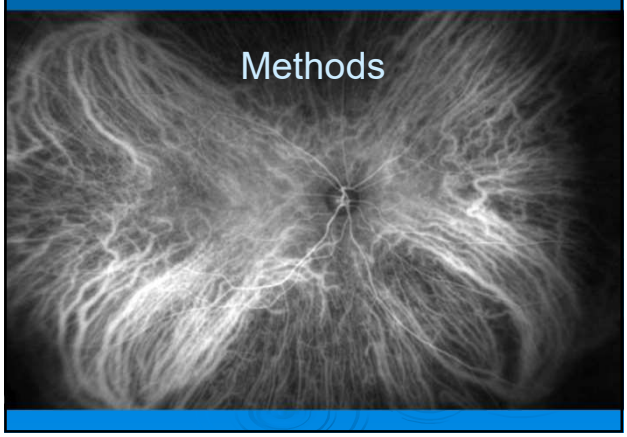
Christian T. Jurs

Special Agent
U.S. Department of Health and Human Services
Office of Inspector General
Office of Investigations

Methods



Peer Comparison: Diagnosis

Provider	Year	Percent of beneficiaries diagnosed with 362.52
All others	2005	2.87%
Pon	2005	49.80%
All others	2006	3.22%
Pon	2006	59.08%
All others	2007	3.56%
Pon	2007	69.73%
All others	2008	3.89%
Pon	2008	91.19%
All others	2009	4.11%
Pon	2009	96.22%
All others	2010	4.35%
Pon	2010	97.46%
All others	2011	5.87%
Pon	2011	98.03%

Peer Comparison: ICG

Provider	Year	Units of 92240 billed per beneficiary	Percent of beneficiaries who got 92240	Units of 92240 billed per beneficiary who got that service
All others	2005	0.0045	0.14%	3.1700
Pon	2005	6.3900	43.20%	14.7917
All others	2006	0.0041	0.13%	3.2105
Pon	2006	7.8603	58.68%	13.3946
All others	2007	0.0032	0.09%	3.6038
Pon	2007	9.5448	70.18%	13.6006
All others	2008	0.0053	0.14%	3.8137
Pon	2008	12.0238	90.95%	13.2199
All others	2009	0.0059	0.16%	3.5880
Pon	2009	12.0236	95.51%	12.5891
All others	2010	0.0057	0.18%	3.2096
Pon	2010	12.0636	95.67%	12.6090
All others	2011	0.0046	0.20%	2.3467
Pon	2011	5.9738	95.74%	6.2397

Peer Comparison: Laser

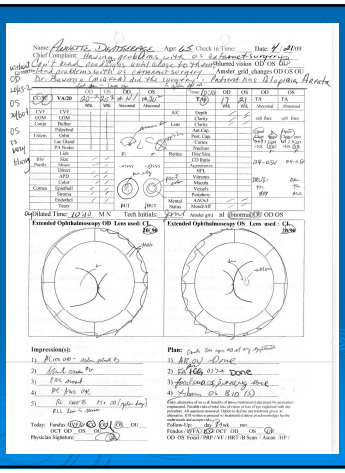
Provider	Year	Units of 67220 billed per beneficiary	Percent of beneficiaries who got 67220	Units of 67220 billed per beneficiary who got that service
All others	2005	0.0023	0.18%	1.2734
Pon	2005	1.2180	31.60%	3.8544
All others	2006	0.0016	0.13%	1.2680
Pon	2006	1.6627	50.30%	3.3056
All others	2007	0.0012	0.09%	1.2803
Pon	2007	2.4417	65.70%	3.7167
All others	2008	0.0011	0.08%	1.3364
Pon	2008	3.6357	86.43%	4.2066
All others	2009	0.0011	0.08%	1.3955
Pon	2009	3.9007	92.43%	4.2199
All others	2010	0.0009	0.07%	1.3626
Pon	2010	3.8931	92.62%	4.2033
All others	2011	0.0007	0.05%	1.2472
Pon	2011	0.9803	62.62%	1.5654

Case Example: Annete Deatherage

- 1st visit: 4/21/2009
- Immediately given bilateral FA and ICG
- Immediately diagnosed with wet AMD
- Laser photocoagulation at 1st visit

