



**2010  
Summary of Financial  
Products & Services**

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# 2010 Financial Products & Services

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### ABOUT CHURCHILL CONSULTING, INC.

Churchill Consulting, Inc. is in the business of providing consulting services to radiation therapy departments, freestanding facilities and professional practices. With over thirty years of clinical experience in the field of radiation oncology, Deborah I. Churchill has developed a unique menu of products and services that reflect this clinical expertise. Churchill Consulting, Inc. was incorporated and began business in 1992 and has provided expert consulting services for hundreds clients in the field of radiation oncology.

Churchill Consulting, Inc. (CCI) offers a broad range of financial programs and comprehensive total quality management programs, exclusively for radiation oncology. Financial options include chart audits, coding seminars, charge master reviews, compliance workshops, various pro-forma services, and our premier product tilted DIRECTREES®. DIRECTREES® is a coding help application that resides on the organization's server, providing immediate access to all individuals in the organization to coding instructions, procedure coding summaries and reimbursement summaries.

Quality Improvement options will also be discussed under this cover.

CCI's proposed financial services will:

- ◆ *Identify* the appropriateness of the client's current coding.
- ◆ *Demonstrate* the financial impact, based on those findings.
- ◆ *Provide* education for all staff members involved in coding.
- ◆ *Supply* solutions thereby assuring appropriate coding and documentation in the future.

This proposal will briefly outline each of the proposed services. Detailed information for all services has been included under a separate cover. Additional information is available on our web page at [www.ChurchillConsulting.com](http://www.ChurchillConsulting.com).

Thank you in advance for considering Churchill Consulting, Inc. for your consulting needs.

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### IDENTIFYING CURRENT BILLING ACCURACY

#### **Service F1: TECHNICAL Coding 10 Chart Audit with On-Site Executive Summary**

**Fee: \$13,500**

Chart audits are the logical place to start when evaluating your organization's current billing practice and an invaluable tool in determining charge capture efficiency. This comprehensive

**TECHNICAL ONLY** chart audit option includes a complete review of the TECHNICAL component for ALL 77000 series CPT codes for each of the ten charts audited.

**INDIVIDUAL CHARTS:** A subjective report is provided for each of the ten charts reviewed. Each code reported, in order of encounter, is reviewed. The chart review section of the report will include narrative findings for each chart, a spreadsheet presentation of the coding findings, and graphs of the Commercial and Medicare impact (per chart).

**CODE-BY-CODE:** The overall coding accuracy will also be calculated for each chart and for each code, adding important information to the overall financial impact summary. The level of accuracy will be presented by percentage, providing quantitative findings to compare future audits too.

**FINANCIAL IMPACT:** The financial impact will be graphical exhibited based on actual findings and represented with potential coding, demonstrating the optimal revenue opportunity for your organization.

**EXECUTIVE SUMMARY REPORT:** The final executive summary report, which is provided to the client in electronic format via PDF, is presented on-site during the 'on-site executive session'. The final report includes all subjective findings, complimented by findings presented via spreadsheet and graphically. The final report includes three (3) sections.

- Section one (1) provides the summary of all compiled findings.
- Section two (2) includes the individual chart findings.
- Section three (3) includes the code-by-code findings.

The chart audit review process requires that your current charge master and certain portions of the ten charts be sent to Churchill's office for evaluation and database entry. Churchill will perform a complete code review, examining each chart for completeness, proper billing processes, and documentation. The audit will determine if your billing is consistent while analyzing your current billing practice. Each code reported will be individually reviewed and will include a color-coded narrative summary. The color-coding will correspond to the graphs and spreadsheet summaries in the accompanying financial impact report. Codes will be rated as correct, incorrect, code level incorrect, missed, or potential; and that information will be used to determine the financial impact of the findings.

An estimated financial impact summary will be included in the report. In the past (prior to advanced technologies) we found that most centers missed an average of 20% - 35% of allowable charges. Currently, we find that an average of ~ 45% of codes or level of code are reported INCORRECTLY, placing the organization at risk. An audit is paramount in identifying your organization's area of risk (exposure).

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Recommendations for coding will only be made for services that have been provided with complete substantiated documentation. Items that are currently billed that do not have proper documentation in the patient's medical record will be identified as 'credits' in the final chart summary, as the medical record must support all coding.

### 10-Chart Audit Report Format

Each chart review results in the following:

1. A detailed narrative report for each chart, usually 3-6 pages.
2. Every procedure is examined. The actual coding is compared to the expected coding.
3. Discrepancies in coding are listed in categories (credit, adjust, missed and potential)
4. Spreadsheet summary of actual coding vs. expected coding depicted financial impact
5. Spreadsheet summary demonstrating the financial impact of the credits, adjustments and potential coding.
6. A detailed written executive summary report will summarize the overall findings, provide recommendations for proper usage, and include documentation requirements and recommendations to improve the processes and increase revenue.
7. Summary graphs for each chart reviewed will be included that will demonstrate the financial impact by diagnoses and by Medicare and Commercial fee schedules.

### On-Site Executive Summary

The on-site executive summary is not scheduled until all materials have been received by Churchill and reviewed for completeness. The on-site executive summary will then be scheduled in Churchill's next available date in our calendar queue. Some billing issues or questions may need to be confirmed with the physician or physics staff when first arriving on-site. During the executive summary, the financial findings are presented to the leaders, on a 'need to know basis.' The financial impact presentation will require approximately 90 minutes. Regulatory requirements will be discussed in detail.

