
KMC
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OIG Compliance:
Why Should I Care?
Presented by:
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Please Note!
- The views and opinions expressed in this presentation are solely those of the author, Kathy Weidner
- Kathy and/or KMC University does not set practice standards
- We offer this only to educate and inform
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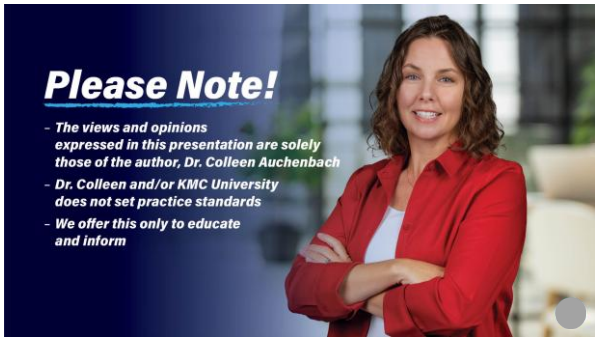
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Today's Objectives
Identify
Identify the OIG regulations and oversight that apply to chiropractors and their teams
Recognize
Recognize the risk factors that regulators look for in an audit
Develop
Develop an action list to begin implementing an OIG Compliance Program for your clinic
Apply
Apply the seven elements of a compliance program to your practice

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Know the Messenger,
Hear the Message
- Second generation chiropractor
- Practiced for over 20 years
- Completed 100 hour Insurance Consultant/Peer Review Certification
- Medical Compliance Specialist-Physician (MCS-P) 2016
- Joined KMC University 2020
- Certified Professional Medical Auditor (CPMA) 2022
- Director of Education 2024
- Certified Professional Compliance Officer (CPCO) 2024

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COMPLIANCE
CONTROL
LAWS
RULES
RISK
STRATEGY
MEDICARE
AUDIT
SOAP NOTES
INSURANCE
CODING
HIPAA

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OIG Audit Experience
REQUEST FOR INFORMATION

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OIG Audit Experience
- Received initial announcement letter requesting 5 charts
- Submitted the requested charts
- Received a Denial Letter

8


OIG Audit Experience
- In-Office Interview and Records Request for an additional 100 charts
- Requested a copy of the practice's written compliance program
- Audited over two calendar years' worth of dates of service
OFFICE OF INSPECTOR GENERAL
US
SPECIAL AGENT

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OIG Audit Experience
- A Medical Review Contractor was assigned to determine whether the services were allowable
- After many months, they executed a draft report of findings
- Exit conference call was held with all parties

10


OIG Audit Experience
- Opportunity to submit written comments in response to the draft report
- Final report issued to the practice
DENIED

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OIG Audit Process for a CMS Investigation
Announcement: The OIG issues an announcement memo to the operating unit
Entrance meeting: The OIG holds an entrance meeting with the operating unit and stakeholders
Fieldwork: The OIG conducts fieldwork and analyzes the results
Exit conference: The OIG holds an exit conference with the operating unit and stakeholders
Draft report: The OIG prepares and issues a draft report
Final report: The OIG prepares and issues a final report, usually within a year of the announcement date

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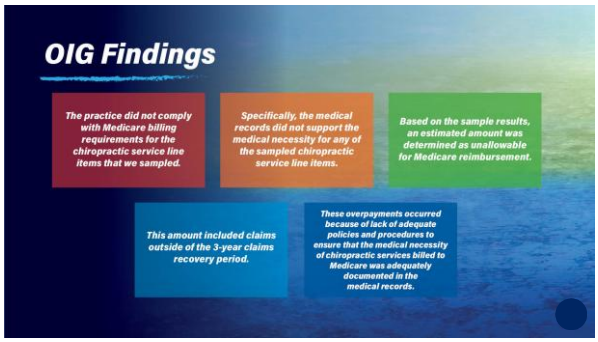

