



Patient Care Bill Review

Presented by Dartmouth's Clinical Trials Office



Terminology

- **Technical Services** – Services billed out by the Hospital (Dartmouth Hitchcock Medical Center [DHMC]) .
- **Professional Services** – Services billed out by the Clinic (Dartmouth Hitchcock Clinic [DHC]).
- **Itemization** – Itemizes the services, labs, etc for a particular visit number and date of service.
- **Statement** – Invoices all approved visits that have outstanding balances as of the date the statement was printed. [Please note: RMD will ‘drop’ a visit to a statement if they have not had a timely response from the study bill reviewer.]
- **Medicare Coverage Analysis (MCA)** – A document that determines the underlying eligibility of the study for Medicare coverage and reviews the clinical events specified in the protocol to determine which can be reimbursed by Medicare [or other insurance providers] and which will need to be paid for by the study.



Terminology

- **Patient Milestone Tracking Sheets (PMTs)** – A document created from the MCA Billing Grid to help track visits and events for each individual patients.
- **DH1 / DH4** – DH1 is the hospital billing system for the Northern Region. DH4 is the hospital billing system for the Southern Region.
- **Velos** – Research database where all clinical trials and associated patients are entered and tracked.
- **eDH** – Electronic medical records system; office notes, lab results, etc are held here.
- **Compliance Research Review / Release Team** – Reviews charges held to determine whether they should be released to study or to insurance based on the final Medicare Coverage Analysis, eDH and Velos.



Terminology

- **Study Bill Reviewer** – The person responsible for reviewing patient care charges that are released to study and approving statements for payment.
- **SOC Reports** – A monthly report, which the Study Bill Reviewer is required to review, of all charges released to the patients' insurance during the prior month. The goal of which is to locate study charges that may have incorrectly been released to a patient's insurance.