The remaining five hours will be spent presenting the narrative and coding findings for each chart. All available staff members should participate in this presentation. This presentation will include a detailed review of coding errors, recommendations for improved documentation. Churchill often includes complimentary forms in order to provide methodologies for improved documentation.

### Choosing Charts for the Audit

The diagnoses that represent the widest range of billing codes include:

1. metastatic - any area
2. head and neck -with electron boost (standard planning or 3D)
3. breast with supraclav -with electron boost (standard planning or 3D)
4. prostate - IMRT
5. prostate EBRT &implant
6. GYN with EBRT &with brachytherapy (implant or HDR)
7. lung - 3D
8. curative brain – 3D, IMRT and/or SRT
9. IMRT case of your choice
10. Advanced technology regimen, i.e., SRS/SBRT

Please choose ten (10) chart samples from the list above. (One course of therapy includes one entire treatment course. If second non-concurrent areas were treated, that would be considered a second chart, i.e., lung in June - brain in September.) The diagnoses listed above will provide us with a representation of the majority of CPT codes that are used in radiation oncology. If you have multiple physicians in the department, you may consider sending the same diagnosis for two physicians to allow us to review the consistencies within the department. For example, you may choose to send two breast cases or two head and neck cases. Please be sure to include at least one 3D regimen and one IMRT regimen if you provide these services. If your organization provides brachytherapy procedures, please include a chart for each type of service, i.e., prostate with implant, GYN with HDR, MammoSite, etc.

### Service F2: Professional Coding 10 Chart Audit

**Fee: \$13,500**

This comprehensive **PROFESSIONAL ONLY** chart audit option includes a complete review of the PROFESSIONAL component for ALL 77000 series CPT codes for each of the ten charts audited. In addition, all professional only codes will be reviewed. The professional only codes include the Evaluation & Management services (99000 series codes), physician treatment planning (77261-77263) and weekly physician management charges (77427, 77431, and 77432). Please see F1 for presentation and report format. (See F3A for the combined technical-professional audit option)

99201-99255 - E/M: The corresponding consultation reports for the charts submitted for the technical review will be examined in detail. The mandated elements for E/M (chief complaint, HPI, ROS, PFSH, physical exam, and level of decision-making) will be examined for appropriate documentation and coding level. A complete narrative will result summarizing all findings. Recommendations for documentation and/or code selection will be made.

77427 - Weekly Management: The weekly management for the entire treatment regimen will be reviewed. Findings will be summarized and recommendations will be made as necessary.

77261-77263 - Physician Clinical Treatment Planning: The physician clinical treatment planning is a cognitive process, but documentation must be available or implied by the work done to substantiate the level chosen. All charts will be reviewed to determine if the proper level was chosen and if appropriate documentation is available.

- *See F1 for additional details on the on-site executive summary and final report.*

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### **Service F3: Global Chart Audit**

**Fee: \$16,500**

The global audit includes all components listed for F1 and F2, whereby all coding is reviewed. This service includes an on-site executive summary and written report as defined in F1.

### **Service F3A: Combined T & P 10 Chart Audit (*Same coding & DOS*)**

**Fee: \$17,500**

This is the chart audit option for centers who wish to have a **combined technical/professional audit** who bill the same codes on the same data of service. Although separate reports will be completed for technical and professional, the subjective findings for the individual charts will be the same. The financial findings (report and on-site presentation) will be separate.

- *Please see F1 for presentation and report format.*

### **Service F3B: Combined T & P 10 Chart Audit (Coding Done Independently)**

**Fee: \$20,000**

This is the chart audit option for centers who wish to have a combined technical/professional audit but bill independently. This option applies for all joint audits (technical & professional) that have different procedures and/or different dates of services reported for the same procedures. Although separate reports will be completed for technical and professional, the subjective findings for the individual charts with the inconsistencies (high area of risk if different DOS or code is reported for the same procedure) will be the same. The financial findings (report and on-site presentation) will be separate.

- *Please see F1 for presentation and report format.*

### **Service F4: In-Office Focused Audit**

**Fee: \$7500**

#### **In-Office Short (Focused) Audit**

This type of audit is only recommended for clients who have already had a complete audit and staff education. This level of audit should be considered for your annual audit to ensure that you "maintain the gain" and continue to code correctly.

As with the Comprehensive Audit, ten charts must be copied and sent to CCI for review. The Comprehensive Audit provides a full narrative for every code. The Focused Audit only includes a narrative for those codes that were reported incorrectly or if the required documentation is missing or inadequate. The final report will demonstrate the coding levels posted compared to the coding levels expected. A financial impact report will be completed for each chart as well as the overall financial impact of the ten charts combined.

### **Service F4A: Remote Limited Audit**

**Fee: \$250 per hour**

#### **Remote Limited Office**

Ongoing auditing of charges will typically yield improved claims management processes, cash flow and compliance with applicable laws and regulations. By subscribing to regularly scheduled audits, specific coding issues that may recur in similar claims submissions will be identified. Careful pre-submission monitoring and review of these similar claims will safeguard against errors that could result in a claim denial.