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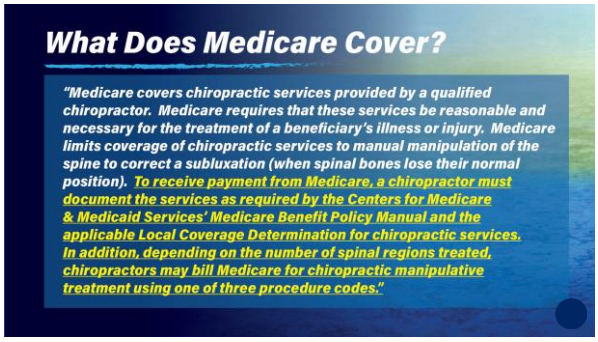

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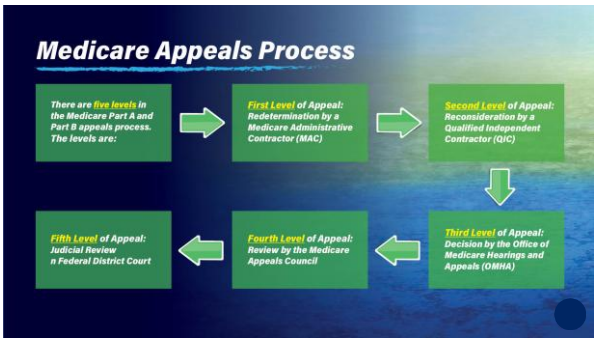

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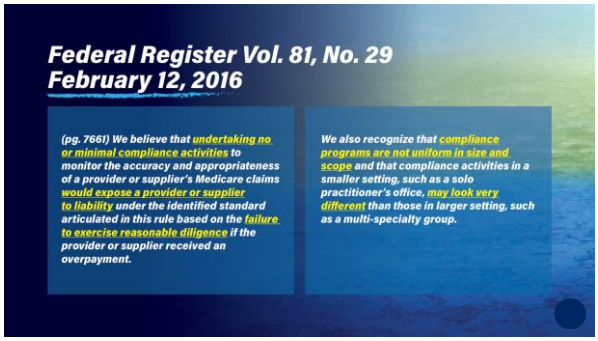

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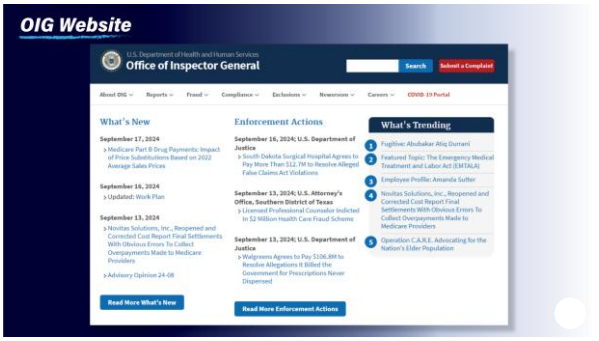

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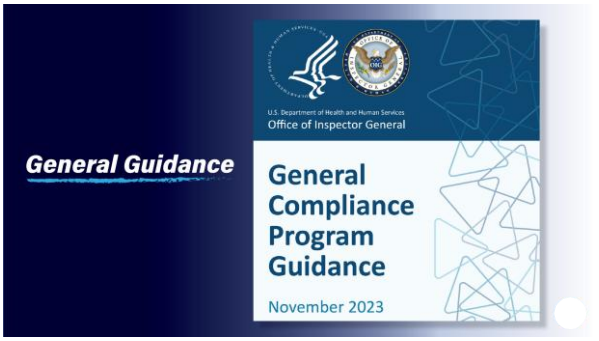

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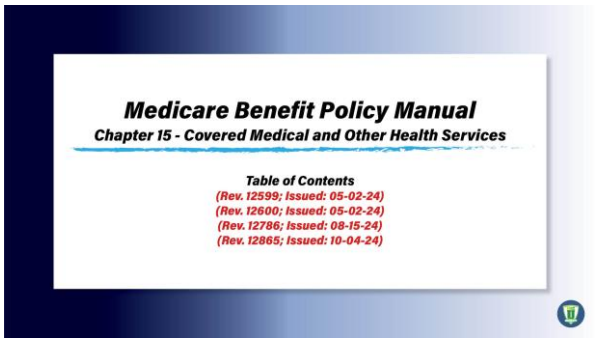

