



Missouri Oncology Society Annual Conference

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The Targeted Probe and Educate (TPE) Process: What Clinicians Should Know

Dr. Bob Kettler, CMD
Jurisdiction 5
Wisconsin Physicians Service



The Story of the Old Ram

Twain M. Roughing It. 1872

Section 1861 (t) of the Social Security Act

- (t)(1) The term “drugs” and the term “biologicals”, except for purposes of subsection (m)(5) and paragraph (2), include only such drugs (including contrast agents) and biologicals, respectively, as are included (or approved for inclusion) in the United States Pharmacopoeia, the National Formulary, or the United States Homeopathic Pharmacopoeia, or in New Drugs or Accepted Dental Remedies (except for any drugs and biologicals unfavorably evaluated therein), or as are approved by the pharmacy and drug therapeutics committee (or equivalent committee) of the medical staff of the hospital furnishing such drugs and biologicals for use in such hospital.
 - (2)(A) For purposes of paragraph (1), the term “drugs” also includes any drugs or biologicals used in an anticancer chemotherapeutic regimen for a medically accepted indication (as described in subparagraph (B)).
 - (B) In subparagraph (A), the term “medically accepted indication”, with respect to the use of a drug, includes any use which has been approved by the Food and Drug Administration for the drug, and includes another use of the drug if—
 - (i) the drug has been approved by the Food and Drug Administration; and

Section 1861 (t) of the Social Security Act (cont.)

- (ii)(I) such use is supported by one or more citations which are included (or approved for inclusion) in one or more of the following compendia: the American Hospital Formulary Service-Drug Information, the American Medical Association Drug Evaluations, the United States Pharmacopoeia-Drug Information, and other authoritative compendia as identified by the Secretary, unless the Secretary has determined that the use is not medically appropriate or the use is identified as not indicated in one or more such compendia, or
 - (II) the carrier involved determines, based upon guidance provided by the Secretary to carriers for determining accepted uses of drugs, that such use is medically accepted based on supportive clinical evidence in peer reviewed medical literature appearing in publications which have been identified for purposes of this subclause by the Secretary.
- The Secretary may revise the list of compendia in clause (ii)(I) as is appropriate for identifying medically accepted indications for drugs. On and after January 1, 2010, no compendia may be included on the list of compendia under this subparagraph unless the compendia has a publicly transparent process for evaluating therapies and for identifying potential conflicts of interests.

J5 Part B Targeted Probe and Educate Quarter 2 Findings

- Our Medical Review team continues to actively review claims and provide education through the Targeted Probe and Educate (TPE) program. Some of the common claim review findings are:
- Infusion Services for CPT codes 96413 or 96415 has a trending error rate of 81%. The top reason for denial is documentation does not support frequent monitoring. Due to the risk of adverse effects associated with a chemotherapy or other drug or biologic agent administration the clinical monitoring goes beyond that of a therapeutic drug. Evidence of monitoring may include:
 - Treatment flowsheets indicating vital sign monitoring, intravenous (IV) site check, and/or infusion rate change
 - Progress notes of patient condition in objective times
- Paravertebral Facet Joint Injections for CPT code 64494 continues to have a high trending claim error. The current error rate is 83%. The top reason for denial is documentation not meeting multiple elements of the WPS Government Health Administrators Local Coverage Determination (LCD) L38841. To support medical necessity for a paravertebral facet joint injections the documentation must include:

J5 Part B Targeted Probe and Educate Quarter 2 Findings (cont.)

- A functional disability scale
- Pre and/or post procedure pain scores
- Failure of conservative management of pain that is present for a minimum of three months
- Drug Testing billed with HCPCS G0480 has a trending claim error rate of 83%. The top reason for denial is missing documentation to support medical necessity. The documentation should indicate one or more of the following to support medical necessity:
 - Inconsistent or positive results of the presumptive screen
 - Suspicion of drug diversion and/or pill scraping
 - Coverage criteria as written in the WPS Government Health Administrators LCD L34645 is met and there is no presumptive test available



FAMOUS WHISKEY REBELLION IN PENNSYLVANIA.

Overview

- Hierarchy of Authority
- Medical Review
- TPE
- Chemotherapy
- Appeals/Informal Meeting

Hierarchy of Authority

- Statute
- Regulation
- CMS Ruling
- CMS Policy
- Contractor Policy
- CMD Discretion

Medical Review (MR) Why?

Statement of Work: Contractor shall perform medical review pursuant to 100-08

- Structured approach
- Evaluate medical records to determine medical necessity
- CERT findings a primary source of data
- Performed by licensed medical professionals
- Based on data analysis to use CMS resources effectively

MR Why?

- National Healthcare Expenditures (NHE) in 1970 \$0.4T (in 2020 \$) 6.9% of GDP
- NHE in 2020 \$4.1T 20% of GDP
- Medicare 20% of NHE
- Medicare 15% of total federal spending
- Defense 15% of total federal spending

MR Why?

