

**Duke Cancer Network**

October 28, 2022

To: Director of DCN Affiliate Site

From: Bryant Washington, Senior Director, Duke Cancer Network

Re: 2022 Annual Chart Audit

Dear DCN Affiliate Oncology Director,

Thank you to you and your staff at DCN Affiliate site for the time spent organizing the records and participating in the 2022 annual chart audit. The attached document describes the audit and findings from our review of the medical oncology records, bills and insurance remittance documents.

Please review the summary and audit detail spreadsheet, and let me know if you find any discrepancies, have questions, or are in agreement with our findings and recommendations. If you are in agreement, please forward a correction plan to resolve the identified problems.

We will schedule a call with the appropriate members of your team to discuss the results of the audit.

Again, thank you for your help.

Bryant Washington

cc. xxxxxx

*For accounting period January- March 2022*

**Purpose:**

The purpose of the audit was to evaluate the charging practices to determine accuracy and compliance with the current Medicare regulations. Additionally, the records were assessed for quality of care documentation, evaluation of diagnosis coding, as well as the research billing process.

**Procedure:** Ten (10) records were selected by the DCN Affiliate site staff based on the criteria below. Three (3) clinical trial records were also selected and included for review.

All of the records were to be among those with bill dates on or after January 1, 2022. In order to target areas anticipated to be problematic, charts meeting the following criteria were requested:

* At least 3 charts with chemotherapy that include multiple infusions (Medicare)
* At least 1 chart of a patient on a regimen using a chemotherapy extended IV infusion with a pump (Medicare)
* At least two (2) charts where a patient received drug(s) below (may *include multiple drugs listed)*:
  + Caplacizumab-yhdp C9047
  + Herceptin J9355
  + Imported lipodox Q2049
  + Doxorubicin Q2050
  + Pembrolizumab J9271 ²
  + Ferric Carboxymaltos J1439
  + Obinutuzumab J9301
  + Pegaspargase J9266
  + Bevacizumab J9035 ²
  + Brentuximab J9042
  + Vincristine J9371
  + Rituximab (replaced J9310 ²) J9312 ²
  + Cyclophosphamide J9070
  + Leuprolide J1950
  + Nivolumab J9299 ²
  + Pegfilgrastim J2505 ²
  + Bortezomib J9044
  + Daunorubicin J9153
  + Durvalumab J9173
  + Inotuzumab ozagam J9229
  + Blinatumomab J9039
  + Infliximab J1745 ²
  + Daratumumab J9145
  + Bendeka J9034
  + Irinotecan liposome J9205
  + Trabectedin J9352
  + Rituximab hyaluronidase J9311 ²
  + Denosumab J0897 ²
  + Ravulizumab-cwvz J1303
  + Aldesleukin injection J9015
  + Daratumumab 10 mg &

hyaluronidase-fihj J9144

* + Gemcitabine hydrochloride J9198
  + Mogamulizumab-kpkc J9204
  + Emapalumab-lzsg J9210
  + lurbinectedin J9223
  + Isatuximab-irfc J9227
  + Tagraxofusp-erzs J9269
  + Mitomycin pyelocalyceal J9281
  + Pemetrexed injection J9304
  + Polatuzumab vedotin J9309
  + Pertuzumab, trastuzumab & hyaluronidase-zzxf J9316
  + Sacituzumab govitecan-hziy J9317
  + Herceptin hylecta-oysk J9356
  + Amivantamab-vmjw J9061 ¹
  + Pegfilgrastim, excl biosim J2506 ¹
  + Aspara, Rylaze J9021 ¹
  + Cyclophosphamide J9071 ¹
  + Dostarlimab-gxly J9272 ¹
  + Tisotumab vedotin-tftv J9273 ¹
  + Loncastuximab tesirine-lpyl J9359 ¹
  + Pegfilgrastim-jmdb, biosim. Q5108
  + Pegfilgrastim-cbqv, biosim. Q5111
  + Trastuzumab-dttb, biosim. Q5112
  + Trastuzumab-pkrb, biosim. Q5113
  + Trastuzumab-dkst, biosim. Q5114
  + Rituximab-abbs, biosim. Q5115
  + Trastuzumab-qyyp, biosim Q5116
  + Trastuzumab-anns, biosim. Q5117
  + Bevacizumab-bvzr, biosim Q5118