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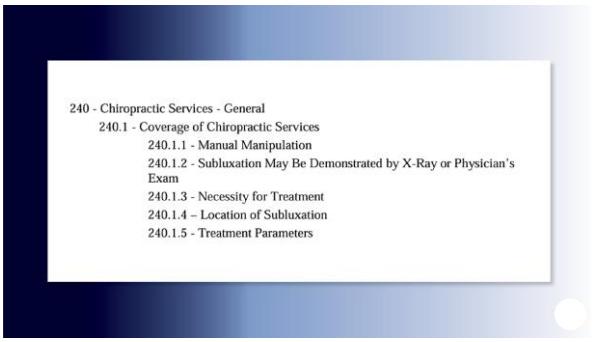

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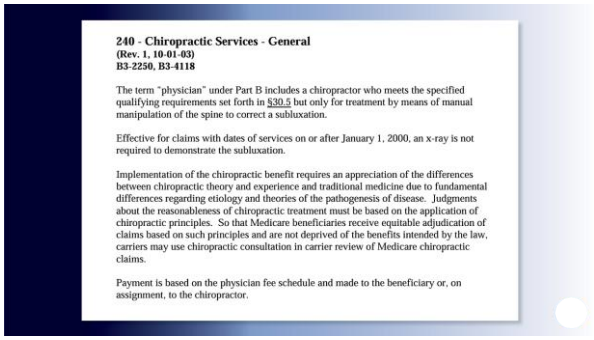

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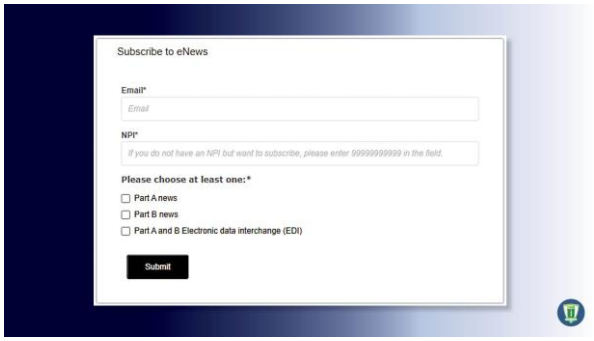

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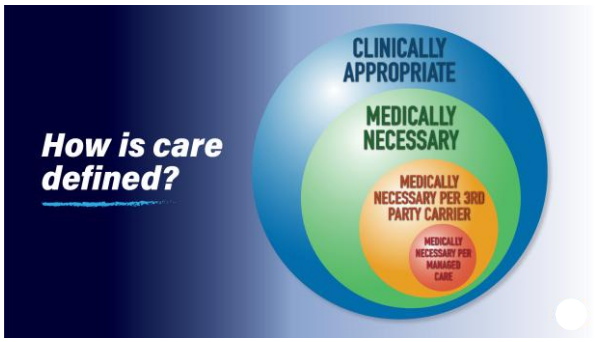

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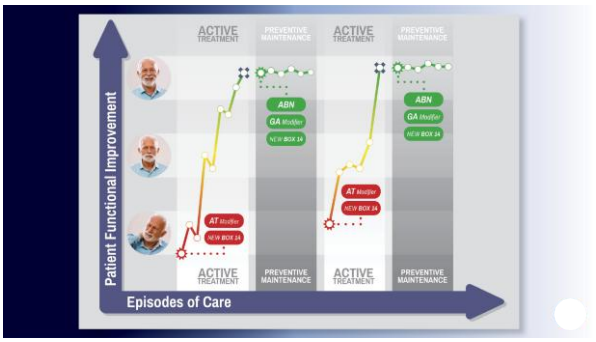

