



STATE OF OHIO  
OFFICE OF THE AUDITOR  
JIM PETRO, AUDITOR OF STATE

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# Ohio Medicaid Program

*Review of Medicaid Provider Reimbursements made to  
Linda Elaine Weber, M.D.*

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*A Compliance Review by the*

**Fraud, Waste and Abuse  
Prevention Division**





**STATE OF OHIO**  
**OFFICE OF THE AUDITOR**

JIM PETRO, AUDITOR OF STATE

88 East Broad Street  
P.O. Box 1140  
Columbus, Ohio 43216-1140

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Linda Elaine Weber, M.D.  
Provider #0724845  
167-G West Main Road  
Conneaut, Ohio 44030

Dear Dr. Weber:

We have completed our review of selected medical services rendered to Medicaid recipients by your office during the period July 1, 1994 through June 30, 1999. We identified findings for recovery in the amount of \$16,848.04. The findings represent Medicaid overpayments you received which must be repaid to the Ohio Department of Human Services. Therefore, we request that you make your check payable to the Treasurer of State of Ohio and mail it to:

Ohio Department of Human Services  
Post Office Box 182367  
Columbus, Ohio 43218-2367

It is important to include your provider number on the check so that your payment can be properly credited. In addition, please tear-out the "remittance" sheet in the back of this report when remitting payment.

Please be advised that in accordance with Ohio Revised Code Section 131.02, if payment is not made to the Ohio Department of Human Services within 45 days, this matter will be referred to the Ohio Attorney General's office for collection.

A copy of this report is being sent to the Ohio Department of Human Services, the Ohio State Medical Board, and the Ohio Attorney General. If you have any questions, please feel free to contact Robert I. Lidman, Deputy Chief, Fraud, Waste and Abuse Prevention Division, at (614) 728-7216.

Yours truly,

JIM PETRO  
Auditor of State

January 6, 2000



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### ABBREVIATIONS

AMA	American Medical Association
AOS	Auditor of State
CPT	Physician's Current Procedural Terminology
FWAP	Fraud, Waste and Abuse Prevention (Division of)
HCFA	Health Care Financing Administration
HCPCS	HCFA Common Procedure Coding System
MMIS	Medicaid Management Information System
ODHS	Ohio Department of Human Services
OAC	Ohio Administrative Code
ORC	Ohio Revised Code
SURS	Surveillance and Utilization Review Section

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## ***SUMMARY OF RESULTS***

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The Auditor of State performed a review of Linda Elaine Weber, M.D., Provider #0724845, doing business at 167-G West Main Road, Conneaut, Ohio 44030. During this review, findings amounting to \$16,848.04 were identified for recovery. The cited funds are recoverable as they resulted from Medicaid claims submitted by the Provider for improperly billed services under the Ohio Medicaid Provider Handbook and the Ohio Administrative Code. Therefore, pursuant to Ohio Revised Code Section 117.28, a finding for recovery is issued against the provider for improperly received monies in the amount of \$16,848.04.

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## ***BACKGROUND***

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The Auditor of State, working with cooperation and statistical data from the Ohio Department of Human Services, performs reviews designed to assess Medicaid providers' compliance with federal and state claims reimbursement rules. A provider renders medical, dental, laboratory, or other services to Medicaid recipients.

Medicaid was established in 1965 under the authority of Title XIX of the Social Security Act and is a federal/state financed program which provides assistance to low income persons, families with dependent children, the aged, the blind, and the disabled. Medical necessity is the fundamental concept underlying the program.

The Ohio Department of Human Services (ODHS) administers the Medicaid program. The rules and regulations that providers must follow are issued by ODHS in the form of an Ohio Medicaid Provider Handbook. Pursuant to the Medicaid handbook and the Ohio Administrative Code<sup>1</sup>, providers are required to keep records which will disclose the extent of services rendered and must provide those records upon request. Additionally, statistical methods may be used to review providers and to determine any amount of overpayment. Overpayments found during the course of a review are recoverable at the time of discovery.

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## ***PURPOSE, SCOPE AND METHODOLOGY***

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The purpose of this review was to determine whether the Provider's claims for reimbursement of services rendered to Medicaid patients were made in compliance with regulations and to calculate the amount of any ODHS overpayment resulting from noncompliance.

Our review was limited in scope, as it included only selected services which the Provider rendered to Medicaid recipients during the period July 1, 1994 through June 30, 1999.

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<sup>1</sup>Ohio Medicaid Provider Handbook, Chapter 3334, Section VI, and Ohio Administrative Code Section 5101:3-1-27.

We conducted an examination of the Provider's history of services billed for compliance with applicable regulations. This history of services, maintained in ODHS' Medicaid Management Information System (MMIS), included patient name, place of service, amount billed and paid, and procedure/service billed.

Procedures and services are codified using the following five digit coding systems:

- Current Procedural Terminology (CPT)<sup>2</sup>,
- Health Care Financing Administration's<sup>3</sup> (HCFA) Common Procedural Coding System (HCPCS), and
- ODHS' local level.