- In 2020 the Medicare Improper Payment Rate was 6.3% (\$25B)
- In 2020 the Part B Improper Payment Rate was 8.5% (\$8.5B)
- Medicare is the largest source of payment for the care of cancer patients

Comprehensive Error Rate Testing (CERT)

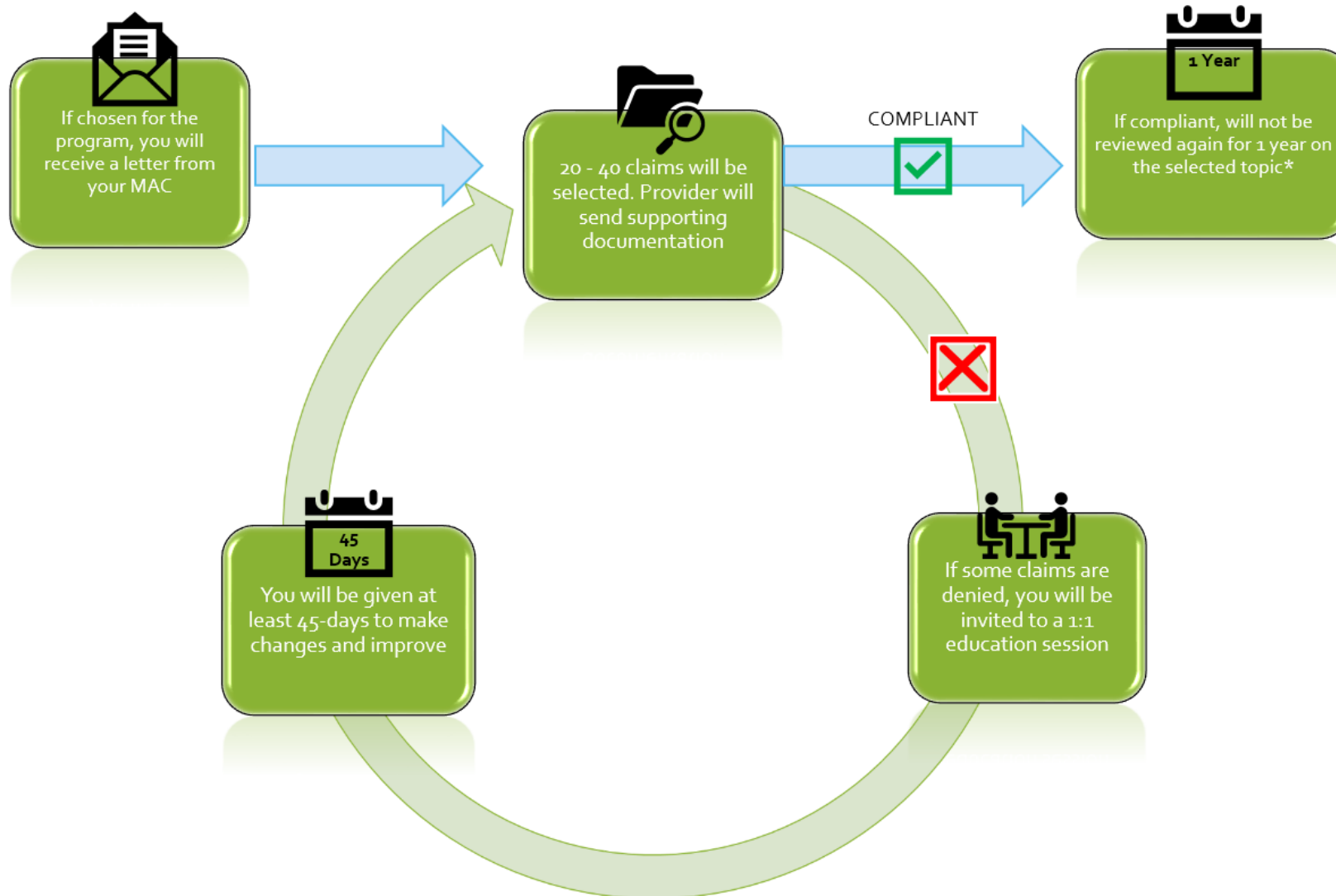
- Statutory requirement that agencies monitor/reduce improper payment rate
- Improper payment: documentation does not support the claim filed
- The Payment Integrity Information Act (PIIA) transferred monitoring of improper payments from OIG to CERT contractor

Recent CERT Report

- CPT® 96409 (IVP) should have been 96401 (SC/IM)
- CPT® 96413 missing signature
- CPT® 96413 no documentation
- CPT® 96415* documentation supported 3 hours, not 4 hours
- CPT® 96415* documentation supported 2 hours, not 4 hours
- CPT® 96415* documentation supported the infusion of NS only, not chemotherapy
- CPT® 96417 no documentation

CPT® 96415 has a 15% improper payment rate

TPE: How does it work?



*MACs may conduct additional review if significant changes in provider billing are detected

What to do about an adverse TPE finding

- Listen to educational material provided during call
- Avail self of appeals process
- Request informal meeting

Is My E/M Visit Separately Billable?

Bedard T. acc-cancer.org 2022, 37(4):8-9

Conclusion

- Hierarchy of authority
- Improper payments concern for all
- Communication