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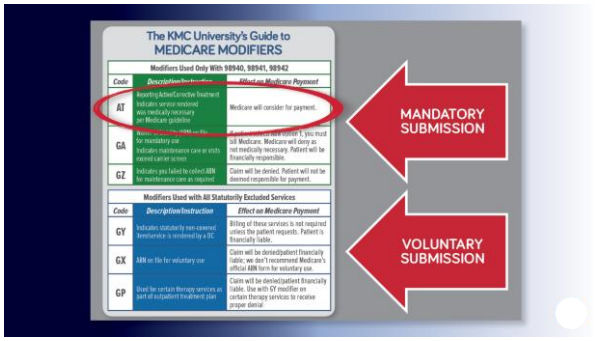

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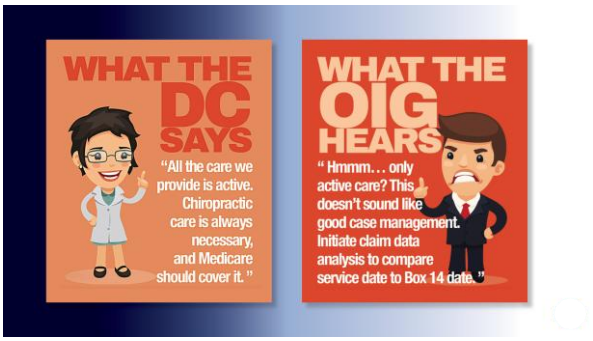

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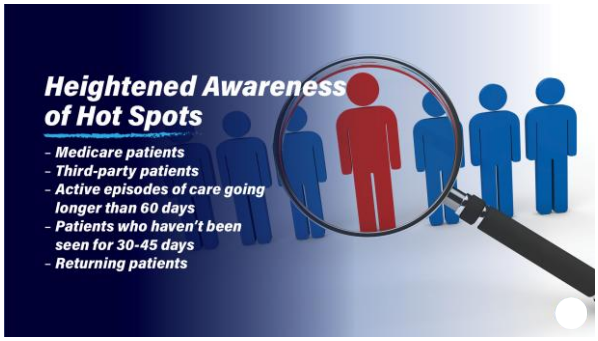

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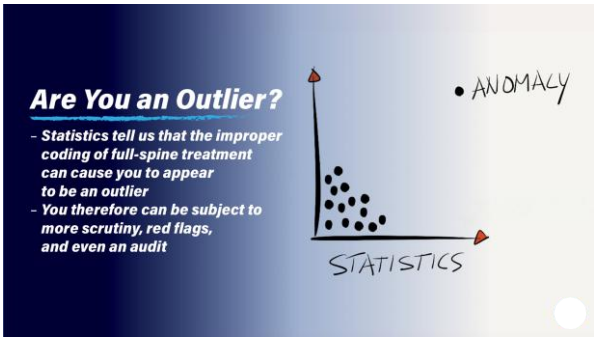

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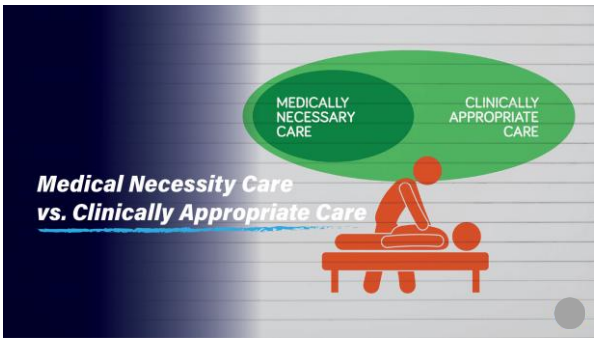

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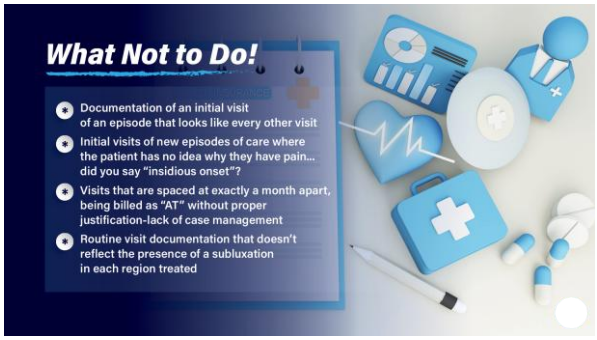