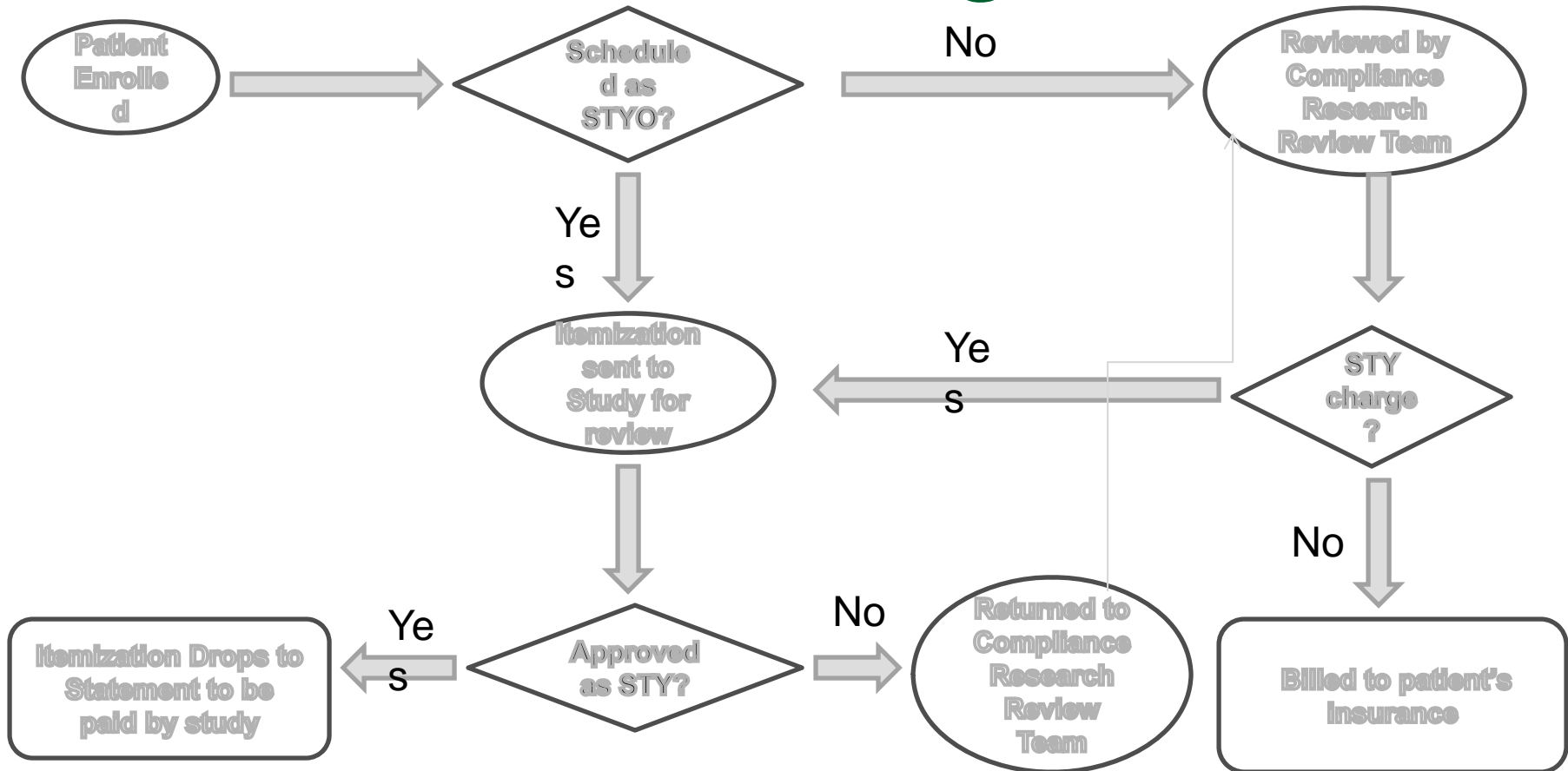


The MCA Billing Grid

Protocol Version: 27 April 2011		HEM-ERNS;F1160																	Comments
		Phase II study to evaluate the safety, tolerability and efficacy of																	
		This Medicare coverage analysis is intended as a general guideline for use in determining which items and services are billable to Medicare based upon current benefit policies, coverage determinations, coverage decisions, and federal guidelines. All items and services that are billable to Medicare must be supported by medical necessity.																	
		Ether CT-011 Arm																	
Visit Number	Rem / Service Location in Protocol	Range of CPT / HCPCS Codes	Range of CDM Codes	Research Modifier	Screening	1	2	3	4	5	6	7	8	9	10	EOS ¹			
Parameter						Day 1						Weeks							
Items & Services						0	2	4	6	8	10	12	14	16	18				
PROCEDURES																			
Informed Consent	6.1	N/A	N/A	N/A	NB														
Inclusion/Exclusion Criteria	6.1, 6.2	N/A	N/A	N/A	NB														
Medical History	9.1	N/A	N/A	N/A	NB														
Physical Exam (Initial)	9.1, 9.3	See Physical Exam Appendix			Q1	SOC													
Physical Exam (Subsequent)	9.1, 9.3	See Physical Exam Appendix			Q1	SOC	SOC	SOC	SOC	SOC	SOC	SOC	SOC	SOC	SOC	SOC	SOC		
Vital Signs ¹	9.1, 9.3	N/A	N/A	N/A	NB	NB	NB	NB	NB	NB	NB	NB	NB	NB	NB	NB	NB		
Weight	9.1, 9.3	N/A	N/A	N/A	NB					NB						NB	NB		
Height	9.1	N/A	N/A	N/A	NB														
ECOG Performance	9.1	N/A	N/A	N/A	NB	NB				NB						NB	NB		
Toxicity/Symptoms	9.1	N/A	N/A	N/A	NB	NB	NB	NB	NB	NB	NB	NB	NB	NB	NB	NB	NB		
Adverse Events/Medications	9.1	N/A	N/A	N/A	N/A														
Survival	9.1	N/A	N/A	N/A	N/A														
DRUGS																			
IV Administration of CT-011	8.5.1	See Infusion Appendix			Q1	SOC	SOC	SOC	SOC	SOC	SOC	SOC	SOC	SOC	SOC	SOC	SOC		
CT-011 - SUPPLIED	8.0-8.5.1	JA 284	001209222, 004005912, 001209221, 001209220, 004006705	Q0	STY	STY	STY	STY	STY	STY	STY	STY	STY	STY	STY	STY	STY		
Pre-Med - Acetaminophen 500-100 mg	7.2	See Pre-Med Appendix			Q1	SOC	SOC	SOC	SOC	SOC	SOC	SOC	SOC	SOC	SOC	SOC	SOC		
Pre-Med - H1 Blocker; 50 mg	7.2	See Pre-Med Appendix			Q1	SOC	SOC	SOC	SOC	SOC	SOC	SOC	SOC	SOC	SOC	SOC	SOC		
Diphenhydramine hydrochloride	7.2	See Pre-Med Appendix			Q1	SOC	SOC	SOC	SOC	SOC	SOC	SOC	SOC	SOC	SOC	SOC	SOC		
LABS																			
Venipuncture	9.3	36415, 36591, 36592	000506281, 004207018, 000508444, 001267180, 000400939, 000407073, 001267182, 000400941	Q1	SOC					SOC					SOC		SOC		
Specimen & Handling	Appendix 5	99001	000508159, 000508211, 000508218, 000508231	Q1	SOC	STY									STY		STY		