A remote billing audit will be performed by Churchill Consulting, Inc. (CCI) to ensure that codes are appropriately reported according to CPT guidelines and conventions and carrier policies.

**Two types and two levels of remote limited audit services are offered. Options include:**

- Coding review only, prospective audit
- Coding review only, retrospective audit
- Coding and documentation review, prospective audit
- Coding and documentation review, retrospective audit

To conduct this type of audit, coding summaries will be exported to a dedicated audit program created by CCI via excel software application. The imported coding summary shall include the DOS, CPT code (with library description), quantity, technical and/or professional component, and modifier.

CCI will subsequently enter a brief comment on the accuracy of each entry. Discrepancies, errors, and/or comments will be entered under a comment section. For each category reviewed, findings will be indicated by use of a drop-down selection, and that selection will contain limited descriptions, such as yes, no, available, not available, NA, etc. for findings in regards to the appropriateness in each category reviewed. Short subjective finding will be added as necessary.

This audit process will be limited to the above described format; no financial impact is calculated, with findings being reported per chart reviewed.

### **Service F5: Coding Charts On-Site**

**Fee: \$5,000**

#### **On-Site Audit**

An on-site audit provides you with eight hours on site and results in the review of approximately four-six charts, depending on the complexity of the charts selected. It is in your best interest to review charts that are representative of your standard treatment regimens. Extremely complex charts require additional time and the on-site audit is time dependent. The audit process is performed during a 7-½ hour time frame, followed by a 30-minute discussion of findings. The total number of charts reviewed varies, based on the complexity of the charts submitted. If the executive summary exceeds the eight hours, the hourly rate will go into effect.

#### **On-Site Report & Findings Format**

An excel program is used to enter and to present the findings. Actual billing (which we request to be sent prior to arrival) is entered into the program. Charts are then reviewed for actual coding and the data is entered into the program. All coding is then compared. A comment section next to each code references comments on findings. Statements will consist of OK if findings are correct. Other comments will include the reason found for the discrepancy in findings.

#### **Final Report**

A final report is generated, that is a printed copy of the spreadsheet with associated comments. Depending on the complexity of the charts reviewed, 4-6 charts are usually completed in the time period provided during an on-site audit. *No electronic materials are provided.*

#### **Cost: On-Site Audit**

The cost is \$5,000 for the first day plus travel. You can contract for multiple days at \$3,500 for each additional day.

### EDUCATION & WORKSHOPS

#### OBJECTIVES for ALL CHURCHILL CONSULTING, INC. SEMINARS

All seminars are menu based. Choose the seminar that fit's your organizations needs.

As a result of attending any of these courses, participants will be able to perform the following:

- Understand required documentation for each billing code.
- Apply the proper CPT coding for the various procedures performed.
- Appreciate inherent risks if billing occurs without proper documentation.
- Recognize the changes in billing standards that must be applied to billing practices in **2010**

#### Seminar Options:

| #           | Course Title   | Time    | ASRT<br>CEU | MDCB<br>CEU | ARRT<br>CEU | AAPC<br>CEU |
|-------------|--|---------|-------------|-------------|-------------|-------------|
| <b>F6</b>   | Course 'P': E&M Billing & Coding for Physicians                              | 2 hrs   |             |             |             |             |
| <b>F7-1</b> | CODING 1.01: An Introductory Course for Radiation Oncology                   | 2 hrs   |             |             |             |             |
| <b>F7-2</b> | Build A Case: Document a Case  | 1.5 hrs | 1.5         | 1.5         | 1.5         | 1.5         |
| <b>F7-3</b> | Course T: Coding the Diagnostic & Technical Only Codes in Radiation Oncology | 1 hrs   | 1           | 1           | 1           |             |
| <b>F7-4</b> | Simulation   | 1 hrs   | 1           | 1           | 1           |             |
| <b>F7-5</b> | Isodose Planning-Devices Advanced Technologies (3D/IMRT)                     | 2.5 hrs | 2.5         | 2.5         | 2.5         | 2.5         |
| <b>F7-6</b> | Coding Stereotactic Radiosurgery   | 2 hrs   | 2           | 2           | 2           | 2           |
| <b>F7-7</b> | Brachytherapy  | 2 hrs   | 2           | 2           | 2           |             |
| <b>F7-8</b> | IGRT   | 1 hrs   | 1           | 1           | 1           |             |

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### PRICING: SEMINARS MENU BASED

- As the seminars are menu based, our fees reflect a flat seminar day (6.5 hours directed training) rate of \$4,000 day 1.
- The seminar day rate is reduced to \$3,000 per day (6.5 hours directed training) for the second day and for any seminars that are scheduled on days that Churchill is on-site for other services, i.e., executive summary.

This provides your organization with the opportunity to select the precise training that your staff requires. The fee is based on eight (8) attendees *from the contracting organization*.

A cost of \$35 will be charged for additional attendees within your organization (over the eight included) to cover the cost of the manuals.

- *Attendees from outside the organization will be charged in addition to the contract fee at Churchill's standard 'open seminar' rate (\$500 per attendee per day).*
  - ⇒ Discounts MAY apply, based on the services contracted.
  - ⇒ **One Day (6.5 hours) seminar time is included with the full financial package.**

### **F6: Course P: E&M Billing & Coding for Physicians**

Focusing on the 99000 series codes and dedicated physician codes in radiation oncology.

