Medical Oncology Infusion Documentation and Coding

The Georgia Society of Clinical Oncology
2014 Annual Spring Administrators' Association Meeting
May 2 – 3, 2014

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Clients in All 50 States
Comprised of both Medical & Radiation Oncology

Disclaimer

This presentation was prepared as a tool to assist attendees in learning about documentation, charge capture and billing processes. It is not intended to affect clinical treatment patterns. While reasonable efforts have been made to assure the accuracy of the information within these pages, the responsibility for correct documentation and correct submission of claims and response to remittance advice lies with the provider of the services. The material provided is for informational purposes only.

Efforts have been made to ensure the information within this document was accurate on the date of presentation. Reimbursement policies vary from insurer to insurer and the policies of the same payer may vary within different U.S. regions. All policies should be verified to ensure compliance.

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Services

Onsite Consulting Services and Remote Solutions

Process Reviews and Implementation Plans

Compliance Reviews and Compliance Plan Development

Educational Seminars and Webinars

Operational Assessments and Management Services

It's All About The Team

"I am a member of a team, and I rely on the team, I defer to it and sacrifice for it, because the team, not the individual, is the ultimate champion." -Mia Hamm

Objectives

Stress the importance of a consistent process to ensure authorizations are obtained in a timely manner

Discuss the importance of teamwork, communication and documentation

Playbook

- Local Coverage Determinations (LCDs) are published guidelines and requirements for coverage under Medicare
- Determination if services are reasonable and necessary
- Provide statutory provisions:
  - Documentation requirements
  - Medical necessity
  - Coverage for services
  - Coding instructions

Cahaba Rules and Regulation

- LCD ID Number: L30026
- LCD Title: Drugs and Biologicals: Colony Stimulating Factors
- Primary Geographic Jurisdiction: Georgia
- Indications
- Limitations
- CPT/HCPCS Codes
- ICD-9 Codes that Support Medical Necessity

Revision Information

- Revision:
  - J1440 and J1441 are invalid after December 31, 2013 and are being removed from the LCD. J1442 is effective January 1, 2014 and is being added to the LCD
  - Granix (Injection, tbo-filgrastim, 5 mcg) (J1446) is being added to the LCD effective January 1, 2014.

Associated Documentation Requirements

- Medical records should indicate the order, the route of administration, amount of medication, and the clinical information supporting the indication for use and the frequency of its usage.
- All coverage criteria must be clearly documented in the patient's medical record and made available to Medicare upon request.
- Documentation must support CMS 'signature requirements' as described in the Medicare Program Integrity Manual (Pub. 100-08), Chapter 3

To Access Policies

- Navigate the Medicare website at www.cms.hhs.gov
- Choose **Medicare**
- Choose **Medicare Coverage Determination Process**
- Choose **Local Coverage Determinations**
- Choose specific method for your search by Contractor or by State
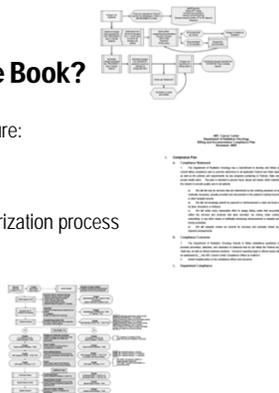
Don't forget to look for attachments!

LCD Attachments
Attachment-Table A - B2007.81 R9 (PDF - 25 KB)

What's in Our Game Book?

Process = Policy and Procedure:
- ✓ Verification of benefits
- ✓ Pre/prior authorization
- ✓ Change of "drug" authorization process
- ✓ Documentation
- ✓ Charge capture
- ✓ Charge review
- ✓ Staff education

Front End Work Flow

- Registration
- Insurance verification - pursuant to treatment plan
- Pre-Authorization/Referral
- Patient financial counseling
- Establish patients ability to pay prior to treatment and setup payment plan
- Notify patient of any non-covered services

Impact

- The likelihood of collecting what is owed, either from insurance or patients, is directly attributable to the quality of information obtained at the initiation of services
- An efficient billing process begins at intake, when the patient completes financial intake paperwork
- If the financial intake paperwork is incomplete, return it to the patient

Insurance Types

- Government Payors
- EPO - Exclusive Provider Organization
- HMO – Health Maintenance Organization
- IPA - Independent Practice Association
- PFFS – Private Fee for Service Plans
- PHO – Physician Hospital Organization
- PPO – Preferred Provider Organization
- POS – Point of Service Plan

Verification vs. Pre-Authorization

What is the difference?

- **Verification** is obtaining benefits; patient eligibility, pre-existing conditions, co-pay, deductible, out-of-pocket expense, and lifetime maximum
- **Pre-Authorization** is obtaining permission to perform a procedure so that it will be considered for payment; however, this is NOT a guarantee of payment
  - Any Unions?

Pre-Authorization

- Not all insurances require preauthorization's
- Not all insurances require the same kind of preauthorization's
- Prospective Review
- Review of rationale before treatment
- Medical Necessity statements, clinical treatment plan, physician orders.
- Retrospective Review
- Review after the fact
- Actual documentation of the service provided

Pre-Authorization (cont.)

