Teaching Physician
Compliance
ALERT
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How much time can elapse between the resident and TP note?

In July of this year, the AAMC asked the Center for Medicare and Medicaid Services (CMS) about the acceptable length of time that may elapse between the time of the resident's notes and the time of the teaching physician's notes for them to be used in combination to determine the level of service. The example used by the AAMC was one in which the resident performs the initial assessment in late evening of day one and the teaching physician follows with a face-to-face service in the later morning of day two.

CMS provided this clarification.

"The regulations at 42 CFR 415.174(a)(3) and the teaching physician guidelines at MCM section 15016 C.2 require the teaching physician to review with each resident, during or immediately after each visit, the patient's medical history, physical examination, diagnosis, and record of tests and therapies, and to document the extent of the teaching physician's participation in the review and direction of the services. The teaching physician must document that he has reviewed the patient's care with the resident and agrees with the resident's assessment and plan of care. The teaching physician must still document his review of the resident's notes when they become available. There are no set timeframes, but the timeframes in your examples are adequate."

Source: AAMC

Billing without the patient present

This article is an update to an article published in January 2005 titled "Can I bill if the patient is not present?". Recent contacts with private insurers have resulted in some changes to their policies and we wanted to update you on the most current policies. The question posed to insurance companies was in the context of an E&M visit with a pediatric patient's parents and the patient was not present. Anthem, Connecticare, Healthnet, Oxford and United Health Care all responded favorably to reimbursing this type of visit. The remainder of this article addresses Medicare's policy which has not changed since we published it in 2005.

Medicare has a long standing policy that they do not pay for visits with family when the patient is not present. 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

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2009 Medical Billing Compliance Awards

Dr. Hari Desphande and Kelly Anastasio

Each year, the Compliance Office presents an award to individuals who demonstrate diligence in their medical billing compliance efforts. The recipients for 2009 are Hari Desphande, M.D., Assistant Professor Cancer Center and Surgery Otolaryngology and Kelly Anastasio, Billing Supervisor, Orthopaedics. Dr. Deshpande has served as the Department's Billing Compliance Leader since 2005 and has been a valuable resource to faculty and the Compliance Department with billing issues. Dr. Deshpande has provided assistance with faculty training of medical billing compliance issues and he is a key participant with audit issues. In Orthopaedics, Kelly Anastasio has taken a keen interest in billing for clinical care services provided to patients in research studies with a focus on device studies. These types of studies require timely communication with ancillary departments and Yale New Haven Hospital. Kelly's efforts at communication with all parties involved have been exemplary. Kelly has also provided invaluable assistance with our beta project of the Patient Protocol Manager (PPM), a software solution for billing clinical care services in research studies. Both recipients received a gift certificate to a popular local restaurant.

Don't let your billing number be suspended!

All billing physicians and non-physician practitioners must complete their one-hour of medical billing compliance training by December 31, 2009 or their billing numbers will be suspended. To check your training status, visit http://www.yale.edu/training.

Options for completing the requirement are:

1) the on line quiz 2) the Non Physician Practitioners on line module 3) attend a general audience seminar 4) attend a special department seminar.

ON LINE QUIZ

The Teaching Physician Tutorial is at: http://learn.med.yale.edu/cms/caslogin.asp

This requires you to sign into the Yale login using your Yale net ID and Yale email password. It can be accessed from any computer. It works best with Microsoft Internet Explorer. You need to allow active content, to make sure your "enable cookies or enable all cookies" is selected in the options section.

There is a tutorial section you can spend as much time as you like looking at. Select the most appropriate quiz closest to your specialty. A score of 75% or higher is required to pass. You can retake the quiz up to 3 times on a single sign in session.

The NON PHYSICIAN PRACTITIONER MODULE

is for physician assistants, advanced practice registered nurses, licensed clinical social workers, midwives, and clinical psychologists who have billing numbers. It is located at: http://comply.yale.edu/medicalbilling/training/nonphytrain.html This link is inside the Yale Network's secure section and needs to be accessed from a computer on the Yale network.