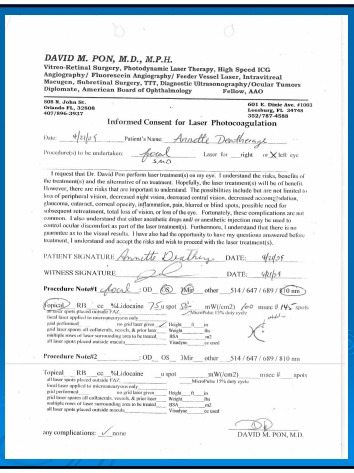
Initial Visit

- Exam note
- Shows drawing of macular disease in left eye and laser treatment is advised



Initial Visit

- Laser form



DAVID M. PON, M.D., M.P.H.
Vitreo-Retinal Surgery, Photodynamic Laser Therapy, High Speed ICG Angiography/ Fluorescein Angiography/ Feeder Vessel Laser, Intravitreal Macugen, Subretinal Surgery, TTT, Diagnostic Ultrasonography/Ocular Tumors
Diplomate, American Board of Ophthalmology — Fellow, AAO

909 N. Johs St.
Orlando FL, 32808
407/896-2027

601 E. Dixie Ave. #1003
Leesburg, FL 34748
352/787-6500

Informed Consent for Laser Photocoagulation

Date: 4/15/09 Patient's Name: Annette Deatherage

Procedure(s) to be undertaken: Focal Laser for right or X left eye.

I request that Dr. David Pon perform laser treatment(s) on my eye. I understand the risks, benefits of the treatment(s) and the alternative of no treatment. Hopefully, the laser treatment(s) will be of benefit. However, there are risks that are important to understand. The possibilities include but are not limited to loss of peripheral vision, decreased night vision, decreased central vision, decreased accomodation, glaucoma, cataract, corneal opacity, inflammation, pain, blurred or blind spots, possible need for subsequent retreatment, total loss of vision, or loss of the eye. Fortunately, these complications are not common. I also understand that either anesthetic drops and/ or anesthetic injection may be used to control ocular discomfort as part of the laser treatment(s). Furthermore, I understand that there is no guarantee as to the visual results. I have also had the opportunity to have my questions answered before treatment. I understand and accept the risks and wish to proceed with the laser treatment(s).

PATIENT SIGNATURE: Annette Deatherage DATE: 4/15/09

WITNESS SIGNATURE: DATE: 4/15/09

Procedure Note#1 focal OD OS other 514 / 647 / 689 / 810 nm

Topical RR cc %Lidocaine 75 spot 50 mW/(cm2) 60 msec # 145 spots

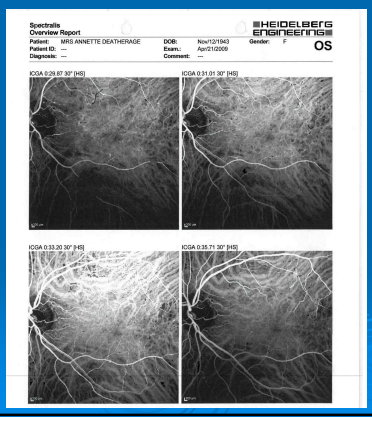
Procedure Note#2 OD OS other 514 / 647 / 689 / 810 nm

Topical RR cc %Lidocaine u spot mW/(cm2) msec # spots

any complications: ✓ none

DAVID M. PON, M.D.

Initial Visit



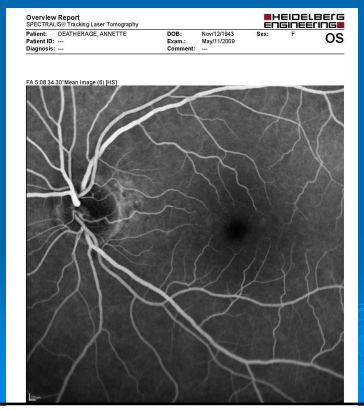
Spectralis
Overview Report

HEIDELBERG ENGINEERING

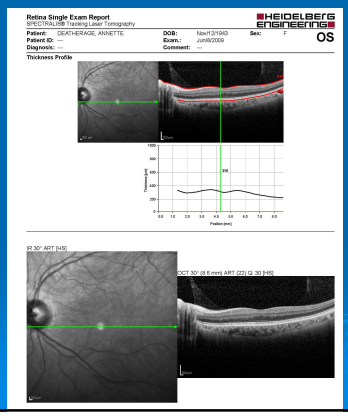
Patient: MRS ANNETTE DEATHERAGE
Patient ID: ---
Diagnosis: ---
DOB: Nov/12/1943
Exam.: Apr/21/2009
Comment: ---
Gender: F
OS

