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July 11, 2018

BY CERTIFIED AND ELECTRONIC MAIL

Dr. Jonathan Cohen
Ocean County Internal Medicine Associates, P.C.
1352 River Avenue
Lakewood, NJ 08701

**RE: Final Audit Report – Ocean County Internal Medicine Associates,
P.C.'s Use of American Medical Association's CPT Code 99050**

Dear Dr. Cohen:

As part of its oversight of the Medicaid and New Jersey FamilyCare programs (Medicaid), the Medicaid Fraud Division of the Office of the State Comptroller (OSC) conducted an audit of Medicaid claims submitted by Ocean County Internal Medicine Associates, P.C. and its group members (OCIMA). The audit period covered July 1, 2011 through June 30, 2016. OSC hereby provides you with this Final Audit Report.

Executive Summary

OSC identified and reviewed OCIMA's billing of American Medical Association's (AMA) Current Procedural Terminology (CPT) code 99050, an add-on code used to receive additional reimbursement for "services provided in the office at times other than regularly scheduled office hours, or days when the office is normally closed [e.g., evenings, weekends, and holidays]" (CPT Assistant: August 2010 – Volume 20: Issue 8). OSC found that OCIMA improperly billed this add-on payment code for services provided during regular office hours, which is not consistent with AMA's CPT requirements for this code. Accordingly, OSC seeks a recovery for all noncompliant claims for which OCIMA billed and received payment.

After reviewing OCIMA's records, representations, and formal response to OSC's Draft Audit Report, OSC has determined that, during the audit period, OCIMA's regularly scheduled office hours included early mornings, evenings, weekends, and holidays. Thus,

OCIMA should not have billed and received payment for CPT code 99050 during this period. In total, for the audit period, OCIMA submitted 9,766 claims for CPT code 99050 for which it was paid \$232,241. Accordingly, OSC seeks reimbursement of this amount.

Background

As a condition of participation in the Medicaid program, Medicaid providers are required to adhere to all applicable state and federal laws and regulations. Similarly, the state contract between the New Jersey Department of Human Services, Division of Medical Assistance and Health Services (DMAHS), and the Managed Care Organizations (MCOs) requires the MCOs and their providers to adhere to applicable New Jersey laws and regulations. Among other requirements, providers must follow the AMA's standards relating to coding, reporting, and billing of medical procedures and services.

OSC conducted an audit of OCIMA's use of CPT code 99050, which is an after-hour add-on code that may be billed in addition to basic service codes but cannot be billed on its own. This after-hour code provides additional payments for claims associated with evaluation and management (E&M) services, which are basic services, provided to beneficiaries outside of a provider's established business hours. The additional payments are meant to compensate providers for the additional costs (*e.g.*, overtime, night differential) associated with providing services outside a medical practice's standard business hours.

The AMA publishes a monthly newsletter, titled "CPT Assistant," which provides information and clarification regarding proper CPT code usage. According to the CPT Assistant (August 2010 – Volume 20: Issue 8), prior to 2006, CPT code 99050 was used for "services requested after posted hours in addition to basic service." In 2006, CPT code 99050 was revised to cover "services provided in the office at times other than regularly scheduled office hours, or days when the office is normally closed (*e.g.*, holidays, Saturday or Sunday), in addition to basic service." The CPT Assistant reference for CPT code 99050 explained that this code is used to provide supplemental reimbursement for "the additional time and effort involved with conducting the services outside of the office's standard business hours." As explained by the CPT Assistant, concurrently with the language change for CPT code 99050 in 2006, CPT code 99051 was added to bill for "[s]ervice(s) provided in the office during regularly scheduled evening, weekend, or holiday office hours, in addition to basic service," to delineate practices that regularly provide services at times other than regular daytime business hours."

The CPT Assistant (August 2006 – Volume 16: Issue 8) included the following clinical example of when to bill using CPT code 99050: "A patient develops severe ear pain that is unresponsive to home treatment. Late Monday evening after the office is closed, the physician agrees by telephone to meet the patient in the office to provide treatment." In that example, according to the CPT Assistant, the provider would bill using CPT code 99050 in addition to the basic service code. Likewise, the CPT Assistant included a clinical example of when to bill using CPT code 99051: "A patient presents with a cough and fever on a weekend afternoon to an office with regularly scheduled weekend and evening

hours.” In that example, according to the CPT Assistant, the provider would bill using CPT code 99051 in addition to the basic service code.

According to the CPT Assistant, while the meaning of CPT code 99050 has remained essentially the same during the entire period discussed above (*i.e.*, to describe services provided outside of regularly scheduled hours and during unscheduled weekend and holiday hours), in 2006 the CPT code description of CPT code 99050 was revised to differentiate this code from the services described in CPT code 99051, which was added as a code in 2006.

Based on the claims reviewed by OSC, nearly all of OCIMA’s Medicaid beneficiaries are enrolled in UnitedHealthcare Community Plan of New Jersey (UHC). Accordingly, in order to determine OCIMA’s regularly scheduled office hours and whether they included evenings, weekends, and holidays, OSC also reviewed UHC’s “After Hours and Weekend Care Policy,” the hours of operation provided by OCIMA on UHC’s credentialing documents at the time of enrollment, OCIMA’s office hours inputted by OCIMA into UHC’s website, as well as guidance provided by UHC. Further, OSC considered that during the audit period UHC’s policy was not to reimburse provider claims for CPT code 99051 for services provided to beneficiaries in the office during regularly scheduled evening, weekend, or holiday office hours.

Audit Objective and Scope

The objective of this audit was to determine whether OCIMA billed claims using CPT code 99050 in compliance with state and federal laws and regulations, and AMA’s CPT code requirements. The audit period was July 1, 2011 through June 30, 2016. This audit was conducted pursuant to OSC’s authority as set forth in *N.J.S.A. 52:15C-23* and the Medicaid Program Integrity and Protection Act, *N.J.S.A. 30:4D-53 et seq.*

Audit Finding: OCIMA Incorrectly Billed CPT Code 99050 during Regularly Scheduled Office Hours

In ascertaining whether OCIMA’s use of CPT code 99050 was appropriate, OSC first determined what OCIMA represented as its regularly scheduled office hours and then compared those with OCIMA claims to determine whether OCIMA frequently provided services at times other than its represented regularly scheduled office hours. OSC found that although OCIMA represented that its regular hours were Monday to Friday, varying from between 9:00 a.m. and 9:30 a.m. to 4:00 p.m. and 4:30 p.m., OCIMA’s regularly scheduled office hours were not limited to those hours. The following analyses led to the conclusion that OCIMA had regularly scheduled office hours on early mornings, evenings, weekends, and holidays, and it incorrectly billed and was paid for CPT code 99050 for office visits during these hours. Since OCIMA did not provide support that any CPT code 99050 claims met the AMA requirements of CPT code 99050, OSC seeks to recover all OCIMA claims for CPT code 99050 rendered during the audit period.

1. Office Hours Listed on UHC's Credentialing Documents

In order to determine OCIMA's regularly scheduled hours of operation, OSC examined the credentialing documents that OCIMA provided to UHC when OCIMA enrolled in UHC's managed care network. "Credentialing" is the process by which an MCO assesses and validates the applicable criteria and qualifications of licensed independent practitioners and facilities that seek to become or continue as participating practitioners and participating facilities within an MCO. According to this submission, OCIMA providers maintained regularly scheduled hours of operation that included early morning and late evening weekday hours and Sunday hours. Table I below summarizes OCIMA's office hours as reflected in UHC's credentialing documents.

Table I

Office Hours Listed on UHC's Credentialing Documents						
	J. Cohen, M.D.		B. Gordon, M.D.		T. Green, M.D.	
Sunday	11:00 AM	4:00 PM	None Provided		None Provided	
Monday	8:30 AM	1:00 PM	6:00 AM	7:00 PM	9:30 AM	4:30 PM
Tuesday	8:30 AM	11:00 PM	6:00 AM	6:00 PM	9:30 AM	4:30 PM
Wednesday	8:30 AM	11:00 PM	None Provided		9:30 AM	4:30 PM
Thursday	8:30 AM	11:00 PM	6:00 AM	7:00 PM	9:30 AM	4:30 PM
Friday	8:30 AM	5:00 PM	None Provided		9:30 AM	4:30 PM
Saturday	None Provided		None Provided		None Provided	
	A. Lempel, M.D.		D. Ogun, M.D.		N. Sokol, M.D.	
Sunday	None Provided		11:00 AM	4:00 PM	10:30 AM	4:00 PM
Monday	9:30 AM	4:30 PM	8:30 AM	11:00 PM	8:30 AM	10:00 PM
Tuesday	9:30 AM	4:30 PM	8:30 AM	11:00 PM	8:30 AM	10:00 PM
Wednesday	9:30 AM	4:30 PM	8:30 AM	11:00 PM	8:30 AM	10:00 PM
Thursday	9:30 AM	4:30 PM	8:30 AM	11:00 PM	8:30 AM	10:00 PM
Friday	9:30 AM	4:30 PM	8:30 AM	5:00 PM	8:30 AM	5:30 PM
Saturday	None Provided		None Provided		None Provided	

2. OCIMA's Office Hours Listed on UHC's Primary Care Physicians' Website

OCIMA is responsible for inputting and updating its office hours in UHC's online provider portal. This website portal provides Medicaid beneficiaries with a directory of locations and scheduled office hours for physicians, hospitals, laboratories, and other healthcare professionals that participate in a specific beneficiary's benefit plan.

Table II below summarizes the office hours that OCIMA self-disclosed on UHC's primary care physicians' (PCP) provider website. As shown in Table II, Dr. Lempel had regularly scheduled hours on Saturday and five of the six practicing physicians had regularly scheduled hours on Sunday.

Table II

Office Hours Listed on UHC's Primary Care Physicians' Website (as of 2/28/2017)						
	J. Cohen, M.D.		B. Gordon, M.D.		T. Green, M.D.	
Sunday	11:00 AM	3:30 PM	None Provided		11:00 AM	3:30 PM
Monday	9:00 AM	4:00 PM	None Provided		9:15 AM	4:15 PM
Tuesday	9:00 AM	4:00 PM	None Provided		9:15 AM	4:15 PM
Wednesday	9:00 AM	4:00 PM	None Provided		9:15 AM	4:15 PM
Thursday	9:00 AM	4:00 PM	None Provided		9:15 AM	4:15 PM
Friday	9:00 AM	4:00 PM	None Provided		8:30 AM	2:30 PM
Saturday	None Provided		None Provided		None Provided	
	A. Lempel, M.D.		D. Ogun, M.D.		N. Sokol, M.D.	
Sunday	11:00 AM	3:30 PM	11:00 AM	3:30 PM	11:00 AM	3:30 PM
Monday	9:15 AM	4:15 PM	9:15 AM	4:30 PM	9:15 AM	4:15 PM
Tuesday	9:15 AM	4:15 PM	9:15 AM	4:30 PM	9:15 AM	4:15 PM
Wednesday	9:15 AM	4:15 PM	9:15 AM	4:30 PM	9:15 AM	4:15 PM
Thursday	9:15 AM	4:15 PM	9:15 AM	4:30 PM	9:15 AM	4:15 PM
Friday	8:30 AM	2:30 PM	8:30 AM	2:30 PM	8:30 AM	2:30 PM
Saturday	8:30 AM	2:30 PM	None Provided		None Provided	

The credentialing documents OCIMA provided to UHC and the office hours included by OCIMA on UHC's PCP website together demonstrated that OCIMA's regularly scheduled hours included early mornings, late evenings, and weekends. Thus, based on OCIMA's self-reported information, OCIMA lacked a basis to bill CPT code 99050 during these periods.