We examined the amounts reimbursed by ODHS and conducted a review of necessary equipment and certifications to determine the appropriateness of services rendered.

We utilized ODHS' Medicaid Provider Handbook and the Ohio Administrative Code (OAC) as guidance in determining the extent of service and applicable reimbursement rates.

In addition, a computer analysis was performed on:

- all patient claims paid during the review period for laboratory service codes 87070, 87060, 87082, 88150, 84702, 86886, 85025, 82105, 86287, 86901, 87086, 80008, 86592, 80019, and 84443,
- all patient claims paid during the review period where fetal monitoring, CPT code 59050, was billed in conjunction with delivery codes 59410 and 59515,
- all patient claims paid during the review period for chlamydia culture and immunoassay testing (CPT codes 87110 and 86317),
- all patient claims paid during the review period where postpartum care code 59430 was billed in conjunction with delivery codes 59410 and 59515, and
- all patient claims paid during the review period where urinalysis code 81000 was billed in conjunction with antepartum care code 59420.

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<sup>2</sup>The CPT is published by the American Medical Association (AMA) for the purpose of providing a uniform language to describe medical services.

<sup>3</sup>HCFA has federal oversight of the Medicaid program.

The results of this analysis are discussed below.

Work performed on this review was done in accordance with generally accepted government auditing standards.

A draft report was mailed to the Provider on November 18, 1999. The Provider was given five (5) business days from receipt of the draft report to provide a written response and/or submit additional documentation. The Provider responded by phone on November 23, 1999.

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## ***FINDINGS***

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Our finding for recovery of \$16,848.04 resulted from overpayments in five provider service claim categories. The categories of our findings, the number of instances found, the basis for the overpayment, and the dollar amount overpaid are detailed in the sections below.

### **INAPPROPRIATE BILLING OF FETAL MONITORING**

Pursuant to the Ohio Medicaid Provider Handbook, Chapter 3334, Physician Services, Section V, Subsection B(6), (OAC Section 5101:3-1-198), overpayments, duplicate payments, or payments for services not rendered are recoverable by the department at the time of discovery.

During our review of the provider's paid claims, we identified a large number of claims for fetal monitoring,(CPT code 59050)<sup>4</sup>, billed on the same day for the same patient, with a vaginal or cesarean section delivery (CPT codes 59410 and 59515). By definition of CPT code 59050, a provider is only eligible for reimbursement if he/she is acting as a consultant and is not the attending physician.

As we further examined the claims, we determined in all 136 claims reviewed that the Provider was the attending physician who delivered the child and performed the fetal monitoring. Because the Provider was the attending physician and not a consultant, an overpayment occurred in all billed instances. To be eligible for reimbursement of CPT code 59050 the provider must be providing the service on a consulting basis.

A finding for recovery is made for \$7,180.68, which represents the amount reimbursed to the Provider for fetal monitoring services performed in conjunction with deliveries in which the Provider was the attending physician and not a consultant.

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<sup>4</sup>Fetal monitoring during labor by consulting physician (i.e. non-attending physician) with written report (separate procedure); supervision and interpretation.

## INAPPROPRIATE BILLING OF LABORATORY SERVICES

Pursuant to the Ohio Medicaid Provider Handbook, Chapter 3336, Section II, Subsection U(4), (OAC Section 5101:3-11-03), a physician or clinic may be reimbursed for clinical pathology procedures and specimen collection actually performed in the physician's office, physician's group practice, or clinic.

We found 166 instances where the provider billed and was reimbursed for laboratory services where the actual tests were performed by an independent laboratory for testing<sup>5</sup>. Therefore, the Provider was ineligible to receive reimbursement.

A finding for recovery is made for \$1,616.23, which represents the amount reimbursed to the provider for laboratory tests performed by an independent laboratory.

In addition, the Ohio Medicaid Provider Handbook, Chapter 3336, Section II, Subsection U(7), (OAC Section 5101:3-11-03) states, to bill for clinical laboratory procedures, a provider must bill the most appropriate CPT code for the procedure.

During our review of the Provider's laboratory testing capabilities and equipment, we found that for the tests performed in the office, the Provider billed incorrectly for chlamydia testing (utilizing a Clearview chlamydia test kit) and Streptococcus A testing. In both instances, the provider billed for the incorrect testing method. For chlamydia testing, the provider billed as if a quantitative test was performed when the method utilized was qualitative. For the Streptococcus A testing, the provider billed as if an assay detection was performed when the method utilized was a direct screen.

Because the amount reimbursed to the Provider for the testing method billed was greater than the established maximum fee allowed for the testing method utilized, an overpayment occurred in 436 instances. Therefore, a finding for recovery is made for \$3,555.83, which represents the difference between the reimbursement to the Provider for the incorrectly billed laboratory tests and the maximum allowable amount for the tests actually performed.

A total finding in the category is made for \$5,172.06.

