

## Table of Contents

<b>Preface .....</b>	<b>7</b>
<b>1   Fraud, Abuse, and Waste.....</b>	<b>9</b>
The Office of Inspector General.....	10
OIG Compliance Guidance .....	13
Social Security Act (SSA).....	14
The False Claims Act.....	15
Civil Monetary Penalties Law.....	16
Other Federal Laws .....	17
State False Claims Acts.....	19
Federal Anti-Fraud Initiatives .....	20
Recovery Audit Program .....	21
Medicaid RACs .....	28
Unified Program Integrity Contractors .....	29
CERT Program .....	30
Return of Overpayments .....	32
Medicare Part A and B .....	32
Red Flags Rule .....	33
<b>2   Coding Compliance Program .....</b>	<b>35</b>
Key Compliance Program Elements.....	36
Risk Assessment.....	36
Standards of Conduct.....	39
Policies and Procedures .....	41
Communication.....	44
Disciplinary Guidelines.....	45

Training and Education .....	45
Auditing and Monitoring.....	48
<b>3   Resources.....</b>	<b>57</b>
CMS Internet Only Manuals (IOMs).....	57
Other CMS Resources .....	58
Federal Register .....	60
National Coverage Determinations .....	61
Local Coverage Determinations (LCDs).....	61
Medicare Administrative Contractors (MACs).....	62
Other Payer Policies.....	64
State Regulations .....	65
CPT® Procedure Codes.....	65
HCPCS Codes .....	66
Diagnosis Codes .....	67
National Correct Coding Initiative .....	68
<b>4   Documentation Requirements .....</b>	<b>75</b>
Documentation of Radiation Oncology Services .....	75
Electronic Health Records.....	78
Cloned Notes.....	82
Authentication .....	84
<b>5   Radiation Oncology Coding and Billing Compliance .....</b>	<b>89</b>
Third-Party Billing Services .....	89
Prior Authorizations.....	90
Modifiers.....	93
Place of Service .....	95
Physician Supervision of Therapeutic Services.....	97

Substitute Physicians .....	104
Teaching Physicians .....	106
Medical Necessity .....	107
Evaluation and Management Services.....	108
Shared Visits.....	109
Documentation of E/M Services .....	111
Bundling Versus Packaging .....	113
Advance Beneficiary Notice (ABN).....	114
Multiple Procedure Payment Reduction .....	119
Clinical Trials .....	119
Professional Courtesy .....	121
Medicare Secondary Payer .....	121
Coordination of Benefits.....	123
Refunds and Credit Balances .....	125
Benefit Management Companies .....	126
Denials and Appeals.....	127
<b>Appendix A   AHIMA Standards of Ethical Coding.....</b>	<b>131</b>
<b>Appendix B   Compliance Program Evaluation.....</b>	<b>133</b>
<b>Appendix C   Appropriate Use Criteria.....</b>	<b>139</b>