The following sections provide further support for OSC's determination that OCIMA's regular office hours included holidays and weekends during the audit period.

3. OCIMA's Office Hours Included Holidays

CPT code 99050 describes services provided in the office at times other than regularly scheduled office hours, or days when the office is normally closed, such as holidays. If a provider's regularly scheduled office hours included holidays, that provider is not entitled to bill and receive payment for services under CPT code 99050. Accordingly, to determine the propriety of OCIMA's claims for services billed and paid under CPT code 99050 on holidays, OSC first ascertained whether OCIMA was regularly open and treated beneficiaries on holidays. To that end, OSC analyzed claims from seven holidays during the audit period: Fourth of July, Labor Day, Thanksgiving Day, Christmas Day, New Year's Day, Easter, and Memorial Day.

As explained in more detail below, from its analysis of OCIMA's schedule, OSC found that OCIMA billed and was paid for claims for services for add-on CPT code 99050 on the majority of the referenced holidays during the audit period. In most cases, more than one OCIMA physician billed under CPT code 99050 and OCIMA practitioners provided

services to multiple beneficiaries on these holidays. This indicated OCIMA held regularly scheduled office hours on these holidays, as opposed to a physician opening or returning to the office to provide service to a beneficiary outside of the office's regularly scheduled hours. Table III below summarizes the number of beneficiaries for whom OCIMA billed CPT code 99050 on seven holidays during the audit period.

Table III

Number of Beneficiaries Treated on Holidays During the Audit Period for CPT Code 99050 Claims				
DATE	HOLIDAY	DAY OF WEEK	NUMBER OF BENEFICIARIES	SERVICING PROVIDERS
July 4, 2011	Fourth of July	Monday	15	Cohen, Lempel, Ogun
July 4, 2012	Fourth of July	Wednesday	18	Cohen, Lempel, Ogun
July 4, 2013	Fourth of July	Thursday	20	Cohen, Gordon, Ogun
July 4, 2014	Fourth of July	Friday	35	Cohen, Gordon, Lempel, Ogun, Sokol
July 4, 2015	Fourth of July	Saturday	0	Note: Beneficiary was seen, but 99050 was not billed.
			88	
September 5, 2011	Labor Day	Monday	13	Cohen, Lempel, Ogun
September 3, 2012	Labor Day	Monday	11	Cohen, Ogun
September 2, 2013	Labor Day	Monday	2	Gordon
September 1, 2014	Labor Day	Monday	29	Cohen, Gordon, Lempel, Ogun
September 7, 2015	Labor Day	Monday	25	Lempel, Ogun
			80	
November 24, 2011	Thanksgiving Day	Thursday	15	Cohen, Lempel, Ogun
November 22, 2012	Thanksgiving Day	Thursday	0	Note: Beneficiaries were seen, but 99050 was not billed.
November 28, 2013	Thanksgiving Day	Thursday	0	Note: Beneficiaries were seen, but 99050 was not billed.
November 27, 2014	Thanksgiving Day	Thursday	17	Cohen, Lempel, Ogun
November 26, 2015	Thanksgiving Day	Thursday	0	Note: Beneficiaries were seen, but 99050 was not billed.
			32	
December 25, 2011	Christmas Day	Sunday	11	Ogun, Sokol
December 25, 2012	Christmas Day	Tuesday	12	Lempel, Ogun, Sokol
December 25, 2013	Christmas Day	Wednesday	27	Gordon, Lempel, Ogun, Sokol
December 25, 2014	Christmas Day	Thursday	15	Lempel, Ogun
December 25, 2015	Christmas Day	Friday	0	Note: Beneficiaries were seen, but 99050 was not billed.
			65	
January 1, 2012	New Year's Day	Sunday	18	Lempel, Sokol
January 1, 2013	New Year's Day	Tuesday	31	Cohen, Lempel, Ogun, Sokol
January 1, 2014	New Year's Day	Wednesday	28	Cohen, Gordon, Lempel, Ogun, Sokol
January 1, 2015	New Year's Day	Thursday	24	Cohen, Lempel
January 1, 2016	New Year's Day	Friday	28	Cohen, Lempel, Ogun
			129	
April 8, 2012	Easter	Sunday	0	Note: No beneficiaries were seen.
March 31, 2013	Easter	Sunday	10	Lempel, Ocean County Internal Medicine
April 20, 2014	Easter	Sunday	8	Ogun
April 5, 2015	Easter	Sunday	0	Note: No beneficiaries were seen.
March 27, 2016	Easter	Sunday	19	Cohen
			37	
May 28, 2012	Memorial Day	Monday	0	Note: No beneficiaries were seen.
May 27, 2013	Memorial Day	Monday	24	Cohen, Gordon, Ogun
May 26, 2014	Memorial Day	Monday	27	Cohen, Gordon, Lempel, Ogun
May 25, 2015	Memorial Day	Monday	0	Note: No beneficiaries were seen.
May 30, 2016	Memorial Day	Monday	7	Cohen, Ogun
			58	
	Total		489	

After analyzing OCIMA's activity on the seven holidays noted above, OSC concluded that OCIMA had regularly scheduled hours on these holidays during the audit period. Accordingly, OCIMA should not have billed and been paid for claims for services under CPT code 99050 during these regularly scheduled hours.

4. OCIMA's Regularly Scheduled Office Hours Included Weekends

To determine whether OCIMA's claims for services billed and paid under CPT code 99050 on Sundays were appropriate, OSC analyzed whether OCIMA was regularly open and treated beneficiaries on Sundays.

OSC's analysis of OCIMA's claims for services billed and paid under CPT code 99050 by day of the week found that OCIMA provided services to a significant number of beneficiaries on a regular basis on Sundays during the audit period. OCIMA billed 3,812 claims for services for CPT code 99050 on 242 of 261 Sundays during the audit period. In other words, OCIMA billed for services provided on approximately 93 percent of the Sundays in the five-year audit period. On average, OCIMA submitted claims for services to approximately 16 beneficiaries per day on the 242 Sundays under CPT code 99050.

Table IV below summarizes CPT code 99050 paid claims by day of the week during the audit period.

Table IV

CPT Code 99050 Paid Claims by Day of the Week					
	Number of Days in Audit Period	Number of Days with 99050 Claims	Number of 99050 Paid Claims	Average Beneficiaries Per Day for 99050 Claims	Total Amount Paid for 99050 Claims
Sunday	261	242	3,812	15.8	\$90,783
Monday	261	234	1,662	7.1	\$39,476
Tuesday	261	224	1,518	6.8	\$36,381
Wednesday	261	232	1,298	5.6	\$30,747
Thursday	261	215	983	4.6	\$22,936
Friday	261	12	84	7.0	\$2,090
Saturday	262	76	409	5.4	\$9,828
Total	1,828	1,235	9,766		\$232,241

After OSC combined the number of Sundays OCIMA submitted claims for services under CPT code 99050 (242 out of 261) with the average number of beneficiaries treated on Sundays and billed under CPT code 99050 (15.8), OSC inescapably concluded that OCIMA held regularly scheduled office hours on Sundays. Accordingly, OCIMA should not have billed and received payment for claims for services under CPT code 99050 on Sundays during the audit period.

In addition to analyzing OCIMA's CPT code 99050 submissions, OSC also evaluated a broader spectrum of OCIMA's claims submissions to more fully assess whether OCIMA held regular office hours on Sundays. Specifically, OSC analyzed the number of days that OCIMA had CPT code 99050 claims as well as the number of days it had evaluation and management claims (E&M) during this same period. From this analysis, OSC found that OCIMA had paid claims for services on 253 out of 261 Sundays in the audit period, which was similar to the number of days that OCIMA had paid claims for Mondays through Fridays. That statistic was consistent with the finding that OCIMA held regular office hours on Sundays. In addition, OCIMA had paid claims for services on approximately 38 percent of the 262 Saturdays in the audit period, which indicated that OCIMA had somewhat regular office hours on Saturdays as well.

Table V below summarizes the number of days with paid CPT code 99050 and E&M claims by day of the week.

Table V

Number of Days with Paid Claims					
	Number of Days with 99050 Claims	Number of Days with E&M Claims	Number of Days with One or More Claims	Number of Days in Audit Period	Number of Days Without Any Claims
Sunday	242	244	253	261	8
Monday	234	251	253	261	8
Tuesday	224	251	251	261	10
Wednesday	232	256	256	261	5
Thursday	215	247	249	261	12
Friday	12	248	251	261	10
Saturday	76	83	100	262	162
Total	1,235	1,580	1,613	1,828	215

OSC also evaluated the number of claims submitted by day of the week in order to compare Sundays with Mondays through Fridays. As shown in Table VI below, OSC found that OCIMA received payment for 14,930 claims for services provided on Sundays, which was more than the number it was paid for Fridays (14,511). Moreover, this analysis showed that of the total of 41,965 E&M claims, OCIMA billed and was paid for 9,766 claims under CPT code 99050, which amounted to 23 percent of the time. In other words, OCIMA received payment for an add-on code that is intended to be used outside of the regular course of business almost one out of every four times it provided E&M services to a Medicaid beneficiary.

Table VI below summarizes paid claims by day of the week.

Table VI

Paid Claims by Day of the Week				
	Number of 99050 Claims Paid	Number of E&M Claims Paid	Number of Other Claims Paid	Number of All Claims Paid
Sunday	3,812	4,164	6,954	14,930
Monday	1,662	8,738	10,374	20,774
Tuesday	1,518	8,332	10,860	20,710
Wednesday	1,298	7,397	9,749	18,444
Thursday	983	6,537	10,494	18,014
Friday	84	6,346	8,081	14,511
Saturday	409	451	4,484	5,344
Total	9,766	41,965	60,996	112,727

The high percentage of beneficiaries treated outside of OCIMA's purported office hours indicated that OCIMA's purported hours do not accurately represent its regularly scheduled office hours. Rather, based on the volume of claims, the services provided in the office during weekends occurred during what must be considered OCIMA's regularly scheduled office hours.

Conclusion

OCIMA submitted and was paid for 9,766 claims totaling \$232,241 for all services billed under CPT code 99050 during the audit period. CPT code 99050 should only be used for services provided outside of regular business hours. From the analyses set forth above, OSC determined that OCIMA's regularly scheduled office hours included early mornings, evenings, weekends, and holidays. Accordingly, OCIMA should not have sought payment for CPT code 99050 claims during these periods.