¹ Indicates new drug code for 2022; ² Drugs under active Medical Review

* At least 4 charts where Drug Waste was billed and documented ***can include drugs above*** (All Medicare).
* 1 chart where the patient(s) received a Neulasta® (J2505) On-Body Injector Kit (Medicare as payer).
* 1 chart where a clinic visit (G0463) was charged [*can include with other services on bill*] (Medicare as payer).
* 1 chart where the patient(s) received EPO/DPO (Medicare as payer).
* 1 chart where the patient received a blood transfusion (Medicare as payer).
* 1 chart with a bone marrow/aspiration performed (Medicare as payer).
* Additionally, please submit three (3) charts with Research Patient records as follows:
  + Patient encounter occurred during the audit time period, January, 2022-present.
  + If no research patients were seen during this time period, you may include charts of research patient seen during the last quarter (October-December) of 2021.

The 10 patient records reviewed covered 10 visits in the oncology clinic during the period January through March 2022. Patient treatment orders were evaluated against service documentation, patient bills and insurance remittances. Medicare, Medicaid and private insurance carrier (BCBSNC, Aetna, etc.) remits were also reviewed for payment as part of the process. See the audit detail spreadsheet for the payers for each record. Included in the 10 patient records were three (3) clinical trial records for review. The DCN Research team will review and comment on the clinical trial records in a separate document.

**Results:**

Including the clinical trial records, the patient visits accounted for $116,425.75 in charges and resulted in $18,905.02 in receipts, with approximately **$447.02 in lost reimbursement or missed charges.** The 2022 rate of receipts to charges was approximately 16%. This is slightly better than the 2021 rate of 15%.

**Charging Issues:**

**Procedure Charges:** Overall procedure charging was correct, except as noted below:

* Miscellaneous Charge Issues:
  + Charged CPT 96416 [Chemo administration requiring use of a portable or implantable pump] for a prolonged infusion > 8 hours. Medicare, however, was primary payer. As such, HCPCS code G0498 should have been charged. Medicare paid the 96416.
  + Missed charge for CPT 96401 [Chemo admin, SQ or IM; Non-Hormonal] for denosumab [J0897] on one record.
  + Missed charge for a Covid vaccine administration [96372].

**Visit Level Issues:**

* + Visit-level charges were appropriate.

**Recommendation(s):**

1. **Review the audit detail where charges were missed or incorrect to determine opportunities to appropriately capture charges for drug administrations.**
2. **Continue to have staff to (pre-) audit samples of charges to assure any discrepancies are addressed before the charges go onto the bill.**

**Coding Issues**:

* **Diagnosis Coding:** Diagnosis coding was generally appropriate, except as noted below:
* Missed diagnosis code Z51.11 [encounter for antineoplastic chemotherapy] on two records where the patients received chemotherapy.
* There were instances where diagnosis codes were missed for conditions that were indicated in the chart or included in the notes.
* **Modifiers (other than the JW-Modifier):**
  + Overall use of modifiers were correct.
* **Drug Billing** - Drug billing was generally correct, except as noted below:
  + On one record, fluorouracil [5-fu], [J9190, per 500 MG} was billed at 11 units, but should have only been billed at 10 units. Overbilled x1 unit [500 MG].
  + Missed billing heparin [J1642, per 10] used for a flush.

**Recommendations:**

1. **Continue to review diagnosis codes going out on the bills to be certain they are consistent with the documentation in the patient record and also for the reason for encounter, assuring the diseases and conditions being managed by the MD are captured accurately on the bill.**
2. **Remain vigilant in auditing drug charges before the bill is submitted to the payer.**

**Clinical Documentation Review:**

As part of our clinical review, we review the items below and verify the documentation of or existence in the record. Any findings not meeting the standards below are noted on the individual patient records in the accompanying Excel spreadsheet. Overall, the clinical documentation, including chemotherapy administration, was good.

1. Two nurse verification of chemotherapy dosing and pump setting prior to starting chemo infusion.
2. Distress assessment
3. Patient vital signs, including height/weight
4. Labs reviewed
5. Patient education
6. Nursing assessment to include pain assessment