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Medical Billing Compliance
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Alert! NEWSLETTER

Can I bill if the patient is not present?

This is a question that the Compliance Department is often asked. The Yale Medical Group primarily utilizes the guidelines established by the Center for Medicare and Medicaid Services (CMS) as our documentation and billing standard. CMS has a long standing policy that they do not pay for visits with family when the patient is not present.

In the office and other outpatient setting, counseling and /or coordination of care must be provided in the ***presence of the patient.***

Face-to face time refers to the time with the physician only. Counseling by other staff is not considered to be part of the face to face physician / patient encounter time. Therefore, the time spent by the other staff is not considered in selecting the appropriate level of service. The code used depends upon the physician service provided.

If a patient is withdrawn and uncommunicative due to a mental disorder or is comatose, the time a physician spends with family members or close associates to secure background information regarding the patient may be billable as an E&M. If the patient has a mental, psychoneurotic or personality disorder and is not an inpatient of a hospital, then Medicare will apply a special limitation allowance on the payment.

Family counseling services may also be covered by Medicare if the primary purpose of such counseling is the treatment of the patient's condition. The two scenarios provided by Medicare are:

1) where there is a need to observe the patient's interaction with family members and/or
2) where there is a need to assess the capability of and assist the family members in aiding in the management of the patient.

In both examples, the patient would be present.

In the inpatient setting, if the patient is in critical condition and unable or clinically incompetent to participate in discussions, time spent on the floor or unit with family members or surrogate decision makers may be reported as critical care for the following activities:

- obtaining a medical history,
- reviewing the patient's condition or prognosis,
- discussing treatment or limitation(s) of treatment

The time for these activities may be counted if the focus of the conversation bears directly on the medical decision making.

Discussions with family members when patients are not present will not, in most cases, be covered by other payers. For many insurers, the patient must be present when family members want an update from the physician in order to be considered as a time factor and reimbursable by insurance carriers.

In the pediatric world, the American Academy of Pediatrics (AAP) has stated that it is common for parents to come in and discuss a child's condition or problem without the child being present. The AAP recommends that the physician can report the E&M service using time as a key factor even if the child is not present. However, a poll done by the YMG Patient Financial Services (PFS) area indicates that the private payers may have their own rules surrounding visits in which the patient is not present. For example, Aetna and HealthNet cover the services whereas Anthem BCBS and CIGNA do not. We recommend that departments check with Sally Chesney in PFS before billing for a service to a private payer in which the patient is not present.

Look for Our New "incident to" and "shared visit"
billing template on the web at:
http://yalemedicalgroup.org/comply

Please contact Anthony Fusco at 785-3438 or anthony.fusco@yale.edu if you would like a laminated billing template card.

OIG saved government $30 billion, report says

According to the OIG's semi-annual report, the OIG excluded 3,293 individuals and entities for fraud or abuse of federal healthcare programs and/or their beneficiaries and reported other savings of approximately $30 billion.

CERT Update

AdvanceMed is a government contractor hired to perform medical reviews of claims submitted to Medicare. During 2004, the Yale Medical Group received several CERT (Comprehensive Error Rate Testing) letters from the AdvanceMed who was recently audited by the Office of Inspector General (OIG). The OIG concluded that AdvanceMed's Quality Assurance unit failed to provide enough evidence of the reliability of the claims review process. If you should happen to receive an AdvanceMed letter, please contact Judy Harris at 785-3868 immediately.

Senior Medicare Patrol Members Increase

The Senior Medicare Patrol Project which teaches Medicare beneficiaries how to detect fraud, waste and abuse of the Medicare program now has a 'patrol' in each of the 50 states. Since the program's inception in 1999, the senior patrol project has recovered or saved nearly 4 million dollars for federal health care programs.

Compliance Confidential

Dr Survarna Shah, a Connecticut pediatrician, agreed to a civil settlement amount of $700,000 for billing Medicaid and other insurance plans for vaccination doses she received free from a joint state/federal immunization program. When she is sentenced, Dr Shah faces a maximum sentence of 10 years of imprisonment and a $250,000 fine.

Jorge Elias, another Connecticut physician, was also convicted of defrauding the Medicaid program and private health insurance companies for billing for the free vaccination doses. Dr Elias agreed to pay $222,990.04 to the United States and the State of Connecticut, and had restitution in the amount of $108,000 to private insurance companies.

The State has filed a suit against a Connecticut plastic surgeon, Dr Robert Gianetti, alleging that Gianetti illegally billed or sued patients for amounts in excess of what he agreed to charge in his contracts with insurers and Medicaid. By the end of the summer, 45 such suits were pending and 146 were inactive or resolved.

OIG still on War-PATH

(Physicians At Teaching Hospitals)

Loma Linda University paid 2.2 million dollars to settle allegations that they submitted false claims for services with insufficient evidence that the faculty member, as opposed to residents or interns, had been personally involved in performing the services. When a resident, intern or fellow is involved in the services provided to patients, the attending must personally document a note that supports the following concepts:

- the attending saw the patient
- the attending evaluated the patient
- the attending was involved in the plan.

The attending may also want to reference the resident, intern or fellow note, if the services were jointly performed or the attending has verified the information. Generic attestations, i.e., the same pat phrase for every patient, are unacceptable.

COMPLIANCE PROGRAMS-PREVENTATIVE MEDICINE FOR HEALTH CARE PROVIDERS
Find the Alert at http://yalemedicalgroup.org/comply

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