OSC found that OCIMA incorrectly billed and received payments totaling \$232,241 for 9,766 claims under CPT code 99050 in conjunction with E&M services. OSC seeks to recover the identified overpayment amount of \$232,241 and makes the following recommendations that are designed to ensure that OCIMA's CPT code 99050 billings comply with the AMA CPT requirements in the future.

Recommendations

1. OCIMA must reimburse Medicaid \$232,241 for all claims for services paid from July 1, 2011 through June 30, 2016 under CPT code 99050.
2. OCIMA must immediately discontinue the practice of billing CPT code 99050 during regularly scheduled office hours.

3. OCIMA must provide OSC with a Corrective Action Plan indicating the steps it will take to implement procedures that will ensure proper reporting of CPT code 99050, including the measures it will take to ensure that its staff understands proper billing practices for CPT code 99050.
4. OCIMA must accurately represent an up-to-date listing of its office hours to all interested parties, including but not limited to OSC and applicable MCOs.

OCIMA's Response to the Draft Audit Report and OSC's Comments

After being apprised of the findings above, OCIMA, through counsel, submitted a written response dated March 19, 2018. See Appendix A. OCIMA's objections can be broken into five general points, each of which is discussed below.

1. United Healthcare Community Plan Requested That OCIMA Use CPT Code 99050

OCIMA maintains that United Healthcare Community Plan (UHC) requested that OCIMA offer extended office hours to its Medicaid beneficiaries and bill for office visits during those periods using CPT Code 99050.¹ To support this position, OCIMA cites meetings, discussions, and written communications it had with representatives from UHC. Specifically, OCIMA points to a January 18, 2017 letter from a former UHC employee that OCIMA characterizes as evidence that UHC "directed" OCIMA to use CPT Code 99050 in cases when OCIMA treated beneficiaries outside of its normal, posted office hours. Appendix A, Exhibit D. OCIMA bolsters that claim by pointing to a UHC reimbursement policy that states that after-hour care is reimbursable when it is "required to provide services outside of regular posted office hours. . . ." Appendix A, Page 4. OCIMA notes that UHC "does not specify that the after-hours or weekend care must be occasional, or irregular." *Ibid.*

Notwithstanding OCIMA's claims regarding the guidance it received from UHC, OCIMA failed to demonstrate that any such directives were provided, and when guidance was provided, OCIMA failed to provide OSC with the full context for such guidance. OSC contacted UHC's Compliance Officer who stated that based upon the information available, "United has not been able to verify any guidance was provided to OCIMA regarding the use/inclusion of certain Current Procedural Terminology ('CPT') Codes for billing for covered services." UHC's Compliance Officer did refer to a meeting related to discussions around emergency room reduction and advised, "[a]t this meeting, a number of Codes were discussed; however at no time was there a hard directive on which Codes

¹ OCIMA also states that Amerigroup requested that OCIMA "make extended office hours available, and also indicated that code 99050 could be used for those visits." Appendix A, Page 4. OSC notes that OCIMA's purported office hours in correspondence with Amerigroup do not accurately reflect its regularly scheduled office hours. Nevertheless, the email correspondence from Amerigroup, see Appendix A, Exhibit F, was prospective advice and outside of OSC's audit period. Accordingly, that argument does not affect the findings in this audit.

to use and when to use them.” Appendix B. Similarly, OSC obtained additional relevant emails from UHC regarding its communications with OCIMA, which provided context for UHC’s guidance to OCIMA, that OCIMA neglected to include in its response letter. For example, in an email dated March 19, 2018, to OCIMA’s Quality Improvement Specialist, UHC’s Senior Provider Advocate stated the following:

I wanted to reiterate some scenarios that you may see in your office due to scheduling. In cases where you have visits that may be scheduled for the day that runs over through evening hours (technically after the posted office hours), **the visits would not be considered eligible for afterhours; as they were scheduled visits for your patients that ran over.** Also, if the practice does not close, if you continue seeing patients throughout your normal business day and after hours that would not be considered eligible as you never closed your practice, and just continued seeing patients. If you need further clarification we can discuss further if you like; but the After Hours scenario loans itself to meaning after the practice is technically closed and the provider returns back to the office to see an unscheduled patient in an acute/urgent visit. That is my interpretation. I just wanted to make sure we are on the same page.

[Appendix C.]

Additionally, in an email dated March 20, 2018, UHC’s Senior Provider Advocate advised OCIMA’s Quality Improvement Specialist of the following:

However, my e-mail was intended to provide additional information and reiterating what we discussed as there are so many scenarios that may apply to this policy. I conferred internally with my Director [Provider Relations] and he mentioned the scenario that I described below. I want to provide as much support as possible in helping you administer the coding correctly. That is our interpretation of the policy. There is an expectation that the After Hours Policy is being applied after the office is closed for its routine business; meaning services are being provided “after normal business hours” and it’s not an extension of normal business hours. These services are being rendered to members that have acute/urgent conditions, that would have otherwise been treated in an emergency room. I hope this is helpful.

[*Ibid.*]

The guidance offered by UHC above is consistent with the CPT guidelines as applied by OSC in this audit. OCIMA’s argument to the contrary is without merit because OCIMA is misrepresenting UHC’s position. Specifically, UHC’s explanation of how and when to use CPT code 99050 comports with the AMA CPT code description for CPT code 99050, the AMA CPT Assistant guidance provided for CPT code 99050 usage (August 2010 – Volume 20: Issue 8 and August 2006 – Volume 16: Issue 8), and the criteria OSC applied throughout this audit. OCIMA has also not provided any credible documentation to

support its position that UHC condoned OCIMA's use of CPT code 99050, much less directed OCIMA's billing of CPT code 99050.

OCIMA's argument that UHC's policy does not require after-hours to be "occasional, or irregular," *see* Appendix A, Page 4, defies logic. CPT code 99050 by definition is an add-on code; thus, the volume of billing for this code should reflect an exception-based code. Accordingly, based on the high volume and frequency of OCIMA's billing of CPT code 99050, OSC determined that these claims were improperly billed.

2. The Posted Office Hours OSC Uses in this Audit are Incorrect

OCIMA states that the office hours listed within the Draft Audit Report which reference the office hours listed on the UHC website are "completely inaccurate." Appendix A, Page 2. OCIMA further states that the UHC website "lists a completely different array of hours for physicians in the Practice than the hours which are listed on the office door of the Practice office, and which are in fact maintained by OCIMA as its regular office hours." *Id.*

According to UHC, when providers join its network, providers are initially responsible for submitting credentialing documents, including their office hours. OSC also has been advised by UHC that providers have the ability to update their demographic information, including office hours, in real time, through UHC's Provider Portal. Appendix B. OCIMA stated that it tried to revise the office hours listed on UHC's PCP website in March 2018 but was unable to make the changes. This issue does not affect the findings in OSC's audit because OCIMA's effort to change its office hours on UHC's PCP website occurred outside the audit period.

OCIMA is responsible for ensuring that its physicians' regularly scheduled office hours are properly reflected on UHC's PCP website. Medicaid beneficiaries rely on the information posted on each MCO's website when choosing a physician or practice, and the Medicaid program oversight staff rely on the information to determine whether each MCO is providing sufficient access to care. The fact that OCIMA only recently attempted to revise its practice's and physicians' regularly scheduled office hours does not change the fact that the information cited by OSC accurately reflected the hours listed during the audit period. In addition, contrary to OCIMA's representations, OSC is aware that the office hours reflected on OCIMA's entrance door, *see* Appendix A, Exhibit C, were revised after the audit period during the pendency of this audit. Appendix D. Because this change took place after the audit period, it does not affect the findings in OSC's audit.

3. OSC's Statistical Analysis of OCIMA's Use of CPT Code 99050 is Flawed

OCIMA questions the analysis provided in Table III ("Number of Beneficiaries Treated on Holidays During the Audit Period for CPT Code 99050 Claims"), noting that "in the case of each holiday, there were zero (or two) patients seen on certain of the dates listed," and "during calendar year 2015, code 99050 was only billed on two of the seven holidays reviewed." Appendix A, Page 5. OCIMA further states that if the office was open on a regular basis on holidays, OCIMA would have seen beneficiaries on every holiday.

OCIMA's assertions with respect to Table III are without merit. Table III simply identified the number of claims where OCIMA included the add-on CPT code 99050 when the claims for payment were submitted to Medicaid on each holiday listed, not the number of Medicaid beneficiaries seen. Of the 35 holidays listed in Table III, all holidays had billings for evaluation and management (E&M) claims or CPT code 99050 claims on all secular holidays except for four that coincided with religious holidays. That factual backdrop supports OSC's conclusion that these visits constituted "regularly scheduled" office visits.

OCIMA's claim that OSC's analysis in Table VI ("Paid Claims by Day of the Week") "undercuts the validity of the findings" is also misplaced. *Ibid.* In support, OCIMA points out that the number of CPT code 99050 claims represents "a very small percentage of the total number of all claims paid for patients seen in the offices of OCIMA for the period under review." *Ibid.* OCIMA's effort to compare CPT code 99050 claims to the total number of all claims paid does not affect the findings in OSC's audit. CPT code 99050 may be billed in addition to an E&M code, which is a basic service code, and cannot be billed alone. Accordingly, the appropriate comparison as explained in the Draft Audit Report indicates that of the 41,965 E&M claims, OCIMA billed and was paid for 9,766 claims under CPT code 99050, which amounts to 23 percent of the time or nearly one of every four office visits. The high percentage represents an anomaly. In other words, in 23 percent of its E&M claims, OCIMA billed and received payment for an add-on code that can only be used outside the regular course of business. That leads OSC to question how an after-hour add-on code can be found in almost a quarter of OCIMA's E&M claims. It should be further noted that OSC's analyses throughout this report represent only billings for Medicaid beneficiaries, which OCIMA claims are about 30 percent of its business. Therefore, one can safely conclude that there were many other non-Medicaid beneficiaries seen early mornings, evenings, weekends, and holidays during the audit period.

In sum, OSC stands by its conclusion that the high volume and frequency of CPT code 99050 billings for Medicaid beneficiaries treated outside of OCIMA's alleged regular office hours further demonstrates that these services were, in fact, provided during OCIMA's regular office hours.

