI from Humana telling us when an ICD-9 should be added to or deleted from a patients account when they did not identify it on records they already reviewed. Should we be concerned about these letters?	ANSWER: Yes, you should make this part of your staff education so that it does not happen in the future and correct the patient's account.

That is like ALL of Medicaid?!! Is there any more specifics on 'other Medicaid Services'??	ANSWER: Check the full work plan on OIG website.
Which Medicare contractor had th heighest frequency of HgBa1c utilization?	ANSWER: I do not know.
When my physician sees a clinic patient who is NOT on dialysis yet, but sees them in a dialysis unit, should we use place of service 65 or 11 ?	ANSWER: Use place of service where patient was located
When my physician sees a clinic patient who is NOT on dialysis yet, but sees them in a dialysis unit, should we use place of service 65 or 11 ?	ANSWER: Slide 23
Do you have any plans to offer this type of education specifically for FQHCs?	ANSWER: I do not know of any but will inquire
Can you recommend an audit tool (s) for coding opthalmological services?	ANSWER: Check our website for specialty coding books!
Can you recommend an audit tool (s) for coding opthalmological services?	ANSWER: Slide 23!
Can you recommend an audit tool (s) for coding opthalmological services?	ANSWER: Unfortunately, we cannot cover everything in the work plan. I would encourage you to access the work plan. They will review Part B claims for personally performed anesthesa services to determine if they were supported. Also will look at AA service code modifier and QK modifier. See page 21 of work plan.
if a pt has bronchiatist and an x-ray was done by the provider does that support medical necessity	ANSWER: That is not enough information. Look at reason test is ordered.
Where can we find the Incident-To services rules to follow?	ANSWER: Medicare website - look under Providers - in the Medicare Carriers Manual
on incident to services, if the NP sees a patient for an exisitng problem but the phy is not in the office is it ok to bill under the NP?	ANSWER: NP can bill for services if credentialed
Could someone elaborate on the definition of incident-to services??	ANSWER: Medicare term which means MD bills for services provider by MLP as though he/she provided services. Lots of requirements - check Medicare Carriers Manual

Are there specific Ophthalmological codes that the OIG will be looking at? Certain levels?	ANSWER: Not specific
What is the OIG doing regarding the over use and over templation of the EHR's creating higher documented services.	ANSWER: They are looking at records to determine if "cloning" is occuring, etc.
Could someone elaborate on the definition of incident-to services?? Manual, Chapter 12	ANSWER: Rules for incident-to services can be found in Medicare Claims Processing
can NP bill for new patient	ANSWER: NP can bill for patient if they are credentialed/ have a provider number
What if the patient was in the office at the technical service and Outpatient hospital at the time of the professional service.	ANSWER: Slide 23 discussion - use location service was performed UNLESS split service (technical and professional) and professional component was done elsewhere, i.e. MD did echo interpretation at his office
When is this effective to use the place of service where the service was provided?	ANSWER: See answer above. Use POS that service was performed unless MD did professional component of a diagnostic test somewhere else (interp in office and test done in hospital)
We have an AAPCPS webinar on Incident-To you may also enjoy: http://www.aapcps.com/webinars/webinar.aspx?title=Incident-to%20and%20Shared%20Visits:%20Updated%20for%202012	
ALL QUESTIONS REGARDING POS FOR SPLIT LOCATIONS: You can find the guidance in MLN article 7631 Oct 9 revised on Oct. 12	
POS: previous CMS Transmittal 1873 was rescinded - see MLN article 7631	
Should EHR Exam templates emulate CMS documentation guidelines for multi-system and single system	ANSWER: Auditors use either 1995 or 1997 guidelines depending on which is more advantageous to provider
why is there such a problem with coding of EMG/NCV I code according to CPT guidelines and the patient is in need , yet its denied	ANSWER: Have you checked NCDs and LCDs?
are behavioral services being targeted for audits	ANSWER: They may be. I do not know of anything specific.

So what would be the correct place of service for a patient that has an event monitor or Holter monitor applied at home	ANSWER: That may be why.
where can we find medical neccesity information	ANSWER: Check NCDs and LCDs on Medicare website
If the physician did the interp in the office, then would we use the office as the POS?	ANSWER: use that if test was done there as well