This process could affect the clinical process and could require a 2-3 day timeframe to acquire approval
Review the current policies for that carrier to determine coverage
Do not assume anything
Get all information in writing when possible
Document all call information in detail
Document Insurance Representative spoke to (first and last name)
Date, and time of call

Insurance Verification

- Most insurance companies have websites that provide free benefit information
- Going to the provider section, you should be able to access a billing manual and contact information regarding claim follow up, precertification requirements, limitations and exclusions, and claims filing information
- Getting the correct information up front will decrease accounts receivable (A/R) and allow you to receive faster reimbursement

How Teams Reach the Goal

- Develop written policy and procedures
  - Insurance Verification and Form(s)
  - Estimate of Treatment
  - Forms of Payment
  - Collection of copayments
  - Payment Plans
  - Prompt Pay Discount
  - Classification of a Patients Financial Status
  - Financial Disclosure Process
  - Payment Plan and Default Follow – Up
  - Indigent status Re-Verification

What Does a Financial Counselor Do?

- Educates the patient regarding insurance coverage pursuant to verifying benefits specific to treatment
- Informs the patient of any out-of-pocket costs they may incur including:
  - ✓ Co-pays
  - ✓ Deductibles
  - ✓ Co-Insurance
  - ✓ Annual Max Out-of-Pocket
  - ✓ Lifetime Max Out-of-Pocket

Financial Counseling (cont.)

- Discuss how the billing process works within your department and what the patient can expect including
  - Discuss differences between hospital and physician/NPP charges (i.e., 2 separate bills will be received for treatment in a facility setting)
  - Explain Drug charges
- Any additional billing circumstances, such as clinical trial participation

During the Course of Treatment

- Routinely inquire about demographics and insurance, insure the most current information is obtained
- Insurance is re-verified every 30 days
- Review authorization, referrals and pre-certifications for accuracy and status

ALWAYS review treatment plan changes with patient
- ➤ Note – Financial Counseling process starts all over if treatment changes

A Quote to Ponder…

*"The way a team plays as a whole determines its success. You may have the greatest bunch of individual stars in the world, but if they don't play together, the club won't be worth a dime."
– Babe Ruth*

Who is your "Team"

- Physicians
- Mid-Level Practioner's
- Nurses
  - RN's
  - LPN's
- Medical Assistants
- Financial Counselors
- Front desk
- Office staff

Know Your Team

- Evaluate your team
  - What are their strengths and weakness
  - Area for improvements
  - Communicate about areas which require improvement
- Kudos for what is going right
  - Communication with your team about what "is" working is important. Tell your "all-star team" what efforts are successful toward the overall goal
- Make changes
  - Are switch hitters needed

Cooperation and Teamwork

- Educate staff
- Explain patient flow
- Review medical record
- Detail your process
- Evaluate change that may affect a process
  - Staff duties evolve
- Documentation
- Patient Flow
  - The importance of scheduling for the entire team

Communication

Written Communication

Written communication equals documentation

It's not top secret, it must be legible. If it is not clear its considered not done

Documentation supports medical necessity, in turn supports reimbursement

Who needs to provide documentation?
All team members…

Time Is Of The Essence

Timely documentation by clinical staff ensures the handoff occurs smoothly
– Financial counselor
– Scheduling
– Pharmacy
– Clinical and infusion staff
– Billing staff

Scheduling

Which team members are affected by scheduling?
– Financial counselors
– Scheduling staff
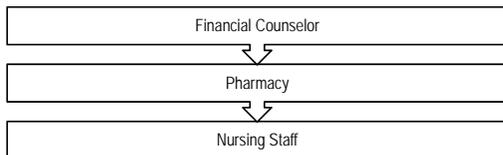– Physicians
– Nursing staff
– Billing staff

Pharmacy

Documentation includes:
- Orders
- Drug inventory
- Drug dispensing
- Drug waste

Don't forget the importance of Policies and Procedures

Who needs to know if drugs change?

| Financial Counselor |
| Pharmacy |
| Nursing Staff |

Nursing

- Documentation includes:
  - IV access
  - Validation of dose and route of prescribed treatment
  - Drug administration
  - Adverse effects
  - Side effect management

Billing

- Documentation includes:
  - Validation of documentation
    - Evaluation and Management
    - Drug administration start and stop times
  - Applying modifiers
    - -25
    - -59
  - Code capture
  - Claim submission to payors

Final Inning

- Perform routine medical record reviews
  - Appropriate diagnosis code(s)
  - Use of Modifiers
  - Charge capture vs. billed charges
- Evaluate compliance
  - Documentation
  - Supervision
- Discuss findings with team

"Individual commitment to a group effort - that is what makes a team, a company work, a society work, a civilization work."– Vince Lombardi

Resources

- www.accc-cancer.org
- www.asco.org
- www.nccn.org
- Drug Reimbursement:
  http:www.cms.hhs.gov/manuals/downloads/bp102c16.pdf

Thank you for attending!