Presented by Deborah Churchill

Course Time: 2 hours

#### **ABSTRACT:**

This course will discuss the proper use and documentation requirements for physician coding using the 99000 series CPT codes as well as the physician specific 77000 codes. E&M coding, documentation guidelines, physician treatment planning and physician weekly management will all be discussed.

The E&M training will focus on the three key components, history, examination and medical decision-making, resulting in a complete understanding of how to document consultations properly and code based on the documentation available in the medical record.

The documentation required for physician treatment planning and physician weekly management will be discussed in detail.

#### **CODES DISCUSSED IN COURSE**

99201-99205 (Office visits/consults for Medicare)

99211-99215 (Follow-Up Visits)

99221-99239 (Inpatient)

99241-99245 (Outpatient Consults)

99251-99255 (Inpatient Consults)

77261-77263 (Clinical Treatment Planning)

77427-77499 (Management Services)

31505-31575 (Laryngoscopy)

#### **OBJECTIVE:**

As a result of attending this seminar, participants will be able to:

- Understand required documentation for all Evaluation & Management codes as well as the physician only codes, including clinical treatment planning and the various physician management codes.
- Apply the appropriate level of CPT code for the procedures performed, based on the documentation available in the medical record.
- Appreciate inherent risks if billing occurs without proper documentation.
- Recognize the changes in billing standards that must be applied to billing practices in 2007.
- Understand compliance requirement and issues.
- Comprehend Medicare audit processes.

### **F7-1: Coding 1.01: Introductory Course for Radiation Oncology**

Presented by Deborah Churchill

Total Course Time: 2 hours

#### **ABSTRACT:**

This seminar provides an introduction to coding and documentation requirements in radiation oncology. Although the presentation is clinically focused, the format is designed for administrators and coders to clearly understand the standard coding for all regimens as well as the required documentation that must be available in the medical record.

The presentation will follow the codes that result in order of patient encounter. The various levels of each code category will be presented from a coding perspective, based on CPT definitions. Discussion will include the utilization and documentation guidelines associated with each code.

CCI Edits will be discussed for all codes, focusing on the codes that are bundled vs. the codes that require modifiers if reported on the same day. RVUs and associated reimbursement amounts (per code) will also be discussed.

#### **OBJECTIVE:**

As a result of attending this seminar, participants will be able to:

- Understand the codes that will result for standard regimens in radiation oncology.
- Be aware of the required documentation for each CPT® code that must be available in the medical record.
- Apply the proper level of CPT code for the various procedures performed.
- Comprehend the CCI Edits for all codes, recognizing codes that are bundled vs. codes that may be reported together with a modifier.
- Appreciate the value of reporting the correct codes in relation to data collection of the RVUs for procedures performed.
- Understand inherent risks if medical record documentation does not support the codes or level of code reported.
- Recognize the changes in billing standards that must be applied to billing practices in 2010.

### **F7-2: Build a Case – Document a Case**

Presented by Deborah Churchill

Total Course Time: 1 hour 30 minutes

#### **ABSTRACT:**

Material presentation is clinically focused. The goal of this seminar is to ensure that attendees can put information together and accurately code an entire course of external beam radiation therapy while understanding what supporting documentation is required.

A double-sided algorithmic tree will be built for a case study that will be presented in the order of patient encounter. One side of the tree will include the appropriate code (or code group) that may be reported. The other side of the tree will include the documentation required.

At the end of this course we will have built a code tree and documentation tree that will provide future guidance for coding and documentation compliance.

#### **OBJECTIVE:**

- As a result of attending this seminar, participants will be able to:
- Apply the proper CPT coding for the various procedures performed.
- Understand how to accurately code a sample EBRT treatment course (i.e., IMRT with IGRT).
- Be aware of the CCI edits that may affect reporting various codes and appreciate date of service issues.
- Recognize the documentation requirements to support your claims.
- Apply the proper CPT coding for the various procedures performed.
- Appreciate inherent risks if billing occurs without proper documentation.
- Recognize the changes in billing standards that must be applied to billing practices in 2010.

### **F73: Course T: Coding the Diagnostic & Technical Only Codes in Radiation Oncology**

Presented by Deborah Churchill

Course Time: 1 hour 15 minutes

#### **ABSTRACT:**

This course will discuss the wording stipulations by Medicare, coupling, and the proper use and documentation requirements for the various diagnostic codes that are reported in association to procedures performed in radiation oncology. Discussion will include codes that are NOT appropriate in radiation oncology.

Category II and category III codes will be discussed as well as the radiation oncology codes that have only a technical component. Technical only codes include daily treatment, weekly physics, and special physics consults.

There is a wide range of criteria in selecting the correct level for these codes and it is imperative that these codes are used correctly. CPT definitions, interpretations, guidelines and required documentation elements will be discussed.

#### **CODES DISCUSSED IN COURSE**

77401-77416, 77418 (Daily Treatment)

77417 (Port Films)

77336-77370 (Physics Services)

77520-77525 (Protons)

77600-77620 (Hyperthermia)

79005-79445 (Radiopharmaceutical Therapeutic Codes)

31505-31575 (Laryngoscopy)

Category III Codes (T-Codes)

#### **OBJECTIVE:**

As a result of attending this seminar, participants will be able to:

- Apply the proper CPT coding for the various procedures performed.
- Understand required documentation for each code reported.
- Appreciate inherent risks if billing occurs without proper documentation.
- Recognize the changes in billing standards that must be applied to billing practices in 2010.

