



STATE OF OHIO  
OFFICE OF THE AUDITOR

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JIM PETRO, AUDITOR OF STATE

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# Ohio Medicaid Program

*Review of Medicaid Provider Reimbursements made to  
Joon K. Yeo, M.D.*

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A Compliance Report prepared by the

**Fraud, Waste and Abuse  
Prevention Division**





STATE OF OHIO  
OFFICE OF THE AUDITOR

JIM PETRO, AUDITOR OF STATE

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Joon K. Yeo, M.D.  
Attn: Vicki Mitchell  
57 Robinhood Lane  
Troy, Ohio 45373

Re: Medicaid Review of  
Provider Number 0649105

Dear Ms. Mitchell:

We have completed our review of selected medical services rendered to Medicaid recipients by Joon K. Yeo, M.D. for the period January 1, 1995 through March 31, 2000. We identified overpayments \$12,210.44 in overpayments. The attached report details the basis for the overpayment.

We appreciate your prompt response when notified of our findings and the check remitted to the Ohio Department of Job and Family Services for full payment of the findings.

As a matter of policy, a copy of this report is being sent to the Ohio Department of Job and Family Services, the Ohio Attorney General, and the State Medical Board. If you have any questions, please contact Johnnie L. Butts, Jr., Chief, Fraud, Waste and Abuse Prevention Division at (614) 466-3212.

Yours truly,

JIM PETRO  
Auditor of State

July 27, 2000



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### **ABBREVIATIONS**

CPT	Physicians' Current Procedural Terminology
FWAP	Fraud, Waste and Abuse Prevention Division
OAC	Ohio Administrative Code
ODJFS	Ohio Department of Job and Family Services
ORC	Ohio Revised Code
MMIS	Medicaid Management Information System

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## ***SUMMARY OF RESULTS***

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The Auditor of State performed a review of Joon K. Yeo, M.D., Provider #0649105, doing business at 57 Robinhood Lane, Troy, Ohio 45373. During this review, findings in the amount of \$12,210.44 were identified for recovery. The cited funds are recoverable as they resulted from Medicaid claims submitted by Joon K. Yeo, M.D., for services that were improperly billed and reimbursed under the Ohio Medicaid Handbook and Ohio Administrative Code (OAC). Therefore, pursuant to Ohio Revised Code Section (ORC)117.28, a finding for recovery is issued against the Provider for improperly received monies in the amount of \$12,210.44.

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## ***BACKGROUND***

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In the State of Ohio, the Ohio Department of Job and Family Services (ODJFS) is delegated with the responsibility of administering the Medicaid Program. Within federal guidelines, ODJFS establishes reimbursement policy, service rules and regulations, arranges with providers to render their services to patients, and pays provider claims.

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

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The Auditor of State has identified billings for multiple units of service for the same patient on the same day as an area where some providers could be over billing. A computer analysis of this issue resulted in the selection of providers for audit.

The purpose of our review was to determine whether the Provider's claims for reimbursement of medical services billed with multiple units of service were made in compliance with regulations and calculate an overpayment amount in the event of any noncompliance. Our review was limited to include only selected services billed with multiple units of service, which the Provider rendered to Medicaid recipients during the period January 1, 1995 through March 31, 2000.

To determine whether a noncompliance occurred, we reviewed paid claim information<sup>1</sup> residing in ODJFS' Medicaid Management Information System (MMIS) for instances where a provider billed and was paid for more than one unit of service when data and/or the definition of the code billed indicated only one unit or service could have been performed. In such instances, an overpayment would be made on the difference between the amount reimbursed the provider and the established maximum fee allowed for one unit of service.

We utilized ODJFS' Medicaid Provider Handbook and the Ohio Administrative Code (OAC) as guidance in determining the applicable regulations and applicable reimbursement rates.

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

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<sup>1</sup>The computerized paid claims data included provider number, recipient name, recipient number, procedure codes, warrant number, date of service, amount billed and paid, and overpayment amount.

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## ***FINDINGS***

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Pursuant to the 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. . .

We reviewed dialysis CPT code 90921 billed by the Provider. The review showed 74 paid claims where the Provider billed 28 or more units of service for one month of dialysis services, for the same patient and for the same date of service. For example, the Provider billed for performing CPT code 90921; *End stage renal disease (ERSD) related services per full month; for patients twenty years of age and over*, with 28 to 31 units of service in a single day for the same patient. For this code, a unit of service is one per full month (each 30-day period). The Provider should have billed only one unit of service for the dates performed for the full month of services.

The amount of the overpayment received by the Provider resulted from how ODJFS calculates the Medicaid maximum fee. For the example of CPT code 90921, the maximum reimbursable fee was calculated by multiplying the number of units billed (31 in this case) by the established maximum fee allowed for the service (\$128.38)<sup>2</sup>. The Provider will then receive the billed charge (\$300) or the calculated Medicaid maximum (\$128.38 x 10 = \$3,979.78), whichever was less. In this instance, the Provider received the billed charge of \$300 for one month of dialysis services provided. Therefore, an overpayment occurred between the difference of what was paid to the Provider and the established maximum fee for one unit (\$300.00 - \$128.38 = \$171.62 in this example).

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## ***CONCLUSION***

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A finding for recovery is made for \$12,210.44 for the 74 instances in which the Provider billed and was paid for 28 to 31 units of service in lieu of the established maximum fee for one unit.

A draft report was mailed to the Provider on June 12, 2000, to afford the Provider an opportunity to provide additional documentation or otherwise respond in writing. The Provider responded on June 30, 2000 by concurring with the finding and submitting a check in the amount of \$12,210.44 to the Ohio Department of Job and Family Services.

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<sup>2</sup> Maximum fees are periodically revised. This was the maximum fee for this code from May 1, 1994 through December 31, 1996.





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**JOON K. YEO, M.D.**

**MIAMI 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  
JULY 27, 2000**