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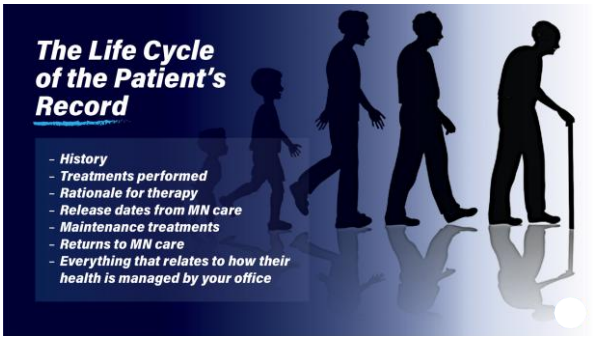

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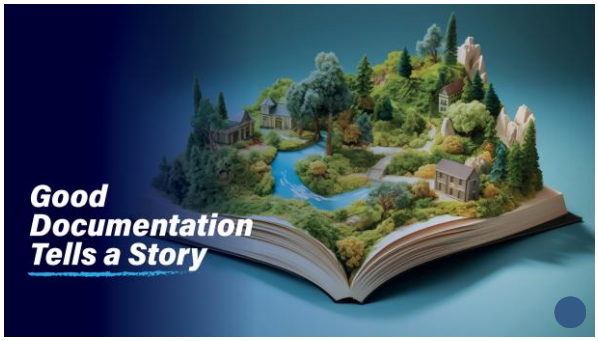

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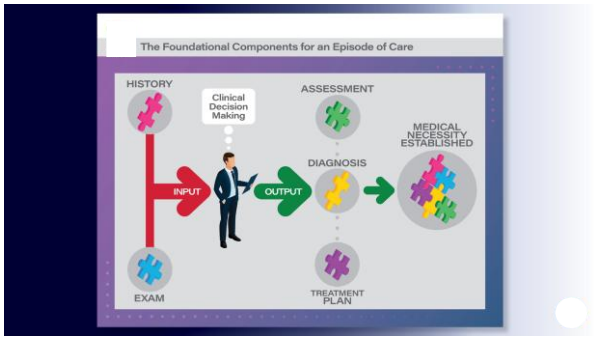

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Medicare Documentation Guidelines in the Absence of Others

Initial Visit
- History
- Description of Present Illness
- Physical Exam
- Diagnosis
- Treatment Plan
- Date of initial treatment

Subsequent Visits
- History
- Review of chief complaint
- Physical Exam
- Document daily treatment
- Progress related to treatment goals/plan

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An Incident-Within SOAP Documentation

Subjective:
Fred reported today complaining of increased lower back pain after falling over his dog two days ago. He fell onto his left side, striking his left lower back and hip area hard on the concrete. He had immediate pain in the left lumbar, pelvic and sacral area, and a "stiffness" in the mid-thoracic spine. The pain has remained the same since the incident. It is stiff and sore, but doesn't radiate. He's used ice in the area but done nothing else so far. Standing is easier than sitting. He rates the lower back, pelvic and sacral pain at 7/10, 10 being worst. Previous treatment in this office was rendered for a similar condition, but he's been released from active care for over 8 months. Fred was last seen two months ago for routine maintenance care. Current ability to sit for only 10 minutes without pain. Previous normal was up to 30 minutes.

Objective:
- **Inspection/Percussion** Positive upon palpation at L2-5, S1 and the left SI joint posterior cervical (neck)
- **Postural Analysis**: short right leg (pelvic deficiency)
- **Range of Motion:** Lumbar ROM reduced as follows: Flexion: 60/90 with pain; Left Lateral Flexion: 25/35 with pain; Left Rotation: 20/30 with pain
- **Spinal Stability/Restriction(s)/Subluxation(s):** L2, L3, L4, L5, S1, Left SI
- **Tissue Tone Changes:** Muscle spasms present throughout the lumbar paraspinal musculature, left hip and pelvis region

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An Incident-Within SOAP Documentation

Assessment:
Fred has suffered a reoccurrence of lower back pain after his trip and fall. He has been treated for these conditions previously in this office and based on my knowledge of his case, I see no reason that he won't progress well from this setback. The multiple exacerbations of his lower back condition may cause slower than normal recovery, but overall, I expect Fred to respond well. There are no contraindications to conservative chiropractic treatment at this time. I predict Fred will reach pre-injury norms within the next two weeks.