4. OCIMA Claims That Disallowing All CPT Code 99050 Submissions is Unreasonable

OCIMA maintains that disallowing all of the CPT code 99050 claims submitted during the audit period is "arbitrary, capricious, and unreasonable." Appendix A, Page 6. In support, OCIMA states that OSC failed to review the nature of the beneficiary visits that formed the basis for these 99050 claims and, thus, failed to determine that these visits were of a "non-routine nature" for which "immediate care was needed." *Id.* According to OCIMA, because these visits were for emergent services and UHC had advised that OCIMA should use CPT code 99050 to provide this type of care in order to avoid emergency room visits, OSC is penalizing OCIMA for decreasing healthcare costs and following the dictates of an MCO. Additionally, OCIMA claims paying back Medicaid \$232,241 "would impose a serious financial hardship" and may force OCIMA "to lay off

staff, curtail its hours significantly, or end all after hours services and direct patients to the local emergency room.” *Id.*

OSC did not review the underlying medical basis for OCIMA’s use of CPT code 99050 because that is not relevant to the question of whether OCIMA’s use of that code was proper. Rather, the operative question in deciding whether OCIMA’s use of code 99050 was appropriate is whether the service was provided outside of OCIMA’s regularly scheduled office hours. For all CPT code 99050 claims that are the subject of this audit, OSC offered OCIMA the opportunity to demonstrate that the services were provided outside of OCIMA’s regularly scheduled office hours. OCIMA, however, declined to provide any such support. Without any support to show that a given CPT code 99050 claim was provided outside of OCIMA’s regularly scheduled office hours (*e.g.*, records showing that a certain claim for a certain beneficiary was provided at 2 a.m. on a certain date), OSC is not in a position to remove any of the CPT code 99050 claims from its universe of improper claims for which OSC is seeking a recovery. With regard to OCIMA’s claim that repaying Medicaid would impose a financial hardship, OSC notes the following. First, with the amount at issue, \$232,241, representing less than 10 percent of OCIMA’s Medicaid claims paid during the audit period, \$3,545,930, *see* Appendix E, and given OCIMA’s stated approximation that Medicaid constitutes just 30 percent of its business, the notion that such a small portion of OCIMA’s total claims during this period would constitute a financial hardship is dubious. Second, OCIMA did not provide any evidence to support this claim.

5. OCIMA Claims that OSC’s Position Conflicts with Federal Guidance

Finally, OCIMA states that “the position taken by the Medicaid Fraud Division conflicts with written policy guidance issued by the federal Medicare program (CMS), which allows physician practices to keep performance based incentive payments based on how the level of emergency room utilization for their beneficiaries compares to other practitioners.” Appendix A, Page 2. OCIMA claims that UHC awarded OCIMA a \$100,000 bonus in recognition of the cost savings that OCIMA achieved by accepting beneficiaries outside of regularly posted office hours and thereby reducing emergency room visits. Appendix A, Pages 1-2. OSC finds that this bonus is not in any way connected to OCIMA billing CPT code 99050. The utilization of CPT code 99050 is not a performance-based incentive payment. Rather, it is an after-hour add-on code that provides additional payment for claims associated with E&M services provided to beneficiaries outside of a provider’s regular hours of business. Therefore, the argument that OCIMA should be allowed to keep performance-based incentive payments is erroneously being applied to payment for CPT code 99050.

After carefully reviewing each of OCIMA’s arguments, OSC finds no basis to alter OSC’s audit finding or recommendations. OCIMA has discontinued the practice of billing CPT code 99050 during regularly scheduled office hours, but it has yet to comply with three of the four recommendations in this report. Accordingly, OCIMA must reimburse Medicaid \$232,241, provide OSC with a Corrective Action Plan, and accurately reflect its regularly scheduled office hours.

Thank you for your attention to this matter.

Sincerely,

PHILIP JAMES DEGNAN
STATE COMPTROLLER

By:



Josh Lichtblau, Director
Medicaid Fraud Division

cc: Elizabeth Christian, Esq. (Giordano, Halleran & Ciesla, P.C.)
Kay Ehrenkrantz, Deputy Director (OSC – Medicaid Fraud Division)
Don Catinello, Supervising Regulatory Officer (OSC – Medicaid Fraud Division)
Glenn Geib, Recovery Supervisor (OSC – Medicaid Fraud Division)

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SUITE 300
RED BANK, NJ 07701
(732) 741-3900
FAX: (732) 224-6599

March 19, 2018

Client/Matter No. 21182-0001

VIA EMAIL [REDACTED] & FEDERAL EXPRESS

Audit Supervisor, Medicaid Fraud Division
20W. State Street 4th Floor
Office of the State Comptroller
P.O. Box 024
Trenton, New Jersey 08625-0024

Re: Ocean County Internal Medicine Associates

Dear Mr. [REDACTED]:

I am writing in response to the draft audit report which you provided to Ocean County Internal Medicine Associates, P.C. ("OCIMA" or the "Practice") in connection with the use of CPT Code 99050 by OCIMA to bill for after-hours, weekend and holiday care. The draft audit report asserts that OCIMA utilized CPT Code 99050 during regular office hours, instead of limiting its use of the code to services rendered when the office is ordinarily closed during evenings, weekends and holidays. For the reasons set forth below, our client disputes the findings set forth in the audit report.

First of all, a little background is in order. The community of Lakewood, New Jersey, where the Practice offices are located, is a community with both a high number of Medicaid beneficiaries, and a high level of emergency room utilization at the hospital located in Lakewood (Monmouth Medical Center South, formerly Kimball Medical Center). As a provider participating in the Medicaid managed care plan known as United Healthcare Community Plan ("UHCP"), I have been advised that our client attended a number of meetings with representatives of that Medicaid managed care plan (including, but not limited to, meetings with a UHCP Medical Director). I have been advised by our client that UHCP representatives requested that OCIMA provide availability on an as-needed basis outside of their regular posted office hours in order to reduce the volume of emergency room visits for UHCP beneficiaries residing in Lakewood, since emergency department rates are substantially higher than the rates paid for services rendered by physicians in private medical practice. In fact, I have been advised that in calendar year 2016, UHCP awarded OCIMA a bonus of \$100,000 in recognition of the

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fact that OCIMA saved UHCP over \$600,000 by managing the entire cost of care for UHCP members, which includes helping to keep patients out of the emergency room. These cost savings inured to the benefit of both UHCP and the State Medicaid program. It would be inappropriate to penalize our client for the utilization of CPT code 99050 when our client agreed, at the direct request of UHCP, to accept patients outside of OCIMA's regularly posted office hours in order to reduce emergency room visits and Medicaid costs. Furthermore, the position taken by the Medicaid Fraud Division conflicts with written policy guidance issued by the federal Medicare program (CMS), which allows physician practices to keep performance based incentive payments based on how the level of emergency room utilization for their patients compares to other practitioners. An excerpt from the Medicare policy guidance is attached as Exhibit A.

I have been advised by our client that the office hours listed within the draft audit report, which references the office hours which are listed on the UHCP website, are completely inaccurate. First of all, Dr. [REDACTED] was a part-time physician who was close to retirement. Our client has advised me that he worked on a part-time, as-needed basis for approximately 6 hours per week, and has not practiced at OCIMA's office since the end of 2015. Notwithstanding this, UHCP still lists him as an OCIMA physician on its website, even though OCIMA has advised UHCP of Dr. [REDACTED]'s retirement. With regard to the other practitioners, I have attached a copy of the CAQH provider data summary which was prepared by our client and was accessible by UHCP to ascertain the hours worked by OCIMA physicians. The CAQH submissions which are updated by OCIMA are attached hereto as Exhibit B. As you can see, Dr. [REDACTED] had office hours Monday through Friday from 9:30 a.m. to 4:30 p.m. and did not have office hours on Saturday and Sunday. Drs. [REDACTED] and [REDACTED] had the same daytime office hours as Dr. [REDACTED], and also did not list any office hours for Saturday or Sunday. In addition, as can be seen by the photograph attached as Exhibit C, the hours posted on our client's office door clearly indicate that their regular office hours are Monday through Friday from 9:30 a.m. to 4:30 p.m. The office door clearly indicates that the office is closed Saturday, Sunday and holidays, but that urgent and emergent care is available. Our client's regularly posted office hours are the hours listed on its front door. The fact that the United Healthcare website is completely inaccurate can be seen by the fact that Dr. [REDACTED] is currently listed as a physician who provides services through the Practice, when in fact Dr. [REDACTED] has not provided physician services through our client's Practice since the end of December 2015. Furthermore, the UHCP website lists a completely different array of hours for physicians in the Practice than the hours which are listed on the office door of the Practice office, and which are in fact maintained by OCIMA as its regular office hours.

Our client has tried to revise the office hours listed for OCIMA physicians on the UHCP website, but has been unable to make those changes. I was advised that employees of our client have reached out to [REDACTED], their current UHCP representative, to ask how to effectuate a change in the posted hours on the UHCP website. Mr. [REDACTED] instructed our client to do so by email and to copy [REDACTED], Director of Provider Relations for UHCP. Mr. [REDACTED] indicated

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that Mr. [REDACTED] would probably want to be copied on the email, since "he was aware that the information does not usually end up being corrected."

It is my understanding that a field auditor who reviewed claims submitted by our client called our client's office and asked the person answering the telephone if the office was open. The individual in question indicated that the office was open as a result of the fact that at the time of the call on that particular date, the doctors had extended their workday to see patients who had requested to be seen after regularly scheduled office hours. If the auditor asking the question had requested information regarding the regular office hours maintained by the Practice, she would have been advised of OCIMA's regularly scheduled hours, and that patients are seen after hours if urgent care is needed. Our client maintains an on-call and back-up on-call list for after hours care. Physicians only extend their hours or come in on a day when they would not normally have office hours if there is a need to do so.

Attached as Exhibit D is a letter from [REDACTED], who formerly worked as the Manager of Network Operations for UHCP. Mr. [REDACTED] indicated that he was present at a number of meetings over the years with OCIMA staff members, including the physicians, [REDACTED] (as well as other OCIMA administrative staff), and Dr. [REDACTED], the Medical Director of United Healthcare. As Mr. [REDACTED] indicates, the Practice was asked by UHCP to assist in keeping UHCP patients out of the hospital by seeing more patients in the office. The Practice was directed by the Medical Director to use Code 99050 in cases when patients were seen outside of their normal posted office hours. Mr. [REDACTED] also indicates that over the years, the Practice requested verification from UHCP as to whether the usage of Code 99050 was correct, and also asked if OCIMA should continue utilizing the code. Mr. [REDACTED] indicated that he was present at meetings where the UHCP's Medical Director told the Practice representatives very clearly that they should continue seeing patients after hours and should use Code 99050 to bill for their services after hours, even if their addition of office hours outside of their posted office hours occurred on a consistent, ongoing basis. Mr. [REDACTED] also specified that UHCP's Medical Director agreed to a request by the Practice to be informed in writing if there were any changes to the policy.

It is my understanding that Mr. [REDACTED] is now retired and is no longer working for UHCP. However, his report of the substance of the meetings between our client and UHCP's Medical Director should be accepted by the Medicaid Fraud Division as evidence that OCIMA was repeatedly advised by UHCP of the propriety of using Code 99050 for after hours care, even if the office was opened on an ongoing basis to provide services to patients after OCIMA's regularly posted hours had ended. It is my understanding from speaking with our client that Mr. [REDACTED] did not put the letter on letterhead because he was not in the office when he was asked to provide the document to our client. I have attached a listing from the New Jersey Medical Society's website showing that Mr. [REDACTED] was in fact employed by UHCP as a provider relations specialist. The fact that our client repeatedly requested verification from UHCP regarding the

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appropriate use of code 99050 demonstrates that it has always been the intention of our client to bill appropriately and in compliance with all applicable requirements.