ICGA 0:29.87 30° [HS]
ICGA 0:31.01 30° [HS]
ICGA 0:33.20 30° [HS]
ICGA 0:35.71 30° [HS]

One Month Visit

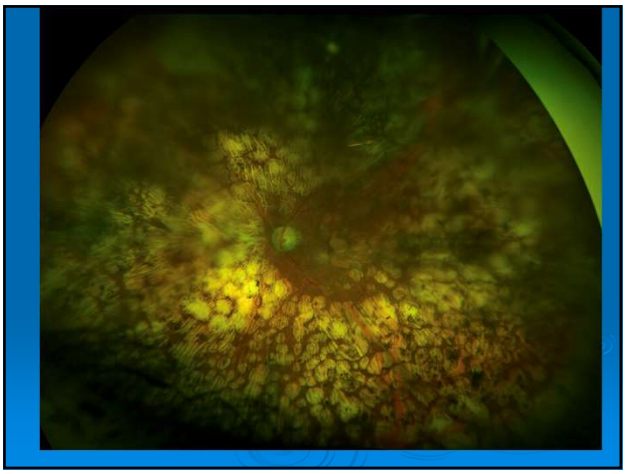


Two Month Visit



Same Patient

- Examined by three other ophthalmologists and expert witness
- One – just before Dr. Pon: 20/25 and 20/30 vision and "one drusen"
- One: July 2009: No wet AMD, no scars
- One: Nov. 2009: No wet AMD; no scars
- Expert: "No laser, no CNV, No wet AMD on any image"
- Patient: Scared; never told wet AMD by Pon – Secretary told on phone when examine file



Pitfalls

- You are everyone's first line of defense
  - Red flag diagnoses
  - Failure/resistance to provide medical records
  - Inconsistent info
  - Outdated procedures/Impossible procedures
  - Aberrant Dx testing regimen
  - Exaggerate severity – esp. with diabetes
  - Excessive lasers in a time of Anti-VEGF
  - Unapproved anti-VEGF drugs from overseas
- Most of the time – stand alone single MD practice – no checks and balances

Pitfalls

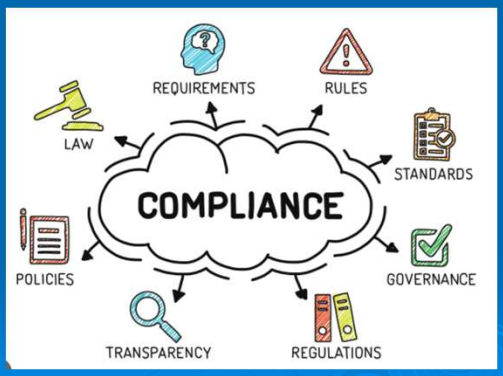
- "Telemedicine" companies
- Stem cell Tx/Regenerative Medicine
- Stark/Kickbacks
- Amniotic membrane treatment w/o prior Tx
- Most of the ophthalmologist we see - cataract or glaucoma
  - Falsify cloudiness or ocular pressures
  - Unnecessary lens replacement
  - Easy to maintain good pressures when no disease

Modifier 25

- Has to be (1) Significant and separately identifiable, and ; (2) More complex than 99211
- Since surgical proc. – global periods – 67028 global period = 0 days
- Since surgical code – pre and post-op Tx related to 67028 not applicable – only intra
- Often means a different dx, although esp. in ophthalmology not 100%

Modifier 25

- Questions to honestly ask oneself:
  - New Dx or just management of existing one?
  - Is the surgical code (67028) already scheduled or is exam necessary to est. if needed
  - Can the tx with the -25 modifier be separated out from re and post-op of surgical code with reasonable ease?
- Just like law – reasonableness and articulation
- Different levels of scrutiny – audit v. civil v. criminal



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