Diagnosis:
Upon consideration of the information available the diagnosis is: (M99.03) Seg and somatic dysf. of lumbar reg. (M54.5) Lumbalgia. (M99.04) Seg and somatic dysf. of sacral reg; (S33.6XXA) Sprain of SI joint, Initial Encounter. (M99.05) Seg and somatic dysf. of pelvic reg; (S39.013A) Pelvic strain, Initial Encounter

Plan:

- **Primary Treatment:** Diversified and Drop Table- Chiropractic Manipulative Treatment (CMT) to the L2, L3, L4, L5, S1, Left SI spinal level(s) for 2-4 visits over the next two weeks.
- **Goal:** Resume ability to sit up to 30 minutes without pain
- **Treatment Effectiveness:** Treatment will be evaluated by monitoring pain scale and range of motion in the lumbar spine. Optimal pain goal <2/10 and lumbar ROM improved to pre-injury norms
-**Home/Self-Care:** Patient advised to use ice once per hour for up to 10 minutes, PRN for pain

Today's Treatment: Chiropractic Manipulative Treatment (CMT) to the L2, L3, L4, L5, S1, Left SI spinal level(s)

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Risk #3

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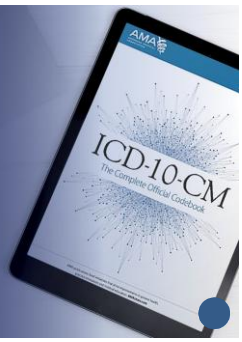
Billing

- Eligibility to see Medicare patients-Part B & Part C
- Billing/Charging Medicare
- Billing/Charging Patients

Coding

- Representing services with codes (CPT/HCPCS)
- Diagnosis Coding
- Modifiers



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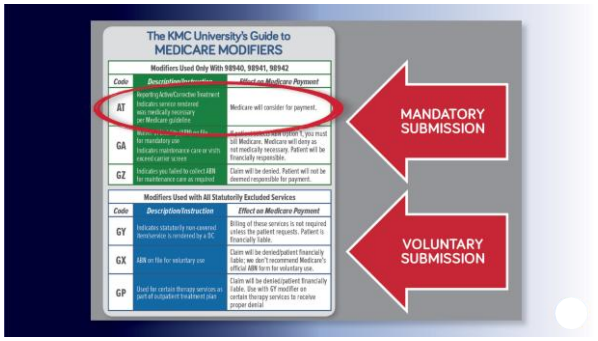

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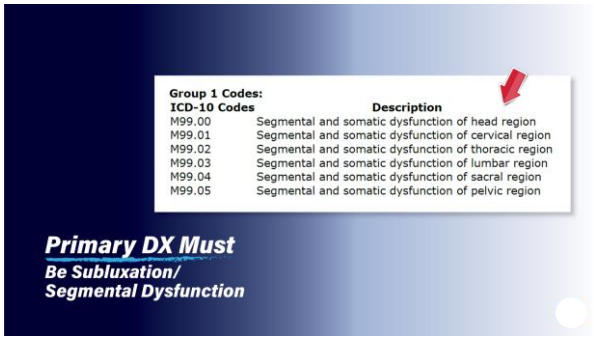