It appears that the Medicaid Fraud Division has ignored the published After Hours and Weekend Care reimbursement policy issued by UHCP, which I have attached as Exhibit E. The policy clearly states that “after hours or weekend care is reimbursable, within limitations, when an individual physician or other health care professional is required to provide services outside of regular posted office hours to treat a patient’s urgent illness or condition. (emphasis supplied). Notably, the policy does not specify that the after-hours or weekend care must be occasional, or irregular. It also does not specify that the code may not be utilized if a physician extends their regular office hours during the day in order to see patients with urgent illnesses or emergency conditions. In addition, the policy does not state that a physician has to leave the office at the end of their work day, return home, and then return to the office later on in response to a patient request in order to bill code 99050. In addition, I have also attached as part of Exhibit E a recent e-mail sent to our client- [REDACTED] by [REDACTED] of UHCP. That e-mail also confirms that CPT Code 99050 may be used for “Services provided in the office at times other than regularly scheduled office hours, or days when the office is normally closed (eg, holidays, Saturday or Sunday), in addition to basic service”. Since the payor of record in this case was UHCP, our client was entitled to rely on the posted written policy of UHCP, which does not contain any of the limitations regarding the use of CPT Code 99050 that are suggested in the draft audit report. The reference in the draft audit report to a 2006 version of “CPT Assistant” is misplaced, since the payor at issue here (UCHP) was entitled to set its own policy regarding the use of Code 99050, which our client was entitled to rely upon. While the Medicaid Fraud Division indicates that it relied in part upon UHCP “guidance,” that guidance was not attached to the draft audit report (or any prior correspondence sent to our client). The Medicaid Fraud Division should not be entitled to rely on unpublished “guidance” in assessing an overpayment.

I have also attached as part of Exhibit B correction sheets submitted by our client to AmeriChoice in order to correct incorrect Practice hours of operation advertised by AmeriChoice.

It appears that our client is caught up in a difference of interpretation between the Medicaid Managed Care organizations, which provide one set of advice, with the Medicaid Fraud Division taking a different position than their contracted managed care payors. Our client should not be penalized for these differences in interpretation. If the Medicaid Fraud Division

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disagrees with the interpretation disseminated by its contracted Medicaid MCO providers regarding the issue of when Code 99050 should and should not be used, it should work with the Medicaid MCOs to disseminate consistent advice so that providers are on notice regarding the Medicaid program's position regarding use of this code.

Table III contained in the draft audit lists holidays for which OCIMA's office was open. However, please note that in the case of each holiday, there were zero (or two) patients seen on certain of the dates listed. In addition, during calendar year 2015, code 99050 was only billed on two of the seven holidays reviewed. This belies the assertion of the Medicaid Fraud Division that the office is open on a regular basis on holidays. If this were the case, then the Practice would have seen patients on every holiday.

In addition, an analysis of the percentage of patients seen pursuant to a review of Table VI contained in the draft audit report (entitled "Paid Claims by Days of the Week") shows that the number of 99050 claims are actually a very small percentage of the total number of all claims paid for patients seen in the offices of OCIMA for the period under review. On Monday through Friday, the number of 99050 claims paid as a percentage of all claims paid is less than 10% in all cases. Claims for visits on Saturdays are very low, with only 84 claims billed using code 99050 over a 5 year period. There is a higher percentage of 99050 claims paid on Sunday, a date when the office is not regularly open on a weekly basis.

In addition, I have been advised by our client that Lakewood has two federally qualified health centers, one of which did not have weekend hours during the time period of the audit, and whose patients called OCIMA to be seen outside of regularly posted hours.

The whole point of having Code 99050 available as an add-on code is to compensate a physician practice for the additional costs incurred by the Practice when the Practice keeps its office open later, or opens on weekends and holidays, and has to incur additional costs that would not otherwise be paid if the office were not opened. The Practice incurred additional utility, salary, supply and other costs by opening outside of its regular hours. Our client has advised me that they incurred additional office expenses estimated at approximately \$~~6,100,000~~ for the period July 1, 2011 through June 1, 2016 by virtue of opening outside of normal business hours. This is a significant additional expense.

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The disallowance by the Medicaid Fraud Division of all of the 99050 claims submitted by our client is arbitrary, capricious, and unreasonable. It is apparent that the Medicaid Fraud Division did not take the time or trouble to review the nature of the patient visits that caused our client to have to extend its office hours and open on holidays and on weekends. Indeed, our client was advised by a UHCP representative that although hundreds of patient records were submitted by our client to UHCP for review at UHCP's request, UHCP has indicated that they were never reviewed by UHCP. In addition, our client was advised by the field auditor assigned to review this matter that she also did not review the patient records submitted by our client to UHCP. Instead, our client was asked to provide the first 60 names from a list of thousands of patient names, together with the dates that the 60 patients made appointments to be seen and the dates they were seen. I have been advised by our client that if the field auditor had reviewed the medical records, she would have seen that all of the visits in question were of a non-routine nature, and did not involve physicals, fitness for duty exams, surgical clearances or other routine appointments. I have been advised by our client that the Medicaid Fraud Division has not reviewed any medical records to determine whether or not the visits billed using code 99050 were for services for which immediate care was needed. This severely undercuts the validity of the audit findings. The draft audit report also completely ignores the underlying reason for the original request by UHCP that the office open for extended hours when needed: in order to alleviate emergency room volumes at the local hospital. There is a significant issue created here by the fact that UHCP provided our client with one set of directions, while the Medicaid Fraud Division is providing a completely different set of directions after care has already been provided. Our client should not be penalized for the inconsistency in interpretation between the State Medicaid agency and UHCP, particularly when the net result of our client's acceptance of after-hours patients was to decrease costs to UHCP and the State Medicaid program by keeping patients out of the emergency room and thereby avoiding the resultant higher costs of emergency room visits.

It is also not clear to our client why the Medicaid Fraud Division waited almost six years after July 1, 2011 to notify our client of a determination that our client should not use code 99050. Had the Medicaid Fraud Division's position been communicated to our client earlier, our client would undoubtedly be looking at a much smaller potential overpayment than the \$232,241.00 at issue now.

Requiring our client to pay back over \$200,000 would impose a serious financial hardship upon our client, and may force our client to lay off staff, curtail its hours significantly, or end all after hours services and direct patients to the local emergency room. Given the fact that our client extended its hours as an accommodation to UHCP, it would be a significant injustice to impose this huge overpayment repayment obligation upon our client. We would ask that the Medicaid Fraud Division reconsider its request for repayment of the overpayment. Any application of the Medicaid Fraud Division's current policy regarding the use of code 99050 should be prospective only.

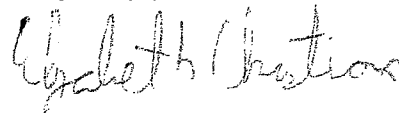
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Our client is willing to enter into a Corrective Action Plan in order to avoid any further misunderstandings between OCIMA, UHCP and the Medicaid Fraud Division regarding the usage of CPT Code 99050. In fact, our client voluntarily discontinued usage of Code 99050 as of August 15, 2016, and has directed all of its staff members not to utilize this code even for emergency and urgent after hours visits. Our client does not utilize an outside billing service. As its Corrective Action Plan, our client will voluntarily agree not to submit any claims utilizing Code 99050 unless our client obtains written authorization from the Medicaid managed care organization and submits that written authorization to the Medicaid Fraud Division for review and approval. In August 2016, all employees were notified that regardless of what may have been told to them during prior visits with a third party payor, and notwithstanding any written guidance in the UHCP manual, Code 99050 should not be used under any circumstance unless and until further clarification is received from the Medicaid managed care organization and the State of New Jersey regarding the appropriate use of that code. Please note that the Practice will continue to open after its regularly posted hours, as well as on weekends and holidays, if there is a need for patients to be seen for urgent or emergent medical needs.

Pursuant to the requirement set forth in the audit letter, the Practice posted its regular office hours, policy regarding the extension of its hours, and an explanation of the type of services which will not be provided after hours in its office. A copy of the notice posted in OCIMA's office is attached as Exhibit G. In addition, per the Medicaid Fraud Division's request, the OCIMA after hours policy is attached as Exhibit H. The policy clearly states that visits for routine services such as routine physicals, sports and school physicals, medical clearance for surgery, fitness for duty evaluations, and routine immunizations will not be seen outside of OCIMA's regular weekday office hours.

Very truly yours,



ELIZABETH CHRISTIAN

EC:nk

Enclosures

Docs #3103196-v4

A

EXHIBIT A HAS BEEN REDACTED

B

Tax Information :Practice Name as it appears on
the W-9 :

Tax ID :

Type of Tax ID :

Group

Is this the primary Tax ID for
this practice location?

Yes

Group Name :

OCEAN COUNTY INTERNAL
MEDICINE ASSO**Network Denial :**

Have you closed your practice to any plans or programs ?

Office Hours :

Monday

Start Time :

9:30 AM

End Time

4:30 PM

Tuesday

Start Time :

9:30 AM

End Time :

4:30 PM

Wednesday

Start Time :

9:30 AM

End Time :

4:30 PM

Thursday

Start Time :

9:30 AM

End Time :

4:30 PM

Friday

Start Time :

9:30 AM

End Time :

4:30 PM

Saturday

Start Time :

End Time :

Sunday

Start Time :

None

End Time :

None

Patients :Do you accept new patients
into the practice?

Yes

Accept existing patients with
change of payor?

Yes

Accept all new patients?

Yes

Accept new Medicare patients?

Yes

Accept new Medicaid patients?

Yes

Practice Name as it appear
the W-9 :

Tax ID :



Type of Tax ID :

Group

Is this the primary Tax ID for
this practice location?

Yes

Group Name :

OCEAN COUNTY INTERNAL
MEDICINE

Network Denial :

Have you closed your practice to any plans or programs ?

Office Hours :

Monday

Start Time :

9:30 AM

End Time :

4:30 PM

Tuesday

Start Time :

9:30 AM

End Time :

4:30 PM

Wednesday

Start Time :

9:30 AM

End Time :

4:30 PM

Thursday

Start Time :

9:30 AM

End Time :

4:30 PM

Friday

Start Time :

9:30 AM

End Time :

4:30 PM

Saturday

Start Time :

End Time :

Sunday

Start Time :

None

End Time :

None

Patients :

Do you accept new patients
into the practice?

Yes

Accept existing patients with
change of payor?

Yes

Accept all new patients?

Yes

Accept new Medicare patients?

Yes

Accept new Medicaid patients?

Yes

Accept new patients from
physician referral?

Yes

Street 2

Country

United States

City

LAKE WOOD

State

NJ

County

Province

Zip Code :

08701-5641

Email Address

Can general correspondence
be sent to this location?

Yes

Practice Location Website

Mailing Address :

Street1 :

Street2

City :

State :

County :

Province :

Country :

Zip Code :

Type of Practice :

Single Specialty Group

Do you have an organization
(Type 2) NPI?

Yes

Organization (Type 2) NPI :

Group Medicaid Number

Group Medicare Number :

Phone Numbers :

Office Phone Number :

732-870-5100

Phone Extention :

Fax Number :

732-891-0040

Back Office Phone Number:

Phone Coverage :Does this location provide
24hour/7day a week phone
coverage?:

Yes

Phone Coverage Type :

Answering Service

Tax Information :Practice Name as it appears on
the W-9 :Ocean County Internal
Medicine Associates

Tax ID :

Type of Tax ID :

Group

Is this the primary Tax ID for
this practice location?