### **F7-4: Simulation**

Presented by Deborah Churchill

Course Time: 1 hour

#### **ABSTRACT:**

Material presentation is clinically focused. Codes will be presented from a coding perspective, based on CPT definitions. Discussion will include the utilization and documentation guidelines associated with CT data acquisition, simulation procedures and all device codes.

#### **CODES DISCUSSED IN COURSE:**

77014tc (CT Data Acquisition)

77280-77290 (Simulation)

77332-77334, 77338 (Immobilization Devices)

#### **OBJECTIVE:**

As a result of attending this seminar, participants will be able to:

- Appreciate the differences in the types of simulation procedures, with focus on the ‘virtual’ simulation design process.
- Differentiate between CT data acquisition and simulation procedures.
- Understand required documentation for each CPT® code. Apply the proper CPT coding for the various procedures performed.
- Appreciate inherent risks if billing occurs without proper documentation.
- Recognize the changes in billing standards that must be applied to billing practices in 2010.

### **F7-5: Isodose Planning & Devices (Advanced Technologies/3D IMRT)**

Presented by Deborah Churchill

Course Time: 2 hours 30 minutes

#### **ABSTRACT:**

Material presentation is clinically focused. Codes will be presented from a coding perspective, based on CPT definitions.

Discussion will include the utilization and documentation guidelines associated for the various levels of isodose planning, including advanced technology, i.e., 3D planning and IMRT planning.

This course includes discussion of physician supervision and the special treatment procedure (77470) code. Case studies are presented to assist the attendee in applying the information into the clinical setting.

#### **CODES DISCUSSED IN COURSE:**

Supervision

77470 (Special Treatment Procedure)

77332-77337 (Devices)

77300-77321 (Dosimetry)

77331 (Special Dosimetry)

77295 (3D Planning)

77301 (IMRT Planning)

Case Studies

#### **OBJECTIVE:**

As a result of attending this seminar, participants will be able to:

- Understand required documentation for each CPT® code
- Apply the proper CPT coding for the various procedures performed.
- Appreciate inherent risks if billing occurs without proper documentation.
- Recognize the changes in billing standards that must be applied to billing practices in 2010.

### **F7-6: Coding Stereotactic Radiosurgery (SRS)**

Presented by Deborah Churchill

Course Time: 2 Hours

#### **ABSTRACT:**

Material presentation is clinically focused. Codes will be presented from a coding perspective, based on CPT definitions. This course will include discussion of SRS, SRT and SBRT. Case studies are presented to assist the attendee in applying the information into the clinical setting.

#### **OBJECTIVE:**

As a result of attending this seminar, participants will be able to:

- Understand required documentation for each CPT® code associated with SRS, SRT, and SBRT regimens.
- Apply the proper CPT coding for the various procedures performed
- Appreciate inherent risks if billing occurs without proper documentation
- Recognize the changes in billing standards that must be applied to billing practices in 2010.

### **F7-7: Coding Brachytherapy (LDR, HDR & MammoSite)**

Presented by Deborah Churchill

Course Time: 2 hours

#### **ABSTRACT:**

This presentation focuses on reporting the various types of brachytherapy procedures. Material presentation is clinically focused. Codes will be presented from a coding perspective, based on CPT definitions.

Discussion will include the utilization and documentation guidelines associated with the various brachytherapy procedures. Information will include discussion of the various types of brachytherapy application procedures, brachytherapy planning options, associated simulation procedures, codes for insertion of the various types of brachytherapy applicators, brachytherapy devices, and other appropriate codes that may be reported.

Case studies will be presented and are designed to assist the attendee in applying the information in the clinical setting.

Case studies are presented for the following:

- Intravascular brachytherapy (IVBT)
- MammoSite (HDR)
- Prostate seed implant (interstitial) procedure
- Low dose rate (intracavitary) cervix procedure, and
- High dose rate (HDR) cervix procedure

#### **OBJECTIVE:**

As a result of attending this seminar, participants will be able to:

- Understand required documentation for all CPT® codes associated with brachytherapy.
- Apply the proper CPT coding for the various procedures performed.
- Appreciate inherent risks if billing occurs without proper documentation.
- Recognize the changes in billing standards that must be applied to billing practices in 2010.

### **F7-8: Imaging and IGRT**

Presented by Deborah Churchill

Course Time: 1 hour

#### **ABSTRACT:**

This presentation is clinically focused and will discuss the various types of image guidance. Physician supervision and documentation requirements will be discussed.

#### **CODES DISCUSSED IN COURSE:**

77014tc (Cone Beam CT)

77421 (Stereoscopic)

76950 (Ultrasound)

Gating

Markers

Surgical Placement: Markers

#### **OBJECTIVE:**

As a result of attending this seminar, participants will be able to:

- Appreciate the differences in the types of IGRT procedures.
- Understand supervision and documentation requirements for the technical and professional components of these services.
- Apply the proper CPT coding for the various procedures performed.
- Appreciate inherent risks if billing occurs without proper documentation or physician supervision.
- Recognize the changes in supervision requirements and billing standards that must be applied to billing practices in 2010.