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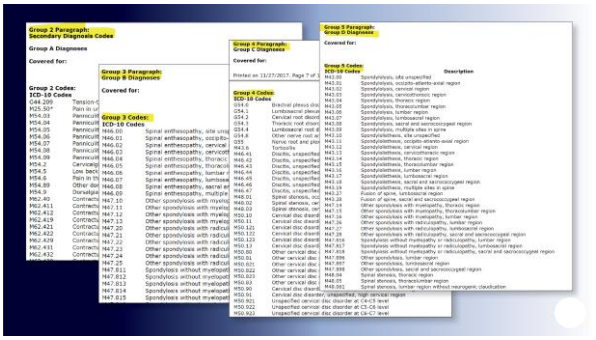

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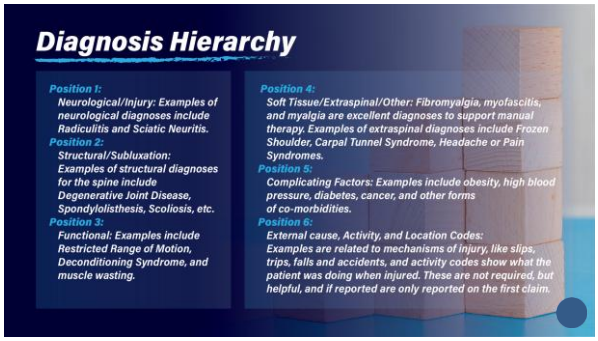

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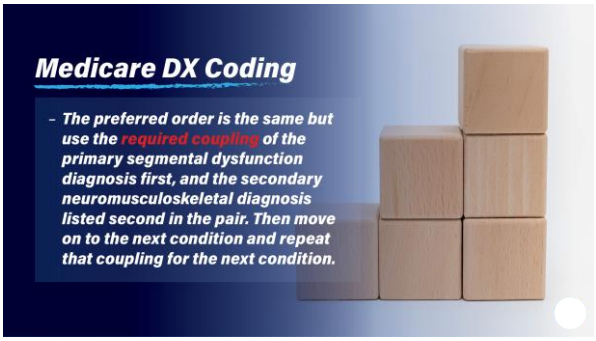

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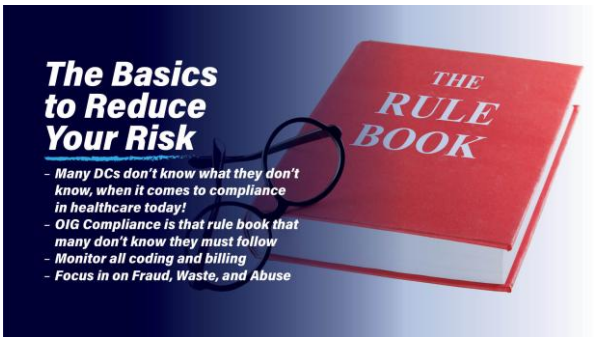

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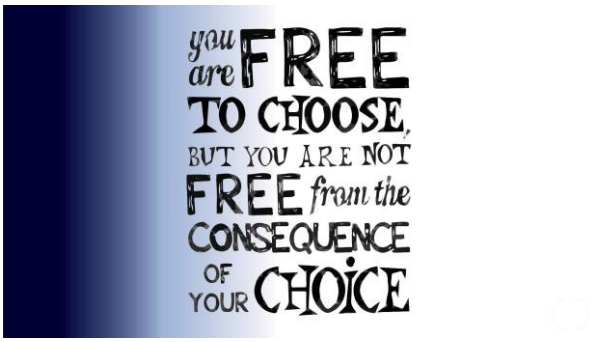

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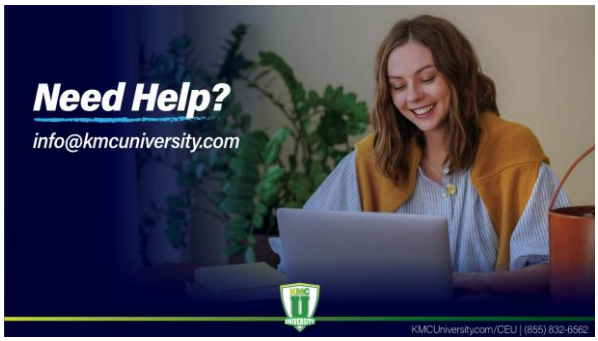
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