Yes

Group Name :

OCEAN COUNTY INTERNAL
MEDICINE**Network Denial :**

Have you closed your practice to any plans or programs ?

Office Hours :

Monday

Start Time :	9:30 AM	End Time :	4:30 PM
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Tuesday

Start Time :	9:30 AM	End Time :	4:30 PM
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Wednesday

Start Time :	9:30 AM	End Time :	4:30 PM
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Thursday

Start Time :	9:30 AM	End Time :	4:30 PM
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Friday

Start Time :	9:30 AM	End Time :	4:30 PM
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Saturday

Start Time :		End Time :	
---------------------	--	-------------------	--

Sunday

Start Time :	None	End Time :	None
---------------------	------	-------------------	------

Patients :

Do you accept new patients into the practice?	Yes
---	-----

Accept existing patients with change of payor?	Yes
--	-----

Accept all new patients?	Yes
--------------------------	-----

Accept new Medicare patients?	Yes
-------------------------------	-----

Accept new Medicaid patients?	Yes
-------------------------------	-----

Accept new patients from physician referral?	Yes
--	-----

Under what circumstances do you accept referrals? (i.e., letter from another physician, etc.

What questions should we ask a patient, to help determine the appropriateness of the referral?

Does this information vary by health plan ?	Yes
---	-----

If Yes, please provide explanation below :

WE DO NOT ACCEPT MEDICARE OR MEDICAID ASSIGNMENT. Evening & Weekend urgent care available

Colleagues :

Do you have any Partners/Associate at this location ?	Yes
---	-----

Partners/Associates :

April 28, 2010

**PROVIDER DATA VERIFICATION
IMPORTANT RESPONSE REQUIRED**

In re: Provider ID: 91001650801

AmeriChoice of New Jersey is updating their files and requests your assistance in verifying information for the practitioner listed below. Please provide any missing information. If any of the information below is incorrect, please cross out and write in the corrected information. If the provider no longer works at your facility, please indicate and return as soon as possible. Once you have completed your review please return this fax to (toll free) 888-450-9617 within 5 days of receipt. Thank you in advance for your timely attention to our request. Please verify the following:

☐ Physician no longer at this location ☐ Can you provide a forwarding address:

☐ Physician does not participate with AmeriChoice ☐ Physician no longer with the practice

OCEAN COUNTY INTERNAL MEDICINE 1352 RIVER AVE LAKEWOOD, NJ 08701 OCEAN Correct? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Billing address: OCEAN CTY INT MEDICINE ASSOC 1352 RIVER AVE LAKEWOOD, NJ 08701 Correct? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		148
Does Practitioner have an additional office within OCEAN County? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, please provide address, phone & fax for additional location. Address: _____ Phone: _____ Fax: _____		Do providers in this office serve members with special needs: Developmental Disabilities? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Aged/Elderly? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No HIV/AIDS? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
Phone Number: 7323705100 Correct? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Fax Number: 7329019240 Correct? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Hospital privileges: KIMBALL MED CTR-ST BARNABAS HS Correct? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA		
Tax ID Number: [REDACTED] Correct? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No, If Tax ID is NOT correct, please fax corrected W9 to 866-943-0517		National Provider Identification Number: [REDACTED] Correct? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
Is the practitioner accepting new patients at this time? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Number of additional practitioners within the office: 5		
Specialty: INTERNAL MEDICINE Correct? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Board Certified? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No 3 Primary languages spoken within the office other than English: <u>Spanish</u>		Does your office have additional clinical support staff? <input type="checkbox"/> Yes <input type="checkbox"/> No If so, please indicate what type of support staff your office employs:		
Is your office handicap accessible? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Can members easily access your office using public transportation? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Office Hours: M8:30-10, T8:30-10, W8:30-10, Th8:30-10, F8:30-5, Correct? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Are there any special instructions for members, such as special days/times for blood draws, routine blood pressure checks, diabetic education, immunizations, etc.? <input checked="" type="checkbox"/> Yes-explain: _____ Do you perform lead screenings in your office? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, are you using the filter paper method (MedTox)? <input type="checkbox"/> Yes <input type="checkbox"/> No				

April 2010

PROVIDER DATA

April 28, 2010

IMPORTANT RESPONSE REQUEST

In re: Provider ID: 91002383700

AmeriChoice of New Jersey is updating their files and requests your assistance in verifying information. Provide any missing information. If any of the information below is incorrect, please cross out and write in the correct information. no longer works at your facility, please indicate and return as soon as possible. Once you have completed your review, please return this form to (toll free) 888-450-9617 within 5 days of receipt. Thank you in advance for your timely attention to our request. Please verify the following:

☐ Physician no longer at this location ☐ Can you provide a forwarding address:
☐ Physician does not participate with AmeriChoice ☐ Physician no longer with the practice

<p>OCEAN COUNTY INTERNAL MED 1352 RIVER AVE LAKEWOOD, NJ 08701 OCEAN Correct? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>Billing address: OCEAN COUNTY INTERNAL MED 1352 RIVER AVE LAKEWOOD, NJ 08701 Correct? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>56</p>
<p>Does Practitioner have an additional office within OCEAN County? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, please provide address, phone & fax for additional location. Address: Phone:</p>	<p>Do providers in this office serve members with special needs: Developmental Disabilities? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Aged/Elderly? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No HIV/AIDS? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>	
<p>Phone Number: 7323705100 Correct? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Fax Number: 7329019240 Correct? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Tax ID Number: 23-3333333 Correct? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No, if Tax ID is NOT correct, please fax corrected W9 to 866-943-0517</p>	<p>Hospital privileges: KIMBALL MED CTR-ST BARNABAS HS Correct? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA</p>	
<p>Is the practitioner accepting new patients at this time? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>National Provider Identification Number: [REDACTED] Correct? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>	
<p>Specialty: INTERNAL MEDICINE Correct? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Board Certified? <input type="checkbox"/> Yes <input type="checkbox"/> No 3 Primary languages spoken within the office other than English: <u>French, Spanish, Vietnamese</u> Is your office handicap accessible? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>Number of additional practitioners within the office: Does your office have additional clinical support staff? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If so, please indicate what type of support staff your office employs:</p>	
<p>Can members easily access your office using public transportation? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Are there any special instructions for members, such as special days/times for blood draws, routine blood pressure checks, diabetic education, immunizations, etc.? <input type="checkbox"/> Yes-explain: <input type="checkbox"/> No Do you perform lead screenings in your office? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, are you using the filter paper method (MedTox)? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>Office Hours: M9-8, T9-8, W9-8, Th9-8, F9-3, Su10-3 Correct? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>	<p>W-9-1</p>

April 2010

C

**OCEAN COUNTY
INTERNAL MEDICINE
ASSOCIATES, P.C.**

MD
MD
MD
MD

MONDAY - FRIDAY 9:30AM - 4:30PM

Closed Saturday,

Sunday and Legal Holidays

Urgent and Emergent Care Available

732.370.5100

D

RECEIVED 7/17/2017 10:41:11 AM 7328 174

JAN 18 2017 02:10 PM 01 0100000

January 18, 2017

Office of the State Comptroller
Medicaid Fraud Division
PO Box 025
Trenton, New Jersey 08625-0025

To Whom It May Concern,

I have worked together with Ocean County Internal Medicine Associates, PC for many years, originally in the capacity of Manager of Network Operations and more recently as Provider Data Consultant. I was present at numerous meetings over the years with OCIMA staff, including Dr. [REDACTED], Dr. [REDACTED], [REDACTED] as well as other administrative staff, together with Dr. [REDACTED], the Medical Director of UnitedHealthcare.

OCIMA was asked by UnitedHealthcare to try to keep UnitedHealthcare patients out of the hospital by seeing more patients in the office. OCIMA was directed to use code 99050 in cases when patients were seen outside of their normal, posted office hours.

Over the years, OCIMA verified that their usage of the code 99050 was correct and asked if they should continue using the code. I was present at the meetings when the Medical Director told them very clearly that they should indeed continue to see patients in the office, after hours and use code 99050 even if they did so on a consistent and on-going basis. United Healthcare's Medical Director agreed to OCIMA's request to be informed in writing if there were any changes to this policy.

Sincerely,

[REDACTED]

[REDACTED] Provider Data Consultant

E



**REIMBURSEMENT POLICY
CMS-1500**

After Hours and Weekend Care Policy

Policy Number	2017R0044G	Annual Approval Date	3/8/2017	Approved By	Reimbursement Policy Oversight Committee
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IMPORTANT NOTE ABOUT THIS REIMBURSEMENT POLICY

You are responsible for submission of accurate claims. This reimbursement policy is intended to ensure that you are reimbursed based on the code or codes that correctly describe the health care services provided. UnitedHealthcare Community Plan reimbursement policies uses Current Procedural Terminology (CPT®), Centers for Medicare and Medicaid Services (CMS) or other coding guidelines. References to CPT or other sources are for definitional purposes only and do not imply any right to reimbursement.

This reimbursement policy applies to all health care services billed on CMS 1500 forms and, when specified, to those billed on UB04 forms. Coding methodology, industry-standard reimbursement logic, regulatory requirements, benefits design and other factors are considered in developing reimbursement policy.

This information is intended to serve only as a general reference resource regarding UnitedHealthcare Community Plan's reimbursement policy for the services described and is not intended to address every aspect of a reimbursement situation. Accordingly, UnitedHealthcare Community Plan may use reasonable discretion in interpreting and applying this policy to health care services provided in a particular case. Further, the policy does not address all issues related to reimbursement for health care services provided to UnitedHealthcare Community Plan enrollees.

Other factors affecting reimbursement supplement, modify or, in some cases, supersede this policy. These factors include, but are not limited to: federal &/or state regulatory requirements, the physician or other provider contracts, the enrollee's benefit coverage documents, and/or other reimbursement, medical or drug policies.

Finally, this policy may not be implemented exactly the same way on the different electronic claims processing systems used by UnitedHealthcare Community Plan due to programming or other constraints; however, UnitedHealthcare Community Plan strives to minimize these variations.

UnitedHealthcare Community Plan may modify this reimbursement policy at any time by publishing a new version of the policy on this Website. However, the information presented in this policy is accurate and current as of the date of publication.

UnitedHealthcare Community Plan uses a customized version of the Optum Claims Editing System known as iCES Clearinghouse to process claims in accordance with UnitedHealthcare Community Plan reimbursement policies.

**CPT® is a registered trademark of the American Medical Association*

Application

This reimbursement policy applies to UnitedHealthcare Community Plan Medicaid and Medicare products.

This reimbursement policy applies to services reported using the 1500 Health Insurance Claim Form (a/k/a CMS-1500) or its electronic equivalent or its successor form. This policy applies to all products and all network and non-network physicians and other qualified health care professionals, including, but not limited to, non-network authorized and percent of charge contract physicians and other qualified health care professionals.

Payment Policies for Medicare & Retirement, UnitedHealthcare Community Plan Medicare and Employer & Individual please use [this link](#).

