

LW Consulting, Inc.

CodingAlert

Coding & Audit Pitfalls:
Best Practices to Avoid Compliance Issues

June 2018

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Claim Received: 06/09/10

DATES OF SERVICE	PROCEDURE CODE	
05/21/10-05/21/10	82272	PU
05/21/10-05/21/10	94010	PULMO
05/21/10-05/21/10	94375	CARDIOVASCULAR SE
05/21/10-05/21/10	93000	VENIPUNCTURE
05/21/10-05/21/10	36410	

Fraud, Waste, and Abuse: What is it? How can I safeguard my practice?

Fraud has become a growing concern under the Medicare program. LW Consulting, Inc. (LWCI) can help medical practices identify areas of potential risk and what to be mindful of in their medical record documentation.

An Overview of Fraud, Waste, and Abuse

Prepared by: Steven Robinson, Director

Fraud is defined as the conscious deception/misrepresentation of information conveyed, resulting in an unauthorized benefit to the offender or another party. The violator may be a health care provider, an employee of a medical provider, a beneficiary, or some other person or business entity.

In this context, the term "abuse" describes incidents or procedures that are inconsistent with accepted and sound medical practice. Abuse may directly or indirectly result in unnecessary costs to the Medicare program, improper reimbursement, or program reimbursement for services that fail to meet professionally recognized standards of care. The type of abuse to which Medicare is most vulnerable is overutilization of medical and healthcare services. Overutilization can be defined as waste and occurs when a patient receives services that are not medically necessary or reasonable.

Examples of Fraud, Waste, and Abuse

Fraud	Waste/Abuse
Billing for services and supplies that were not provided	Claims for services not medically necessary, or, if medically necessary, not to the extent rendered
Misrepresenting the diagnosis of a patient to justify services or equipment supplied	Improper billing practices, including submission of bills to Medicare instead of third-party payers
Altering claim forms to obtain a higher payment amount	Increased charges to Medicare beneficiaries but not to other patients
Unbundling (exploding) charges or upcoding when there is clear direction not to do so	Unusually large payments in relation to services rendered by lawyers, consultants, agents, and others
Participating in schemes that involve cooperation between a provider and a beneficiary, or between a supplier and a provider resulting in higher costs or charges to the Medicare program (kickbacks)	

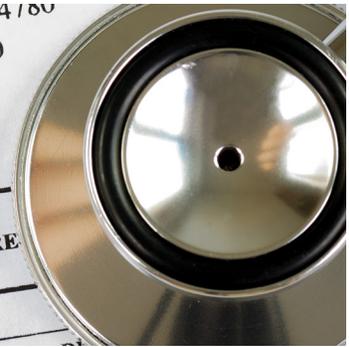
To inquire about coding education, medical record documentation or compliance auditing, contact Rob Senska by calling 609-249-3819 or email RSenska@LW-Consult.com.

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Considering these definitions, it is crucial to recognize what to do when potential fraud and or abuse is detected.

What to do if fraud, waste and/or abuse is recognized or detected:

- Depending on the instance of fraud, waste or abuse, talk with the person(s) involved to gauge their understanding of the policy.
- Document the instance of fraud you have questions about to determine if it's a one-time or repeated occurrence.
- Discuss with your manager to determine if there might be reasonable cause for concern.

A last but very important note: Always follow the protocol of your organization; if there is direction for reporting your concerns follow that practice.

Sources:

www.Questions.CMS.gov

www.CMS.gov

www.CMS.gov/outreach-and-education

To minimize costly medical billing and coding errors, it's important to stay up to date on the requirements. LW Consulting, Inc, can assist you with coding education, medical record documentation and/or compliance auditing. Click below to learn more about our physician services.

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