
 American Academy of Allergy Asthma & Immunology


Why RAC Audits

- Medically Unnecessary
- Incorrect Coding
- Insufficient Documentation
- Other issues

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Documentation

- If it's not recorded, it did not happen!
- If it is illegible – it did not happen!
- If it is cloned – it doesn't count!
- Code to the level of knowledge at the time of the encounter.
- Diagnosis codes should reflect documentation.

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Preparedness

- Medical Record Documentation
- Compliance committee
- Education
- Know the Medicare Rules
- Outliers trigger a review/audit
- Educate
- Refund if errors are found




The letter has arrived – now what?

- Appoint a person to coordinate all documents.
- Send all documents which are appropriate to the dates of service requested.
- Review the documents for accuracy – Does the documentation support the charges submitted???




The letter has arrived

- Make the information easy for the auditor to review.
- Respond in a timely manner.
- Request more time if you can't coordinate the documentation in the RAC's requested timeframe.




The Results are here from RAC

- Delegate a person to be the point person:
 - Has the ability to communicate with RAC auditor
 - Has the knowledge of the internal and external processes.
 - Has the ability to determine a time line and execute with cooperation of all staff




The Results are here from RAC

- The information is reviewed by a third party unbiased to your practice.
- Recommendations are given regarding your position.
- Seek council.




Know the Appeal process

- Five levels of appeal:
 - Redetermination by Fiscal Intermediary -120 day
 - Reconsideration by Qualified Independent Contractor – 180 days
 - Administrative Law Judge – 60 days
 - Medicare Appeals Council Review – 60 days
 - Judicial Review – 60 days




Bottom Line

- Respond to the RAC's requests as soon as possible
- If any overpayments or improper billing practices are identified
- Corrected prior to the audit

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Immunotherapy

- Doses –
 - CPT Definition – The amount of antigen(s) administered in single injection
 - CMS – 1 cc is a dose – volume

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Immunotherapy

- CPT 95165 –
- Professional services for the supervision of preparation and provision of antigens for allergen immunotherapy; single or multiple antigens (specify number of doses)

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Immunotherapy

- Yearly limits
- Daily Limits

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Modifiers for 2020

- Modifier 25
- CPT Definition: Significant, Separately Identifiable E & M Service by the same physician or other qualified health care professional on the same day of the procedure or other service:
 - It may be necessary to indicate that on the day a procedure or service identified by a CPT code was performed, the patient's condition required a significant, separately identifiable E/M service above and beyond the other service provided or beyond the usual preoperative and postoperative care associated with the procedure that was performed.....may be prompted by the symptom or condition for which the procedure and/or service was provided. As such different diagnoses are not required for reporting of the E/M on the same date.

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Modifier 25 - continued

- Medicare Definition per the NCCI:
- Modifier 25 may be appended to E&M services reported with minor surgical procedures (global period of 000 or 010 days) or procedures not covered by global surgery rules (global indicator of XXX). Since minor surgical procedures and XXX procedures include pre-procedure, intra-procedure, and post-procedure work inherent in the procedure, the provider should not report an E&M service for this work.


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New Patient versus Consultation (99201-99205 versus 99241-99245)

- CMS does not recognize the consultation codes
- Many payers are following CMS
- Check your fee schedule for which one is higher reimbursement
- Must have a physician/non-physician provider to have a consultation


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Diagnosis Coding

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ICD-10CM Edits

- Exclusions 1 -
 - Definition – Indicates that the code excluded should never be used at the same time as the code above the Excludes 1 note. An excludes 1 is used when two conditions cannot occur together – per the ICD-10CM Coding guidelines
 - Examples:
 - Angioedema and Urticaria – Excludes 1
 - Chronic rhinitis and allergic rhinitis – excludes 1
 - Chronic rhinitis and vasomotor rhinitis – excludes 1
 - Asthma (J45--) and wheezing – Excludes 1
 - Exclusions 2 –
 - Definition – Indicates that the condition is not part of the condition represented by the code but a patient may have both conditions at the same time. You may use both codes.

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Diagnosis Coding

- Use additional codes to identify infectious agents for tonsillitis, sinusitis, etc – if you know
- J30 – subsection
 - Excludes 1 - J45.909 - unspecified asthma
 - Excludes 1 – rhinitis NOS (J31.0)
- L50 – Urticaria
 - Excludes 1 - angioneurotic edema (T78.3)
 - Excludes 1 - contact dermatitis (L23.-)
- K20 – Esophagitis
 - Excludes 1 - Esophagitis with gastro-esophagal reflux (K21.0)

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Diagnosis Coding

- Chapter 19 – Injuries, poisoning and certain other consequences of external causes requires the 7th character.
 - A – Initial encounter while the patient is receiving active treatment for the condition. Examples of active treatment – emergency department encounter and evaluation and continuing treatment by the same or a different physician.
 - D – Subsequent encounter is used for encounters after the patient has received active treatment of the condition and is receiving routine care for the condition during the healing or recovery phase. Examples medication adjustment, other aftercare and follow up visits following treatment of the injury or condition.
 - S – The residual effect (condition produced) after the acute phase of an illness has terminated. There is no time limit. Sequela coding generally requires two codes sequenced in the following order: the condition or nature of the sequela is sequenced first. The sequela code is sequenced second.

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Diagnosis Coding

- Chapter 19 - Subsection guidelines for Poisoning by, adverse effects of and under-dosing of drugs, medicaments and biological substances (T36-T50)
 - Includes adverse effect of correct substance properly administered
 - Poisoning by wrong substance given or taken in error
 - Poisoning by overdose of substance
 - Under-dosing by (inadvertently)(deliberately) taking less substance than prescribed or instructed
- Code first, for adverse effects, the nature of the adverse
 - Dermatitis due to substances taken internally
 - Urticaria
 - Pruritus
 - Erythema
- Codes from the T36-T50 will be sequenced second

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Diagnosis Coding

- Status - Indicates that a patient is either a carrier of a disease or has the sequelae or residual of a past disease or condition.
 - The status code is informative, because the status may affect the course of treatment and its outcome.
- History – Indicates that the patient no longer has the condition.
- Do not use the status code with a diagnosis code from one of the body system chapters if the diagnosis code includes the information provided by the status code.
- Alphabetical index list food and bee Z codes under “history – personal – allergy.

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Diagnosis Coding – support your claim

- Link and prioritize diagnosis codes appropriately to the procedure codes.
- Multiple diagnosis codes may be submitted – up to 12 per claim – four per line item.
- Documentation in the note – does the diagnosis code match?

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Thank you for listening