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<sup>5</sup>These tests included culture, pregnancy and pap tests 87070, 87060, 87082, 88150, 84702, 86886, 85025, 82105, 86287, 86901, 87086, 80008, 86592, 80019, and 84443.

## INAPPROPRIATE BILLING OF POSTPARTUM CARE

Pursuant to the Ohio Medicaid Provider Handbook, Chapter 3336, Section II, Subsection C(3) (OAC Section 5101:3-4-08), "Postpartum Care" includes hospital and office visits for routine, uncomplicated care following a vaginal or cesarean delivery.

The following codes should be billed for delivery and postpartum services provided on or after January 1, 1994:

59410 - Vaginal delivery; routine postpartum care provided by the same provider.

59515 - Cesarean section; routine postpartum care provided by the same provider.

In our review, we found 74 instances where the provider billed and was reimbursed by ODHS separately for postpartum care services (CPT code 59430) which are included in the reimbursement to the attending physician if they performed both the delivery and the postpartum visit. Since all instances reviewed were routine postpartum visits, a finding was made on all postpartum visits billed in conjunction with delivery codes 59410 and 59515.

A finding for recovery is made for \$3,261.10, which represents the amount reimbursed to the provider for these postpartum care services.

## INAPPROPRIATE BILLING OF URINALYSIS WITH ANTEPARTUM CARE

Pursuant to Ohio Medicaid Provider Handbook, Chapter 3336, Section II, Subsection C,(2),(OAC Section 5101:3-4-08), the antepartum visit is inclusive of routine urinalysis screening tests using reagent strips ("dipstick") to measure PH and/or to detect the presence of sugar, protein, or other components.

In our review of the Provider's paid claims, we found 208 instances where the Provider billed and was reimbursed by ODHS for CPT code 81000 (urinalysis, by dip stick or tablet reagent; with microscope), billed in conjunction with an antepartum visit (CPT code 59420).

A finding for recovery is made for \$955.04, which represents the amount reimbursed to the Provider for urinalysis billed in conjunction with antepartum care<sup>6</sup>.

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<sup>6</sup>It should be noted the same finding was issued by ODHS' Surveillance and Utilization Review Section (SURS) for an audit period ending June, 1993.

## DUPLICATE PAYMENT

Pursuant to Ohio Medicaid Provider Handbook, Chapter 3334, Section V, Subsection B(6), (OAC Section 5101:3-1-198), overpayments, duplicate payments or payments for services not rendered are recoverable by the department at the time of discovery.

During our review, we found 21 instances where the Provider billed and was reimbursed by ODHS for duplicate billings. Five instances of antepartum care visit code 59420 were billed twice for the same recipient for the same date of service and 16 instances of urinalyses were billed for the same recipient on the same date of service.

A finding for recovery is made for \$279.16, which represents the amount reimbursed to the Provider for the duplicate billings.

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### **CONCLUSION**

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Based on the review, the findings for recovery are in the amount of \$16,848.04. After reviewing a draft of this report, the Provider responded by phone on November 23, 1999. She requested clarification about the basis for the overpayments, which we provided.

She also questioned why ODHS paid for the services if she was not eligible for reimbursement. Although providers have the primary obligation to understand Medicaid billing requirements and bill accurately, we also believe it is in ODHS' best interest to install edits in its claims processing system when feasible to prevent overpayments from occurring. In this capacity, we are working ODHS' Office of Medicaid to address concerns of the type raised by the Provider.

The Provider is aware of the final amount and reason for the findings. In addition, the Provider is aware that if payment is not made within 45 days of receipt of this report, the Attorney General will be asked to collect the finding amount.

## PROVIDER REMITTANCE FORM

Make your check payable to the Treasurer of State of Ohio and mail check along with this completed form to:

Ohio Department of Human Services  
Post Office Box 182367  
Columbus, Ohio 43218-2367

Provider: Linda Elaine Weber, M.D.  
167-G West Main Road  
Conneaut, Ohio 44030

Provider Number: 0724845

Review Period: July 1, 1994 through June 30, 1999

AOS Finding Amount: \$16,848.04

Date Payment Mailed: \_\_\_\_\_

Check Number: \_\_\_\_\_

**IMPORTANT:** To ensure that our office properly credits your payment, please also fax a copy of this remittance form: Charles Carle at (614) 728-7398.

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STATE OF OHIO  
OFFICE OF THE AUDITOR  

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JIM PETRO, AUDITOR OF STATE

88 East Broad Street  
P.O. Box 1140  
Columbus, Ohio 43216-1140  
Telephone 614-466-4514  
800-282-0370  
Facsimile 614-466-4490

**LINDA ELAINE WEBER, M.D.**

**ASHTABULA COUNTY**

**CLERK'S CERTIFICATION**

**This is a true and correct copy of the report which is required to be filed in the Office of the Auditor of State pursuant to Section 117.26, Revised Code, and which is filed in Columbus, Ohio.**

*Susan Babbitt*

**CLERK OF THE BUREAU**

**CERTIFIED  
JANUARY 6, 2000**