Medicare & Retirement and UnitedHealthcare Community Plan Medicare Policies are listed under Medicare Advantage Reimbursement Policies.

Employer & Individual are listed under Reimbursement Policies-Commercial.



**REIMBURSEMENT POLICY
CMS-1500**

Policy

Overview

After hours or weekend care is reimbursable, within limitations, when an individual physician or other health care professional is required to provide services outside of regular posted office hours to treat a patient's urgent illness or condition.

Reimbursement Guidelines

The Centers for Medicare and Medicaid Services (CMS) considers reimbursement for Current Procedural Terminology (CPT®) codes 99050, 99051, 99053, 99056, 99058 and 99060 to be bundled into payment for other services not specified.

UnitedHealthcare Community Plan, however, will provide additional compensation to physicians for seeing patients in situations that would otherwise require more costly urgent care or emergency room settings by reimbursing CPT code 99050 in addition to basic services.

CPT Code 99050

UnitedHealthcare Community Plan will reimburse after hours CPT code 99050 when reported with basic services in one of the following CMS non-facility place of service (POS) designations only:

- School (CMS POS 03)
- Indian Health Service Free-standing Facility (CMS POS 5)
- Tribal 638 Free-Standing Facility (CMS POS 7)
- Office (CMS POS 11)
- Independent Clinic (CMS POS 49)
- Federally Qualified Health Center (CMS POS 50)
- State or Local Public Health Clinic (CMS POS 71)
- Rural Health Clinic (CMS POS 72)

CPT Codes 99051, 99053, 99056, 99058 or 99060

Consistent with CMS and with the intent of this policy, UnitedHealthcare Community Plan will not separately reimburse CPT codes 99051, 99053, 99056, 99058 or 99060.

State Exceptions

Kansas	CPT code 99058 is reimbursable. CPT code 99056 is reimbursable in POS 12, 19, 22, 23, or 65 ONLY.
Louisiana	CPT 99051 is reimbursable for all providers in the same non-facility POS as CPT code 99050 (see list above under Reimbursement Guidelines)
Maryland	CPT code 99058 is reimbursable in same non-facility POS 03, 05, 07, 11, 49, 50, 71, 72. CPT code 99050 is not reimbursable.
Michigan	CPT codes 99050, 99051, 99053, 99056, 99058 and 99060 are reimbursable in POS 11 and 50.
Missouri	CPT code 99050 is reimbursable in POS 03, 11, 49, 50, 71, and 72, except when billed within 30 days of a specified surgical procedure. (List of surgical procedures within the Attachments section).

CPT code 99051 is only reimbursable on Sundays and specified holidays in POS 03, 11,



**REIMBURSEMENT POLICY
CMS-1500**

49, 50, 71, and 72, except when billed within 30 days of a specified surgical procedure.
(List of surgical procedures within the Attachments section).

- Mississippi** Mississippi CAN: 99051 is reimbursable for all providers in the same non-facility POS as CPT code 99050 (see list above under Reimbursement Guidelines)
- Ohio** 99051 is reimbursable for all providers in same non-facility POS as CPT code 99050 (see list above under Reimbursement Guidelines) and in POS 19 and 22.
- Texas** Office based providers may use 99056 or 99060 for services outside of business hours.
- Virginia** VA Medicaid to allow 99056 for professional claims.

Questions and Answers

Q: Why doesn't UnitedHealthcare Community Plan provide reimbursement for CPT codes 99051, 99053, 99056, 99058 or 99060?

- 1 A:** The After Hours and Weekend Care policy is intended to reimburse physicians for services that are outside their normal office routines as an alternative to more costly emergency room or urgent care center services. Reimbursement for CPT codes 99051, 99053, 99056, 99058 or 99060 would not accomplish this purpose and are not reimbursed by CMS.

Attachments: Please right-click on the icon to open the file

**UnitedHealthcare
Community Plan
Missouri Medicaid
Surgical Procedure List**

Missouri surgical procedure code list.

Codes

CPT code section

- 99050** Services provided in the office at times other than regularly scheduled office hours, or days when the office is normally closed (eg, holidays, Saturday or Sunday), in addition to basic service
- 99051** Service(s) provided in the office during regularly scheduled evening, weekend, or holiday office hours, in addition to basic service
- 99053** Service(s) provided between 10:00 PM and 8:00 AM at 24-hour facility, in addition to basic service
- 99056** Service(s) typically provided in the office, provided out of the office at request of patient, in addition to basic service
- 99058** Service(s) provided on an emergency basis in the office, which disrupts other scheduled office services, in addition to basic service
- 99060** Service(s) provided on an emergency basis, out of the office, which disrupts other scheduled office services, in addition to basic service



**REIMBURSEMENT POLICY
CMS-1500**

Resources

Individual state Medicaid regulations, manuals & fee schedules

American Medical Association, *Current Procedural Terminology (CPT®)* and associated publications and services

Centers for Medicare and Medicaid Services, National Correct Coding Initiative (NCCI) publications

History

- 8/20/2017** Virginia state exceptions added.
- 5/20/2017** Application Section: Removed UnitedHealthcare Community Plan Medicare products as applying to this policy. Added location for UnitedHealthcare Community Plan Medicare reimbursement policies
- 3/23/2017** Missouri state exception updated.
- 3/8/2017** Policy Approval Date Change
- 2/26/2017** State Exception Section: Exception added for Missouri
- 2/12/2017** MO added to the policy.
- 1/1/2017** Annual Policy Version Change
History Section: Entries prior to 1/1/2015 archived
- 5/29/2016** State Exceptions Section: Exception revised for Louisiana
- 3/9/2016** Policy Approval Date Change
State Exceptions Section: Exception added for Pennsylvania and exception revised for Kansas
- 1/1/2016** Annual Policy Version Change
History Section: Entries prior to 1/1/2014 archived
State Exceptions Section: Exception updated for Kansas and Ohio to add POS 19
- 11/2/2015** State Exceptions Section: Added an exception for Michigan
- 3/11/2015** Annual Approval Date Change
Approved By Section: Replaced United HealthCare Community & State Payment Policy Committee with Payment Policy Oversight Committee
- 3/1/2015** Application Section: Removed reference to location of policy for MS Chip
State Exceptions: Changed verbiage for Mississippi to specify MS CAN.
- 2/15/2015** State Exceptions Section updated: Added Louisiana
- 1/1/2015** Annual Policy Version Change
History Section: Entries prior to 1/1/2013 archived.
- 3/15/2010** Policy implemented by UnitedHealthcare Community & State



**REIMBURSEMENT POLICY
CMS-1500**

Ohio	99051 is reimbursable for all providers in same non-facility POS as CPT code 99050 (see list above under Reimbursement Guidelines) and in POS 19 and 22.
Pennsylvania	99051 is reimbursable in non-facility POS 03, 05, 07, 11, 49, 50, 71, 72 for Reading Pediatrics Primary Care Group TIN 232104110.
Texas	Office based providers may use 99056 or 99060 for services outside of business hours.
Wisconsin	CPT code 99050 is not covered except for IPN providers who are allowed to bill due to contract requirements.

Questions and Answers

	Q: Why doesn't UnitedHealthcare Community Plan provide reimbursement for CPT codes 99051, 99053, 99056, 99058 or 99060?
1	A: The After Hours and Weekend Care policy is intended to reimburse physicians for services that are outside their normal office routines as an alternative to more costly emergency room or urgent care center services. Reimbursement for CPT codes 99051, 99053, 99056, 99058 or 99060 would not accomplish this purpose and are not reimbursed by CMS.

Codes

CPT code section

99050	Services provided in the office at times other than regularly scheduled office hours, or days when the office is normally closed (eg, holidays, Saturday or Sunday), in addition to basic service
99051	Service(s) provided in the office during regularly scheduled evening, weekend, or holiday office hours, in addition to basic service
99053	Service(s) provided between 10:00 PM and 8:00 AM at 24-hour facility, in addition to basic service
99056	Service(s) typically provided in the office, provided out of the office at request of patient, in addition to basic service
99058	Service(s) provided on an emergency basis in the office, which disrupts other scheduled office services, in addition to basic service
99060	Service(s) provided on an emergency basis, out of the office, which disrupts other scheduled office services, in addition to basic service

Resources

Individual state Medicaid regulations, manuals & fee schedules

American Medical Association, *Current Procedural Terminology (CPT®)* and associated publications and services

Centers for Medicare and Medicaid Services, National Correct Coding Initiative (NCCI) publications

History

1/1/2016	Annual Policy Version Change
-----------------	------------------------------

----- Forwarded Message -----

From: "[REDACTED]"
Date: Mar 15, 2018 3:31 PM
Subject: RE: ~~Coast County Internal Medicine~~
To: "[REDACTED]"
Cc:

Hi [REDACTED]

It was a pleasure speaking with you and [REDACTED] today. I look forward to our continued partnership. As discussed today procedure code 99050 is an afterhours code created to allow physicians to treat members with urgent care needs outside of their normal business hours. We do have a policy that outlines the anticipated use of the code which I have attached. As discussed today the CPT code 99050 should only be used **outside of established normal business hours** that the practice has communicated; when treating a patient's urgent illness or condition. I hope the information is helpful.

After hours or weekend care is reimbursable, **within limitations**, when an individual physician or other health care professional is required to provide services **outside of regular posted office hours to treat a patient's urgent illness or condition**.

UnitedHealthcare Community Plan, however, will provide additional compensation to physicians for seeing patients in situations that would otherwise require more costly urgent care or emergency room settings by reimbursing CPT code 99050 in addition to basic services.

99050:

Services provided in the office at times other than regularly scheduled office hours, or days when the office is normally closed (eg, holidays, Saturday or Sunday), in addition to basic service

Thank you

[REDACTED]

From: [REDACTED] [mailto:[REDACTED]]
Sent: Thursday, March 15, 2018 2:16 PM
To: [REDACTED]
Subject: Ocean County Internal Medicine

Hi [REDACTED],

It was a pleasure speaking to you earlier today. We appreciate your time. As we discussed, can you please send us your interpretation of how we are meant to use the 99050 code? We have a meeting and we would like to address this with our staff.

We look forward to hearing from you.

Thank you,

--

[REDACTED]
[REDACTED]
[REDACTED]
[REDACTED]
[REDACTED]

This electronic message from OCIMA is intended for the use only of the named recipient(s), and may contain information that is confidential or privileged. If you are not the intended recipient you are hereby notified that any disclosure, copying, distribution, or use of the contents of this message is strictly prohibited. If you received this message in error or are not the named recipient, please notify the sender of the message immediately at the e-mail address above and delete and destroy all copies of this message.

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Total Control Panel

[Login](#)

To: [Remove](#) this sender from my allow list

From:

You received this message because the sender is on your allow list.