### Service F8: Compliance Plan

**Fee: \$5,000**

- Requires approximately four hours interview time (teleconference) with the physicist and/or dosimetrist and/or other appropriate individuals to establish coding guidelines.

The Compliance Workshop is an integral part of the organizations comprehensive compliance program. The physicians or hospital may have a corporate compliance plan that addresses the requirements stipulated by the OIG, but this product provides you with the actual coding and documentation guidelines that will be followed in your department.

As part of a complete compliance plan, CCI will assist the physicians in developing a physician guideline for dictation. A workshop will be conducted with the goal of outlining the following for each body system.

- Problem pertinent, pertinent negatives that will be included in the ROS dictation for each body system treated.
- The appropriate level of decision-making.
- What must be included in the medical record to justify each level.
- The appropriate use of block confirmation simulations.

*The Compliance Plan product will be provided in compiled electronic format via PDF. As this document is dynamic, component sections that require standard updates will be provided in word document format to allow the organization to update this Compliance Plan as needed.*

The Compliance Plan product will result in the following:

#### 1. Dictation outline

This outline will clearly indicate where you actually document each element in your dictation.

The Compliance Plan will include a list of the problem pertinent and pertinent negative review of systems that should be included in consultative notes.

#### 2. Coding guidelines

Coding guidelines will be established for all codes that may be reported based on the technology available in the organization. A description of use for each code will be included as well as a "posting charges" section that will document how coding is approved and what dates of service are used to post charges. An example would be an isodose plan that is computer generated on one day but not actually reported until the isodose plan is approved and signed by the radiation oncologist. It is important for the auditors to understand why dates of service in the medical record and posting dates may vary.

Your Local Coverage Determination (LCD) will be integrated with the coding guidelines to help ensure that your coding guidelines reflect your carrier's rulings.

- ⇒ *On-site interview is not included in price. This price reflects interviews via teleconference. On-site face-to-face interview is available and will be billed in addition to the base fee at the standard day rate.*

### SOLUTION PRODUCTS

#### **Service F9: DIRECTREES® (Coding Help Application Program)**

**Fee: \$12,500 (\*Includes up to 5 Users<sup>1</sup>)**

Churchill Consulting, Inc. (CCI) has created a copyrighted product provided in paper format known as "Directory-Tree Billing Manual." This product has now been developed into an electronic format named DIRECTREES®. The software product known as DIRECTREES® will be provided to Client on CD-ROM in Windows 32-bit Help Format. This format is viewable on most Windows based systems and can be loaded on a standalone PC or on a central file server, depending on the licensing agreement.

DIRECTREES® will provide the User with a powerful high-quality help system that may be accessed from most Window applications. DIRECTREES® provides a dynamic table of contents and a comprehensive index that allows you to easily navigate through the help system by querying specific treatment regimens or CPT® codes directly. The index will allow you to choose the best coding scenario to fit various treatment regimens conducted in Radiation Oncology. In addition, the program provides links and pop-up screens to assist you in choosing the correct coding level by providing additional information for documentation and coding guidelines.

The user will simply click on the DIRECTREES® help icon to launch the program. The table of contents will provide multiple options, including "Diagnosis Specific Directory Tree" or "Rules of Thumb" coding guidelines. The DIRECTREES® menu provides over eighty treatment regimen selections. DIRECTREES® is formatted in a manner that follows the same order that procedures usually occur in the treatment regimen, further assisting you in capturing all appropriate codes.

The Trees begin with the E&M consultation codes, followed by the physician's treatment planning codes, isodose planning codes, simulation codes, device codes and proceed through the weekly codes. Each tree will reflect appropriate boost simulations and planning processes on the day that they will occur in the patient's regimen, as defined by referenced dose prescription depicted in the beginning of the Tree. Each Tree provides you with pop-ups and links to assist you in choosing your billing levels and decision-making.

The individuals performing the billing will simply reference the corresponding Tree to assist them in making the correct coding choices. CCI is licensed by the AMA for use of the AMA's copyrighted CPTs. Additional licensing fee is required for 5+ users, charge based on the number of users.

Review a 2010 Demo of DIRECTREES® on our webpage at [www.ChurchillConsulting.com](http://www.ChurchillConsulting.com)

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<sup>1</sup> **User is defined as any individual who has access to the electronic product containing CPT, whether they are internal or remote.**

### **Service F10: SEQUOIA Maintenance Plan for DIRECTTREES®**

**Fee: \$2,500 per year (\*Includes up to 5 Users)**

The SEQUOIA Maintenance Plan provides the maximum level of support, providing you with all upgrades of the new **TRUNC** version modules as they are developed and released as well as all subsequent product updates for all users listed on the initial licensing agreement for the period of one (1) year<sup>□</sup>.

With this plan you will also receive a paper copy of CCI's quarterly Newsletter and will receive bi-annual version updates in April and October minimally that will include the **N** -Newsletters in the electronic version as part of the DIRECTTREES® application.

All updates to the **T** - Directory Trees and **R** - Rules of Thumb will be included in the bi-annual updates.

Modules **U**-RVU Summary and **C**-Coding Summary are in development. These modules will be provided to users upon release, providing the Sequoia Plan is still in effect when that module is released. These modules will not be included if they are released after the maintenance plan purchased expires, or if a plan other than Sequoia is purchased in subsequent years.