CBC w/Diff and Platelets	9.3	85025	000506707, 000508708, 000508036, 000508035	Q1	SOC					SOC					SOC		SOC		
CMP	9.3	See BMP-CMP Appendix			Q1	SOC				SOC					SOC		SOC		
Routine Urinalysis	9.3	81000, 81001, 81002, 81003, 81005, 81015	000508443, 000508447, 000508664, 004207050, 004207056, 004207014, 004207016, 000508653	Q1	SOC										SOC		SOC		
Hep B and C (Serologies) ⁴	6.1, Appendix I	86704, 86705, 86706, 86803, 86804, 87340, 87341, 87522	000508584, 000508954, 000508252, 000508004, 000508602, 000506706, 000508285, 000509230, 000510054, 000508636	Q1	STY														
HIV (Serology) ⁴	6.1, Appendix I	86701, 86689	000508932, 000509128, 000508068	Q1	STY														
Serum Pregnancy Test	Appendix I	84702	000508132, 000509416, 000509156	Q1	STY														
Blood Glucose	N/A	82947	000508267	Q1	SOC					SOC					SOC				
CENTRAL LABS																			
Immunogenicity ²	9.3, Appendix I & 5	N/A	N/A	N/A	NB										NB		NB		
ANCILLIARIES																			
CT Scans ² (Chest/Abdomen/Pelvis)	9.1, 9.3	See CT-MRI and Contrast Appendices			Q1	SOC					SOC				SOC				
PET Scans	Appendix IV	78811, 78812, 78813, 78814, 78815, 78816, 78808, 78809	002907529, 002907530, 002907531, 002907527, 002907528, 002907603, 002907604, 002907605	Q1	SOC					SOC					SOC				
Brain MRI	6.1	See CT-MRI and Contrast Appendices			Q1	SOC													
Bone Scan	9.1	78300, 78305, 78306, 78315, 78320, 89503	002907985, 002907551, 002907557, 002907559, 002908621	Q1	SOC														
Electrocardiogram ³	9.3	93000, 93005, 93010, 93000C, 93005C, 93010C, G0404, G0405	004206643, 000293005, 004208031, 004210744	Q1	STY	STY									STY				



The Research Billing Flow Chart





The Compliance Bill Review Process

- Clinical Trial identified in Velos/DH1/DH4/PPM
- Patient linked to study
- Capture patient charges
 1. DH1 – downloaded weekly
 2. DH4 - downloaded monthly
 3. PPM (patient protocol manager) reviewed daily
- Review patient charges
 - Using the final MCA, e-DH & Velos calendars to determine responsible payer
 - If insurance, identify the appropriate research codes to be applied to claim
- Release charges from hold



The CTO Bill Approval Process

- Using the PMT/MCA Billing Grid, approve or reject services listed on the itemization.
- Cross services off the PMT as approved.
- Send itemizations, with approval or rejection indication, back to RMD Research Billing.
- Save copies of itemizations behind patient's PMT.
- Upon receipt of statements, match approved itemizations to statements.