F

From: (b)(6)
Date: Wed, Mar 14, 2018 at 12:51 PM
Subject: Re: Payment for Code 99050 to Ocean County Internal Medicine (OCIM)
To: Nechan, Paul (b)(6) <(b)(6)>

Sent from my iPhone

On Mar 14, 2018, at 12:18 PM, (b)(6) <(b)(6)> wrote:

(b)(6)

On Mon, Mar 12, 2018 at 2:18 PM,
(b)(6) <(b)(6)> wrote:

~~Forwarded conversation~~

From: (

Date: Mon, Mar 12, 2018 at 2:18 PM

To:

Cc:

<[REDACTED]>

[REDACTED]

[REDACTED]

[REDACTED]
[REDACTED]
[REDACTED]m

[REDACTED]
[REDACTED]

CONFIDENTIALITY NOTICE: This e-mail message, including any attachments, is for the sole use of the intended recipient(s) and may contain confidential and privileged information or may otherwise be protected by law. Any unauthorized review, use, disclosure or distribution is prohibited. If you are not the intended recipient, please contact the sender by reply e-mail and destroy all copies of the original message and any attachment thereto.

[REDACTED]m>
[REDACTED]

To:
Cc: '

Hi,

[REDACTED]
Ocean County Internal Medicine Associates
1352 River Avenue
Lakewood, NJ
732-370-3383

From: (

Date: Tue, Mar 13, 2018 at 11:39 AM

To: [REDACTED] >

Cc:

Hi [REDACTED],

Sent from my iPhone

On Mar 13, 2018, at 10:58 AM, [REDACTED] > wrote:

Hi,

[REDACTED]
Ocean County Internal Medicine Associates

G

Our regular office hours are

Monday through Friday 9:30 am-4:30 pm.

**Urgent and emergent care is available
after hours, weekends and legal holidays.**

**Please note that we do not perform routine physicals,
school or sports physicals, routine immunizations, fitness
for duty evaluations, or medical clearance evaluations
during evenings, weekends, or holidays.**

H



OCEAN COUNTY
INTERNAL MEDICINE ASSOCIATES, PC

Appendix A
Exhibit H
1532 River Avenue
Lakewood, NJ 08701
Phone: 732-370-5100
Fax: 732-901-9240

[REDACTED] MD [REDACTED] MD [REDACTED] MD [REDACTED] MD

Ocean County Internal Medicine Associates P.C. is open Monday through Friday from 9:30 am to 4:30 pm. We offer extended weekday hours as well as availability on weekends and legal holidays for urgent or emergent care only. These hours are determined on an as-needed basis, and patients must call to determine whether or not a physician or other practitioner will be available to see them outside of normal business hours. Please note that we do not perform routine physicals, school or sports physicals, routine immunizations, fitness for duty evaluations, or medical clearance evaluations during evenings, weekends, or holidays.



February 17, 2017

██████████, MST
Medicaid Fraud Division - Auditor in Charge
Office of the State Comptroller
20 W. State Street, 4th Floor
P.O. Box 025
Trenton, NJ 08625

**Re: Response to Information Request -
Ocean County Internal Medicine Associates**

Dear Ms. ██████████

I am writing, on behalf of UnitedHealthcare Community Plan of New Jersey, in response to your audit related requests for Ocean County Internal Medicine Associates ("OCIMA").

UnitedHealthcare Community Plan (UHC) offers this response based upon the information available. UHC is not aware of any direction provided to OCIMA by a former Medical Director, ██████████, of the Health Plan, or by other UnitedHealthcare Clinical Coverage Review Medical Directors on how to bill services that occur after normal business hours, on weekends or during holidays, but admittedly have limited information from the meeting discussed in ██████████ letter.

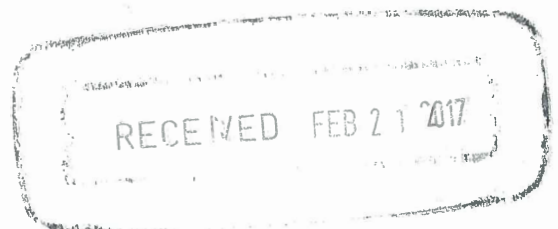
Notwithstanding the subject letter, United has not been able to verify any guidance was provided to OCIMA regarding the use/inclusion of certain Current Procedural Terminology ("CPT") Codes for billing for covered services. UHC believes the letter references back to Medical Director, ██████████'s, tenure with UHC Community Plan (██████████ ceased working for the plan in 2009) and related to discussions around "emergency room reduction". At this meeting, a number of Codes were discussed; however at no time was there a hard directive on which Codes to use and when to use them. Regarding the groups hours, UHC's has provided the CAQH applications, in which the providers reported their hours to us, when they came on board with our network. However, please be advised that the office hours in those documents only represent what was reported to us at the time of credentialing. I am advised that providers do have the ability to update their demographic information, including office hours, in close to real time via our Provider Portal, so that information can change over time.

If you have any questions or require additional information relating to this response, please contact my office directly at ██████████. Thank you.

Sincerely,

██████████
Compliance Officer

cc: ██████████ UHCCPNJ
██████████ UHCCPNJ



From: [REDACTED] <[REDACTED]@uhc.com>
Sent: Thursday, March 29, 2018 12:04 PM
To: [REDACTED]
Subject: FW: Ocean County Internal Medicine

From: [REDACTED]
Sent: Tuesday, March 20, 2018 12:56 PM
To: [REDACTED]
Subject: RE: Ocean County Internal Medicine

Hi [REDACTED],

No there wasn't a policy change for UHCCP but there was one for Oxford. I have attached the link below. However, my e-mail was intended to provide additional information and reiterating what we discussed as there are so many scenarios that may apply to this policy. I conferred internally with my Director [REDACTED] and he mentioned the scenario that I described below. I want to provide as much support as possible in helping you administer the coding correctly. That is our interpretation of the policy. There is an expectation that the After Hours Policy is being applied after the office is closed for its routine business; meaning services are being provided "after normal business hours" and it's not an extension of normal business hours. These services are being rendered to members that have acute/urgent conditions, that would have otherwise been treated in an emergency room. I hope this is helpful.

Please the update to the Commercial Policy For Oxford. <https://www.uhcprovider.com/en/search-results.html?q=99050> which is effective 4-1-18.

Thank you
[REDACTED]

From: [REDACTED] [mailto:[REDACTED]@ocimed.com]
Sent: Monday, March 19, 2018 3:07 PM
To: [REDACTED]
Subject: Re: Ocean County Internal Medicine

Hi [REDACTED],

We already instructed our staff on Thursday with the information you provided as stated in the policy manual as well, that the 99050 code should only be used for patients seen after regular posted hours. Of course we understand and practice your first scenario that we cannot use the code for scheduled routine visits that run over our regular, posted hours.

Can you please tell me where it says in the UHC manual what you are stating regarding that the office must close etc.? I don't see this in the policy you sent me. We understand you are implying that there is a change in the manual as of 3/19/18. We do not see your new posted policy. We still see the same policy you sent us without changes.

Thank you,
[REDACTED]

On Mon, Mar 19, 2018 at 1:16 PM, [REDACTED] <[REDACTED]@uhc.com> wrote:

Hi [REDACTED],

I wanted to reiterate some scenarios that you may see in your office due to scheduling. In cases where you have visits that maybe scheduled for the day that runs over through evening hours(technically after the posted office hours), **the visits would not be considered eligible for afterhours; as they were scheduled visits for your patients that ran over.** Also, if the practice does not close, if you continue seeing patients throughout your normal business day and after hours that would not be considered eligible as you never closed your practice, and just continued seeing patients. If you need further clarification we can discuss further if you like; but the After Hours scenario loans itself to meaning after the practice is technically closed and the provider returns back to the office to see an unscheduled patient in an acute/urgent visit. That is my interpretation. I just wanted to make sure we are on the same page.

If you have any further questions; please give me a call and we can discuss further.

Have a wonderful day

Sign up for our News Bulletin:

<https://www.uhcprovider.com/en/resource-library/news.html>

[REDACTED]

From: [REDACTED] [mailto:[REDACTED]@ocimed.com]
Sent: Monday, March 19, 2018 12:45 PM
To: [REDACTED]
Subject: Re: Ocean County Internal Medicine

Hi [REDACTED],

Thank you so much for providing clarification. We look forward to working together.

Thank you,

[REDACTED]

On Thu, Mar 15, 2018 at 3:31 PM, [REDACTED] <[REDACTED]@uhc.com> wrote:

Hi [REDACTED],

It was a please speaking with you and [REDACTED] today. I look forward to our continued partnership. As discussed today procedure code 99050 is an afterhours code created to allow physicians to treat members with urgent care needs outside of their normal business hours. We do have a policy that outlines the anticipated use of the code which I have attached. As discussed today the CPT code 99050 should only be used **outside of established normal business** hours that the practice has communicated; when treating a patients urgent illness or condition. I hope the information is helpful.

After hours or weekend care is reimbursable, **within limitations**, when an individual physician or other health care professional is required to provide services **outside of regular posted office hours to treat a patient's urgent illness or condition.**

UnitedHealthcare Community Plan, however, will provide additional compensation to physicians for seeing patients in situations that would otherwise **require more costly urgent care or emergency room settings by reimbursing CPT code 99050 in addition to basic services.**

99050:

Services provided in the office at times other than regularly scheduled office hours, or days when the office is normally closed (eg, holidays, Saturday or Sunday), in addition to basic service

Thank you

[REDACTED]

From: [REDACTED] [mailto:[REDACTED]@ocimed.com]

Sent: Thursday, March 15, 2018 2:16 PM

To: [REDACTED]

Subject: Ocean County Internal Medicine

Hi [REDACTED],

It was a pleasure speaking to you earlier today. We appreciate your time. As we discussed, can you please send us your interpretation of how we are meant to use the 99050 code? We have a meeting and we would like to address this with our staff.

We look forward to hearing from you.

Thank you,

--

[REDACTED], MHA

Ocean County Internal Medicine Associates

[1352 River Avenue](#)

[Lakewood, NJ](#)

[732-370-3383](#)

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[REDACTED], MHA

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, MHA
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Picture of OCIMA's entrance door taken by OSC on August 25, 2016



Medicaid Paid Claims by Days of the Week

*Difference due to rounding

	Number of 99050 Claims Paid	Total Amount Paid for 99050 Claims	Number of E&M Claims Paid	Total Amount Paid for E&M Claims	Number of Other Claims Paid	Total Amount Paid for Other Claims	Number of All Claims Paid	Total Amount Paid for All Claims*
Sunday	3,812	\$90,783	4,164	\$197,754	6,954	\$102,686	14,930	\$391,224
Monday	1,662	\$39,476	8,738	\$439,306	10,374	\$230,461	20,774	\$709,244
Tuesday	1,518	\$36,381	8,332	\$409,325	10,860	\$239,491	20,710	\$685,196
Wednesday	1,298	\$30,747	7,397	\$374,396	9,749	\$223,324	18,444	\$628,467
Thursday	983	\$22,936	6,537	\$332,258	10,494	\$221,365	18,014	\$576,558
Friday	84	\$2,090	6,346	\$310,829	8,081	\$152,811	14,511	\$465,730
Saturday	409	\$9,828	451	\$21,300	4,484	\$58,384	5,344	\$89,511
Total	9,766	\$232,241	41,965	\$2,085,168	60,996	\$1,228,522	112,727	\$3,545,930