This plan provides up to twenty (20) priority level technical telephone support inquiries, twenty (20) priority level technical email technical support inquiries and email support for up to twenty-four (24) coding questions.

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<sup>□</sup> \* **User is defined as any individual who has access to the electronic product containing CPT, whether they are internal or remote.**

### CHARGE MASTER REVIEW

#### **Services F11: Professional Charge Master Review**

**Fee: \$1,000**

Charge master review may be contracted for either the technical fee schedule or professional fee schedule. Each charge master review is an individual product and charged separately if this service option is chosen independently of the "total package option."

CCI will review the Client's current charge master and make recommendations as necessary. The Client's current rates will be entered into a program that will compare them to CCI's database of rates. Equivalent GPCI reimbursement groups will be used for comparison. This process will help determine the appropriateness of your rates and the completeness of your current charge master. Missing CPTs and/or recommended rate charges will be summarized.

#### **Services F12: Technical Charge Master Review**

**Fee: \$1,000**

Charge master review may be contracted for the technical fee schedule. The technical and professional charge master reviews are included if the "total package option" is contracted.

CCI will review the hospital's radiation oncology current charge master and make recommendations as necessary. The hospital's current rates will be entered into a program that will compare them to CCI's database of rates. Equivalent GPCI reimbursement groups will be used for comparison. This process will help determine the appropriateness of your rates and the completeness of your current charge master. Missing CPTs and/or recommended rate charges will be summarized.

#### **Service F13: New Department Charge Master Construction**

**Fee: \$1,000**

CCI will assist Client in constructing an appropriate charge master for Radiation Oncology and will make recommendations as necessary. All appropriate CPT codes used in Radiation Oncology will be listed as well as associated recommended rates. Recommended rates reflect the average charge from at least ten (we have over 100 centers in the database) similarly reimbursed centers from CCI's internal database of centers.

This service will provide you with:

- all appropriate CPT codes
- Medicare reimbursement
- RVUs
- range of charges for each associated CPT.

### ADDITIONAL PRODUCTS & SERVICES

#### **Service F14: Additional Day Rate**

Additional days on-site are charged at \$2,500 per day.

#### **Service F15: 20 Diagnosis Pro-Forma**

**Fee: \$2,500**

CCI will create a bound report, complete with graphs for twenty treatment regimens. The report will summarize the total number of procedures that will occur in those twenty selected treatment regimens, the Medicare reimbursement, Commercial reimbursement, and total RVUs. A single pro-forma that reflects the minimum fractionation and maximum dose that may be prescribed as a treatment regimen is provided for most diagnosis. This provides you with a summary of the minimum amount of Medicare revenue per diagnosis to use in your contract negotiations and for financial counseling purposes.

This is a great tool for the physician practice to compliment the hospital's financial counseling manual.

#### **Service F16: Practice Pro-Forma**

**Fee: \$2,500-\$5,000**

CCI offers a complete financial pro-forma service. This service provides you with projected collections based on your patient history, your region's reimbursement, your commercial fee schedule, and your payer mix. National data summarizing average CPT usage will be used to determine the projected collections. Your current practice and protocols will be taken into account. Your current collection base will be compared to your projected income to assist you in determining where billing increases should be seen in the future with correct billing practices. Because this pro-forma is based on your payer mix, this summary provides you with the actual collections you should expect for the services you provide. To complete this service you must provide CCI with a copy of your current charge master and payer mix. The collection percentage for each payer mix must be included. Example: HMO = 10 % of patients. HMO rate is 80% of commercial rate.

#### **Service F17: Customized Pro-Formas**

**Fee: \$1,000-\$2,500**

CCI is available to provide any customized pro-forma that you require. Prices vary based on requirements.

### Service F18: Newsletter

**Fee: \$250 per year**

CCI's **quarterly** newsletter service will keep you current with the changes in billing codes, terminology and descriptions of use. Your Newsletter subscription entitles you to six (6) billing *inquiries* per year. An "inquiry" is defined as a 10-minute telephone consultation or an email requiring a response to a billing question. A 20-minute telephone consultation will count as two inquiries.

Our **quarterly newsletters** include billing information and bulletin summaries from CMS and AMA rulings on proper CPT usage. Our newsletters will also include relevant information from JCAHO, ACR, OSHA and the EPA. **CCI has published and distributed 101 issues as of March 2010.**

Billing questions should be **emailed to [ChrchlCCI@aol.com](mailto:ChrchlCCI@aol.com)** and are limited to six (6) inquiries per year, per client, per subscription. Responses will be emailed back to you. Most billing questions will appear in our newsletter. Phone-support will count toward your allowable number of billing questions. Please **use 860.663.5630** for telephone questions.

### Service F19: Comprehensive Forms Package

**Fee: \$1,500**

#### Un-Customized Billing Forms Package

Documentation is a mandatory part of coding. Churchill Consulting, Inc. offers a comprehensive forms package to assist organizations in documenting fully. Let us provide you with a proven methodology for documentation that has successfully supported audits.

The Churchill forms integrate documentation requirements for carriers, such as Medicare, with clinical documentation required for accreditation. Our forms will assist you in ensuring that the patient's medical record can support the services provided.

Our comprehensive forms package includes multiple billing forms, MD girds (clinical treatment planning), medical necessity forms for 3D and IMRT, on-treatment-visit notes, orders, simulation forms, special dosimetry forms, and auditor review forms.