GENERAL AUDIENCE SEMINARS

are scheduled as follows 5:00 to 6:00 PM:

Nov. 4, 2009 - Brady Amphitheater

Nov. 19, 2009 - Fitkin Auditorium

Dec. 2, 2009 - Brady Amphitheater

Dec. 17, 2009 - TAC N107 Auditorium

It is recommended that you register for one of these sessions by contacting compliance coordinator Tony Fusco at 203-785-3438 or anthony.fusco@yale.edu or by going to: http://www.yale.edu/training/ , scrolling down the page and selecting the medical billing compliance link. Select the link for the upcoming general compliance seminar to register for the course.

Billing without patient continued

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:

- where there is a need to observe the patient's interaction with family members and/or
- 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 treat ment.

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

Please contact Judy Harris 785-3868 or judy.harris@yale.edu if you have any questions

In the News

CT Pharmacists in spotlight

Joby George pleaded guilty to one count of healthcare fraud and entered into a civil agreement requiring him to pay $344,000 to resolve claims that he violated the False Claims Act. George was a licensed pharmacist in New Jersey, Connecticut, and New York, as well as part owner of Bynam Pharmacy in Greenwich, CT. Authorities allege that George billed for drugs he never dispensed and accepted cash payment for certain narcotics. Authorities also allege that George knowingly billed Medicare and Medicaid for brand name drugs, when he in fact dispensed cheaper generic drugs. He will face a maximum penalty of 10 years in jail and a fine of up to $250,000.

Holland Nguyen, a Bridgeport pharmacist, has been accused of filling more than two dozen prescriptions incorrectly from 2005 to 2008. Nguyen, who agreed to surrender her license, worked at a CVS on Boston Ave in Bridgeport. Among the complaints alleged are that Nguyen gave 50 times the prescribed dose of a steroid and gave Viagra to the wrong customer. Nguyen who will face a hearing before the Consumer Protection Department blamed her errors on an overwhelming workload.

Quest Connecticut settlement

A settlement has been reached from Quest Diagnostics for alleged defective tests.

The Connecticut Attorney General Richard Blumenthal announced that the state will receive nearly $150,000 from Quest. Connecticut was among the states that accused one of its subsidiaries of billing their Medicare programs for inaccurate tests designed to determine whether patients with late stage kidney disease also had thyroid problems.

The company denied the allegations but agreed to the settlement.

H1N1 billing

According to the AMA, physicians can report H1N1 immunization administrations and counseling using Category I CPT Code 90470. No charges should be submitted for the H1N1 vaccine product since the vaccine will be furnished free of charge to healthcare providers. In order to bill for the administration, the person administering the vaccine must be a Yale University (YU) employee or leased employee of YU.

For Medicare patients however, CMS has created two specific G codes to use instead of the CPT codes. G9141 is the code for the administration. Our billing system will be monitoring Medicare claims to make sure the correct G code is used for billing. The Part B deductible and coinsurance do not apply to the administration for Medicare patients. A Fact Sheet about the H1N1 can be found at: http://www.cms.hhs.gov/Emergency/Downloads/H1N1_Fact_Sheet_Medicare_FFS_Provider_Billing.pdf

Direct Deposit in store for Medicare providers

Senator Mel Martinez (R-FL) and Senator Amy Klobuchar (D-MN) have joined together in an effort to require all Medicare and Medicaid provider payments to be made through direct deposit at federally-insured banking institutions. If signed into law, this measure will make it easier to track providers engaged in fraud thereby dramatically reducing the estimated loss of more than $60 billion every year. This effort is expected to allow law enforcement to more quickly identify and track Medicare and Medicaid payments to fraudulent providers. This effort currently being ushered through Congress is known as the Improving Medicare and Medicaid Policy for Reimbursements through Oversight and Efficiency or "IMPROVE" act.

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Compliance Programs—Preventative Medicine for Healthcare Providers

P.O. Box 9805

New Haven, CT 06536

1 (877) 360-YALE hotline

http://comply.yale.edu/medicalbilling

Chief Medical Officer: Ronald Vender, MD

Compliance Medical Director Joshua Copel, MD

Director of Medical Billing Compliance: Judy L. Harris

judy.harris@yale.edu | (203) 785-3868