Patient Milestone Tracking Sheet

Patient Name:				MRN #:																				Pt ID#:	
Schedule 1, Weekly, x 3, on days 1,8 and 15 of a 28-day cycle				HEM-ERNS; F1018 B51A																					
Items & Services	Range of CPT / HCPCS Codes	Range of CDM Codes	Date(s) of Visit	Pre-treatment		Treatment						Extension		Extension		Extension		Extension		Termination		Comments			
				Screening	Days -21 to 0	Cycle 1						Cycle 2 and beyond		Cycle 2 and beyond		Cycle 2 and beyond		Cycle 2 and beyond		Final Visit					
				Day 1	Day 2	Day 3	Day 4	Day 5	Day 8	Day 15	Day 22	Day 1	Day 8	Day 15	Day 22	Day 1	Day 8	Day 15	Day 22	Day 1	Day 8		Day 15	Day 22	Within 30 Days from last dose
PROCEDURES																									
Informed Consent	N/A	N/A	NB	NB																					
Inclusion/Exclusion Criteria	N/A	N/A	NB	NB																					
Demographic Data	N/A	N/A	NB	NB																					
Medical/Surgical History	N/A	N/A	NB	NB																					
Prior Medication & Procedures	N/A	N/A	NB	NB																					
Intram Medical History	N/A	N/A	NB	NB																					
ECOG Performance Status	N/A	N/A	NB	NB																					
Physical Exam	See Physical Exam Appendix		STY	STY																					
Neurologic Exam	See Physical Exam Appendix		NB	NB																					
Vital Signs	N/A	N/A	NB	NB																					
Concomitant Medications	N/A	N/A	NB (throughout)																						
Adverse Events	N/A	N/A	NB (throughout)																						
DRUGS																									
E5201* -- Supplied by Sponsor	N/A	N/A	NB	NB																					
IV Administration of Chemo Drug (60-120 Minutes)*	See Infusion Charge Code Appendix		STY																						
LABS																									
Venipuncture	36415	000508444, 000506281, 004207018	STY	STY	STY	STY	STY	STY	STY	STY	STY	STY	STY	STY	STY	STY	STY	STY	STY	STY	STY				
Specimen and Handling	99001	000508159, 000508211, 000508218, 000508231	STY	STY	STY	STY	STY	STY	STY	STY	STY	STY	STY	STY	STY	STY	STY	STY	STY	STY	STY				
CBC w/diff and platelets	85025	000508707, 000508708, 000508036	STY	STY																					
CMP	See BMP-CMP Appendix		STY	STY																					
CFK	82550	000508124	STY	STY																					
LDH	83615	000506641, 000508185, 000508826	STY	STY																					
Magnesium	83735	000508202, 000506642, 000509388	STY	STY																					
Uric Acid	84550	000508298	STY	STY																					
Pregnancy Test (serum/urine)	81025, 84702, 84210	000508132, 000508416, 0005089158, 000506401, 000508491, 004207084, 004207062, 004207001, 000506703, 000507013	STY	STY																					
Urinanalysis	81000, 81001	000508448, 000508447, 004207050	STY	STY																					
PT	85610	004206780, 000508240, 000508281	STY	STY																					
PTT	85730	000508094, 000508283	STY	STY																					
Peripheral Blood for L-8, L-6	N/A	N/A	STY	STY																					
Peripheral Blood for circulating tumor cells/BMCs	N/A	N/A	STY	STY																					
PK Blood Collection	N/A	N/A	STY	STY																					
ANCILLARIES																									
MRI - or - CT Scans of Chest/Abdomen/Pelvis w th/w thout Contrast - prof	See CT/MRI and Contrast Charge Code Appendices		STY																						
MRI - or - CT Scans of Chest/Abdomen/Pelvis w th/w thout Contrast - tech	See CT/MRI and Contrast Charge Code Appendices		STY																						
Bone Scans - prof	78300, 78305, 78306, 78315, 78320, A9503	002907985, 002907551, 002907557, 002907559, 002908621	STY																						
Bone Scans - tech	78300, 78305, 78306, 78315, 78320, A9503	002907985, 002907551, 002907557, 002907559, 002908621	STY																						
Photographs of Skin Lesions	N/A	N/A	STY																						
ECG - prof	93000, 93005, 93010	004206643, 000293005, 004206631, 000293010, 000409662	STY	STY	STY																				
ECG - tech	93000, 93005, 93010	004206643, 000293005, 004206631, 000293010, 000409662	STY	STY	STY																				
Tumor Tissue Core Biopsy* (biomarker screen)	N/A	N/A	STY	STY																					
Archival Tumor Tissue	N/A	N/A	STY																						
BRAF-Mutation Analysis* (central lab)	N/A	N/A	NB																						
Surrogate Tissue: Skin Biopsy* (5mm/3mm sub-Q, upper thorax or supraclavicular or upper extremity) (Central Lab)	N/A	N/A	NB	NB																					
Hotel Accommodations	N/A	N/A	STY	STY	STY	STY	STY																		
Meal Vouchers	N/A	N/A	STY	STY	STY	STY	STY																		