The FORMS PACKAGE includes multiple versions of our forms. Formats include the following.

- Printable forms that offer check box selections and corresponding lines to customize the form.
- EMR Ready Printable forms that offer drop down selections to assist you in customizing each selection, complimented with associated lines for additional documentation.
- EMR Ready forms, offering drop down selections and EMR style text fields, which are completely customized by your selections and attached to the patient's medical record.

### **Service F20: Simulation EMR-Ready Forms Package**

**Fee: \$500**

The Churchill EMR -ready simulation form package provides you with the following forms.

- 1A CT simulation with Portals Designed Via Scout Film
- 2B Pre-Planning Simulation: Procedure on Dedicated Simulator
- 2C Virtually Simulation Summary
- 3 Conventional MD Simulation Note
- 3A-3D Confirmation Simulation MD Simulation Note
- 4 MD Boost Simulation Note
- 5 MD BVS Simulation Note

### **Total Package Option**

**Fee: \$35,000**

Enjoy the benefits of the total package option. This package includes one level of audit, one level of charge master review, Compliance Plan, DIRECTREES® , and six and a half [6.5] hours of seminar time from the seminar menu. Results in a \$4,000 savings!

- \* This rate only applies if the audits are the standard audit rates.
- \* Additional fees apply if technical and professional coding is not mutual.

**The Total Financial Package** will identify your current billing practice, educate the entire staff, result in a compliance program to ensure that you are fulfilling mandated requirements and DIRECTREES®, the only coding help application in the world!

*Prices are subject to change without notice. Contracts are required to secure fees.*

## 2010 Financial Products & Services

### Price List

| ID           | Description   | Fee                   |
|--------------|---|-----------------------|
| <b>F1</b>    | <b>TECHNICAL</b> 10 Chart Audit with On-Site Executive Summary  | <b>\$13,500</b>       |
| <b>F2</b>    | <b>PROFESSIONAL</b> 10 Chart Audit  | <b>\$13,500</b>       |
| <b>F3</b>    | <b>GLOBAL</b> (Freestanding) 10 Chart Audit   | <b>\$16,500</b>       |
| <b>F3a</b>   | Combined F1-F2 (T&P) with same DOS  | <b>\$17,500</b>       |
| <b>F3b</b>   | Combined F1-F2 (T&P) with different DOS   | <b>\$20,000</b>       |
| <b>F4</b>    | 10 Chart In-Office Audit: Focused<br><i>In-Office Focused Audit (Provides 10-Chart review &amp; printed report)</i>   | <b>\$7,500</b>        |
| <b>F4A</b>   | Remote Limited Audit<br><i>In-Office Remote Audit</i>   | <b>\$250 per hour</b> |
| <b>F5</b>    | Coding Charts On-Site or Initial Day Rate**<br><i>(Provides 7 hrs on-site audit, 1 hr exec sum &amp; printed report)</i>  | <b>\$5,000</b>        |
| <b>F6-F7</b> | Seminar Menu: Seminar Day = eight (8) hours, <i>Charged per seminar day</i><br><i>Discounted with audits or multiple consecutive seminar days</i><br><i>Full financial contract includes one day of seminar</i>             | <b>\$4,000</b>        |
| <b>F8</b>    | Comprehensive Compliance Plan   | <b>\$5,000</b>        |
| <b>F9</b>    | DIRECTREES® Coding Software Help Application & 5 Users <sup>Σ</sup><br><i>Includes the SEQUOIA updates for the first year</i>   | <b>\$12,500</b>       |
| <b>F10</b>   | SEQUOIA Update/Upgrade Plan<br><i>Annual fee for continued licensing and upgrades of DIRECTREES®</i>  | <b>\$2,500</b>        |
| <b>F11</b>   | Professional Charge Master Review   | <b>\$1,000</b>        |
| <b>F12</b>   | Technical Charge Master Review  | <b>\$1,000</b>        |
| <b>F13</b>   | New Department Charge Master Construction<br><i>Single charge master, i.e., technical</i>   | <b>\$1,000</b>        |
| <b>F14</b>   | Additional Rate per Day<br><i>(charge per day for additional days required while on-site without billable servic</i>  | <b>\$2,500</b>        |
| <b>F15</b>   | 20-Diagnosis Pro-Forma  | <b>\$2,500</b>        |
| <b>F16</b>   | Practice Pro-Forma  | <b>\$1,500</b>        |
| <b>F17</b>   | Customized Pro-Forma (i.e., IMRT, FTE, etc.)  | <b>\$2,500</b>        |
| <b>F18</b>   | Newsletter Subscription (per year)  | <b>\$250</b>          |
| <b>F19</b>   | Comprehensive Forms Package(s)  | <b>\$1,500</b>        |
| <b>F20</b>   | Simulation Forms Package  | <b>\$500</b>          |
| <b>F21</b>   | <b>Total Financial Package Option</b><br><b>Includes F3a (Audit: combined audit option), F6-F7 (6.5 hours seminar selection), F8 (Compliance Plan) &amp; F9 our DIRECTREES®</b><br><b>* Results in discount of \$4,000!</b> | <b>\$35,000</b>       |

⇒ TRAVEL is Charged in Addition To All Services

⇒ Single day on-site minimum of \$3,500 \*\*