October 18, 2020

To Whom It May Concern,

I am a certified coder and medical auditor through the AAPC I have been a medical coder since 2012 with five years of auditing experience. Please see my review enclosed.

Compliance in the health care industry is the process of meeting regulations, recommendations, and expectations of Federal and State agencies that pay for health care services and regulate the industry. This summary of findings is given to assist in identifying any problem areas. I reviewed in depth all reports for the patient examples used in the SBIRT article Margolin, L. "Impact of Screening and Brief Intervention (SBIRT), Urinary Drug Testing, Minimally Invasive Procedures, and Electromyography on Pain Reduction, Functional Improvement, and Continuity of Care in Chronic Pain Patients." Journal of Diabetes and Treatment Volume 5, Issue 01. I reviewed EMG reports for all patients (see enclosed item for patient list 2) I also reviewed in depth all patient records for NARX score analysis. (see enclosed item for patient list 3)

All findings and recommendations are based on standards for billing and coding, regulatory standards: CPT/American Medical Association - Professional Edition, ICD-9-CM/ICD-10-CM, Optum Professional, Office of Inspector General references (www.oig.gov), Guidelines for Ethical Behavior Relating to Clinical Practice Issues in Neuromuscular and Electrodiagnostic Medicine, www.cgsmedicare.com, MLN /Local coverage determination L36029 controlled substance monitoring and drugs of abuse testing. www.aafp.org, and American Academy of Professional Coders Medical Auditing (www.aapc.com). 1995 guidelines were used in this audit and the Marshfield audit tool was applied to level the visit.

Target codes for review included SBIRT (Screening and Brief Intervention) protocol for management of high-risk patients. Services for SBIRT include but are not limited to HCPCS and CPT medical codes, G0396, G0397/ 99408,99409 Alcohol and/or substance (other than tobacco) abuse structured assessment (e.g, AUDIT,DAST) and brief intervention based on time, OARRS, Urine drug testing 80305-80307/G0434. Nerve conduction studies 95907-95913, Autonomic studies 95923, 95924, 93922 and 93040 which are diagnostic test and minimally invasive procedures such as 76942, 64450, 64418, 64405, 64425. 20533 (injections and needle placement) which are services that help patients with chronic pain to improve functionality and reduce pain.

A focus on G0396 and G0397 for compliance and reimbursement was assessed. CSM introduced two G codes in 2008 for specific use for assessment and intervention services. CMS Pub 100-04 Medicare Claims Processing. Transmittal 1423 states,

"Instead, we have created two parallel G-codes to allow for appropriate Medicare reporting and payment for alcohol and substance abuse assessment and intervention services that are not provided as screening services, but that are performed in the context of the diagnosis or treatment of illness or injury. The codes are HCPCS code G0396 (Alcohol and/or substance (other than tobacco) abuse structured assessment (e.g., AUDIT, DAST) and brief intervention, 15 to 30 minutes) and HCPCS code G0397 (Alcohol and/or substance (other than tobacco) abuse structured assessment (e.g., AUDIT, DAST) and intervention greater than 30 minutes). Contractors shall consider payment for HCPCS codes G0396

and G0397 only when appropriate, reasonable and necessary (i.e., when the service is provided to evaluate patients with signs/symptoms of illness or injury) as per section 1862(a)(1)(A) of the Act."

The provider can utilize these codes in treating patients, when appropriate, reasonable and necessary and that patients should have signs and symptoms of illness. This is based on assessments, testing, reviewing risk factors, NARX scores and behavioral patterns,

Local coverage determination L36029 states, A physician who is writing prescriptions for medication to treat chronic pain can manage a patient better if the physician knows whether the patient is consuming another medication or substance, which could suggest the possibility of SUD or lead to drug-drug interactions. Additionally, UDT may help the physician monitor for medication adherence, diversion, efficacy, side effects, and patient safety in general." Dr. Margolin's practice established the SBIRT protocol standard of testing to correspond with NARX score (the analysis of the patient risk) that are also in line with the local coverage determination, that states, "Definitive testing may be ordered when accurate and reliable results are necessary to integrate treatment decisions and clinical assessment." Rational for testing patients are determined by the length of abstinence, from 1 test per week for patients with 0-30 consecutive days of abstinence, 1-3 tests per month for abstinence of 31-90 days and 1-3 test in three months for patients that are greater than 90 days of abstinence. I agree with Dr. Margolin's use of L36029 for SBIRT /G codes as described in this article as recommended by ICN MLN904084.

The determination also states that medical necessity is established on "patient-specific elements identified during clinical assessment." This happens through the patient's evaluation and management visit, the medical decision-making process that includes reviewing tests, consulting with other health providers, establishing a treatment plan, and medication management and the OARRS report. This is based on an individual's needs.

Nerve conduction studies 95910-95913, autonomic studies 95923, 95924, 93922 and ECG 93040 are diagnostic studies that help detect illnesses associated with nerve functionality. Many patients on chronic opioid therapy have chronic pain conditions such as chronic nerve pain (neuropathy) or sciatic nerve problems, musculoskeletal diseases, auto-immune diseases and other conditions. Patients that are in chronic pain turn to use of illicit pain medicines. These conditions can be a result of alcoholism and drug abuse. Autonomic studies are a collection of motor, sensory and autonomic data. Dr. Margolin uses this tool to help determine sources of pain, and to see if the autonomic nervous system is affected. This could affect internal functions such as blood pressure, heart rate, sweating, Guidelines for clinical practice of neuromuscular and electrodiagnostic studies is standardized by AANEM

Each patient in the article was examined in depth for compliant documentation standards, comprising of risk stratification, informed consent, diagnostic studies, additional records and treatment, as well as medical necessity which is the overarching criterion for treatment of a patient. Each chart was reviewed in detail for completeness of evaluation and management, including history, physical exam, labs, mental screenings, EMGs, pain assessment, NARX score, counseling and educational materials. Charts that included EMGs had informed consents and appear to be compliant and follow national standards and guidelines.

The cost to treat chronic pain patients is high. Dr. Margolin is combating the conflict between state and federal regulations that provide guidelines for treatment of these patients and payer denial of the

services (G codes) that put patients at higher risks. I would like to acknowledge the depth of assessment and documentation that Dr. Margolin submits establishing medical necessity for treatment of his patients. Quality patient care is the highest standard. The SBIRT protocol exemplifies this standard and is compliant, detailed, and methodical.

Finally, Dr. Margolin's utilization of the above codes appear to be applied correctly regarding billing and coding guidelines and abide by the standards of use as set in local coverage determinations through Medicare. I believe their use is innovative and cost effective for the payer and patient while still providing quality care. Good documentation is necessary for continuity of care. This is a top priority to Dr. Margolin and is evident in the high level of records that is kept for each patient. This along with his rationale and medical decision-making, support the use of the codes billed for reimbursement.

Please feel free to reach out to me with any questions or concerns. You may reach me at tleslie@mdbillingky.com.

Sincerely,

Tina Leslie

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Enclosures (2)

1. Copy of patient list 1 and list 2
2. Copy of patient list 3 NARX scores
3. Copy of the SBIRT article Margolin, L. "Impact of Screening and Brief Intervention (SBIRT), Urinary Drug Testing, Minimally Invasive Procedures, and Electromyography on Pain Reduction, Functional Improvement, and Continuity of Care in Chronic Pain Patients." Journal of Diabetes and Treatment Volume 5, Issue 01