DHMC Itemization

 **Dartmouth-Hitchcock**
MEDICAL CENTER

ITEMIZATION OF CHARGES

Business Office - Mary Hitchcock Memorial Hospital
One Medical Center Drive
Lebanon, NH 03756-0001
800.268.4783

Business Hours
8:00 am - 8:00 pm Monday-Thursday
8:00 am - 5:00 pm Friday
9:00 am - 1:00 pm Saturday

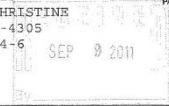
Page: 1

PATIENT NAME	ADMIT DATE	DISCHARGE DATE	VISIT #
Patient Name	07/26/11	07/26/11	21531404

Guarantor:

Study Name: HEM-ERNS;F1018
Billing Contact: BUSBY, CHRISTINE
Phone #: 603-650-4305
Study MRN#: 00591684-6

MEDICAL RECORD #: Patient MRN
PATIENT TYPE: STUDY OUTPATIENT
MD: CLINIC, DR CONV
09/07/11



Circle 5 D8

SVC DATE	REV CODE	DESCRIPTION	UNITS	TOTAL
07/26/11	001267138	CHEMO ADMIN IN <i>VSTM</i>	1	516.00

APPROVED SEP 13 2011
NS

PLEASE REVIEW CHARGES
INITIAL DATE, RETURN TO
RMD RESEARCH BILLING
COLBURN HILL

TOTAL CHARGES \$ 516.00

DHC Itemization

DARTMOUTH-HITCHCOCK CLINIC

P.O. BOX 810
HANOVER, N.H. 03755

IF PAYING BY MC, VISA, A/E, DISCOVER, FILL OUT BELOW

CHECK CARD USING FOR PAYMENT

MASTER CARD VISA AMERICAN EXPRESS DISCOVER

CARD NUMBER: _____ AMOUNT: _____

SIGNATURE: _____ EXPIRATION DATE: _____

SHOW AMOUNT PAID HERE \$ _____

GUARANTOR: _____ **STATEMENT DATE:** 09/13/11 **MAKE CHECK PAYABLE TO:** _____

STUDY NAME: HEM-ERNS;F1018
RESEARCH BILLING CONTACT: BUSBY, CHRISTINE
VENDOR ACCT #: 00531684-6
PATIENT: Patient Name

DARTMOUTH-HITCHCOCK CLINIC
P.O. BOX 810
HANOVER, N.H. 03755

Check box if above address is incorrect or insurance information has changed and indicate change(s) on reverse side. Please Detach and Return Top Portion With Your Payment.

RECORD#: Patient MRN **GROUP:** DHCN **DUE DATE:** 09/13/11 **PLEASE PAY \$:** 1392.00

Service Date Invoice No. Patient Name	Section/Provider Location Description/Service	Charges	Payments and Adjustments	Patient Balance	
09/06/11 24347369 CASCO	DIAGNOSTIC RADIOLOGY/TAPAKOS MD MHM OUTPATIENT	846.00	<div style="font-size: 2em; font-weight: bold;">JST</div>		
09/06/11 24347369 CASCO	74177/COMPUTED TOMOGRAPHY, ABD AN DIAGNOSTIC RADIOLOGY/TAPAKOS MD MHM OUTPATIENT 71260/XRAY INTERP, CAT CHEST SCAN	546.00			
<div style="border: 1px solid black; padding: 5px; display: inline-block;"> RECEIVED SEP 16 2011 By: _____ </div>		9/21/11 - Missing in PS manually Approve			
PLEASE REVIEW CHARGES INITIAL, DATE, RETURN TO: RMD RESEARCH BILLING GOLBURN HILL					
RECORD#	GROUP	STATEMENT DATE	TOTAL CHARGES	TOTAL PAYMENTS	AMOUNT DUE
50602114-6	DHCN	09/13/11	1392.00	0.00	1392.00

Please retain this portion for your records. An Itemized bill will be provided upon request.



DHC Statement

DARTMOUTH-HITCHCOCK CLINIC

P.O. BOX 810
HANOVER, N.H. 03755

IF PAYING BY MC, VISA, A/E, DISCOVER, FILL OUT BELOW

MASTER CARD CHECK CARD USING FOR PAYMENT
 VISA AMERICAN EXPRESS DISCOVER

CARD NUMBER AMOUNT

SIGNATURE EXPIRATION DATE

SHOW AMOUNT PAID HERE \$

GUARANTOR: **STATEMENT DATE** 10/06/11 **MAKE CHECK PAYABLE TO:**

STUDY NAME: HEM-ERNS;F1018
RESEARCH BILLING CONTACT: BUSBY, CHRISTINE
VENDOR ACCT #: 00591684-6
PATIENT: Patient Name

DARTMOUTH-HITCHCOCK CLINIC
P.O. BOX 810
HANOVER, N.H. 03755

Check box if above address is incorrect or insurance information has changed and indicate change(s) on reverse side. Please Detach and Return Top Portion With Your Payment.

RECORD# Patient MRN **GROUP** DHCN **DUE DATE** 10/06/11 **PLEASE PAY \$** 696.00

Service Date Invoice No. Patient Name	Section/Provider Location Description/Service	Charges	Payments and Adjustments	Patient Balance
09/06/11 24347369 CASCO	DIAGNOSTIC RADIOLOGY/TSAPAKOS MD MHM OUTPATIENT 74177/COMPUTED TOMOGRAPHY, ABD AN	846.00		
09/06/11 24347369 CASCO	DIAGNOSTIC RADIOLOGY/TSAPAKOS MD MHM OUTPATIENT 71260/XRAY INTERP, CAT CHEST SCAN	546.00		

STATEMENT- PLEASE PAY

RECEIVED
OCT 17 2011
By _____

SECOND
REQUEST

RECORD#	GROUP	STATEMENT DATE	TOTAL CHARGES	TOTAL PAYMENTS	AMOUNT DUE
50602114-6	DHCN	10/06/11	1392.00	696.00	696.00

Please retain this portion for your records. An itemized bill will be provided upon request.



Contact Information

Compliance Research Review Team:

Denise Preston – Denise.S.Preston@Hitchcock.org

Jim Fallon – Jim.M.Fallon@Hitchcock.org

Kristy Driver – Kristy.L.Driver@Hitcock.org

Lynn Langley – Lynn.A.Langley@Hitchcock.org

Pre-Award Business Operations Associates (MCA Specialists):

See Handout – “Clinical Trials Office: Division of Clinical Trial Studies”

Study Bill Reviewer:

Will be dependent on who the department assigns as the person responsible for bill review. This may be a study coordinator, study research nurse, or other administrative personnel.