



Eli Lilly goes public with physician payments

In 2009, Eli Lilly will disclose payments it made to doctors for speaking and consulting services in an online database. The drugmaker will record all physician payments as of January 1, 2009 and the information is expected to be available online in June or July of 2009. Along with identifying who received the payment, Eli Lilly plans to post the reason for the payment.

Eli Lilly may be trying to stay ahead of the Physician Payments Sunshine Act, a bipartisan bill, which requires the creation of a national physician payment registry. Congress will likely consider the bill next year. The bill was drafted in response to Senate investigations that found that researchers at several institutions, including Harvard, did not report millions of dollars accepted from drugmakers. The American Medical Association and the Pharmaceutical Research and Manufacturers Association, the industry's key trade group, support the legislation (Source: New York Times, 9/24).

NY State Medicaid exceeds promised recovery amounts

In 2006, New York State's Office of the Medicaid Inspector General (OMIG) committed to the federal government that they would recover \$215 million dollars in Medicaid fraud and abuse during the period of October 2007 through March 2008. In reality, they recovered more than \$269 million. The recovery efforts stem from an agreement in which the federal government gave New York State \$1.5 billion for health care modernization projects. In turn, the OMIG has promised to recover a total of \$1.5 trillion dollars by 2011.

The OMIG has thus far focused on nursing homes and managed care companies but plans to audit hospitals in the next six months. Going forward, the OMIG plans to look at every sector that gets significant public funds and to continue their efforts of data mining to root out Medicaid billing problems. Based on the success of this project, it is likely that these types of agreements will extend to other states.

Source: *The New York Sun*.



Funding sources questioned by Senate

Senators Grassley and Kohl are looking into industry payments to physicians at Columbia University and the Cardiovascular Research Foundation (CRF). The Senators are requesting information to determine how much funding was received by twenty-two Columbia physicians from five medical device companies and the CRF. In a letter to Columbia, the senators also asked the university to explain its relationship with CRF.

Likewise, in a letter to CRF, the senators asked for an accounting of all industry funding that CRF has received from medical device manufacturers and foundations and how much funding it has provided to the same twenty-two physicians.

The senators said they are concerned that funding from the industry could influence nonprofit foundations like CRF. Grassley and Kohl have been investigating ties between medical device manufacturers and physicians for several years. The letters can be found at <http://www.aging.senate.gov/letters/columbiauniversity.pdf> and <http://www.aging.senate.gov/letters/cardiovascularresearchfoundation.pdf>

Source: *United States Senate* 10/16/08

"Incident to" clarification

Physical therapists, occupational therapists, and clinical social workers may:

- 1) bill directly for services they personally perform, or,
- 2) have their services billed incident to the services of a physician/Non-Physician Practitioner (NPP).

However, the incident to provision does not allow them to bill for the services of staff furnished as an "incident to" the services that they personally provide.

Speech-language pathologists may have their services billed incident to the services of a physician or

"Rule out" diagnoses do not exist for billing purposes!

There is no such thing as a 'rule-out diagnosis' in the billing world. Please take the time to review the clinical information you are providing to your peers when you are ordering services. Unless you provide the specific reason why the service is being requested, you can be contributing to the patient's out of pocket expense and/or the ancillary provider's operating costs. Providers and suppliers rely on physicians to provide a diagnostic code or a narrative description on all orders and referrals in order bill correctly and receive reimbursement for their services. It's also a requirement under the law through the Balanced Budget Act. In addition, it can impact your bottom line if your staff is left dealing with calls from diagnostic entities for the proper diagnostic information.

Diagnoses documented as "probable", "suspected", "questionable" or "rule out" cannot be used for claim submission. If you are an ordering physician, you must provide one or more of the following as applicable:

- diagnosis
- signs and / or symptoms
- abnormal test results
- exposure to communicable diseases or
- personal or family history
- other reason for the referral when ordering diagnostic tests.

In addition, ordering physicians need to be sure to document in their own medical records the reason for requesting the services. Your documentation must clearly convey your intent for having the test performed.

Non-Physician Practitioner, but they cannot bill directly for their services. They are also not allowed to bill for the services of staff as incident to the services they personally provide. More information about incident to services can be found on the Compliance website at <http://www.yalemedical-group.org/comply/alert/Incident2factsheet.htm>

Source: *MLM SE0816*

Have you crossed this training requirement off your to-do list?

You have until 12/31/08 to complete your medical billing compliance training requirement. If bills for clinical care services provided by you are submitted to insurers, you must complete this requirement. This includes part-time and unpaid faculty, as well as non-physician practitioners such as APRN's, PA's, CNMs, and LCSW's. Those who do not complete the training will have their billing number suspended following the deadline.

If you are not sure if you have completed the training requirement, you can check your status by viewing your personal training profile on the TMS training website: <http://www.yale.edu/training/> (click on the My Training Information link on the left) or checking with your department business office.

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) schedule a specialty-specific department seminar

1. 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. If you experience any technical difficulties, please contact Tony Fusco at 785-3438.

After reviewing the tutorial section, please select the most appropriate quiz closest to your specialty. A score of 75% or higher is required to pass.

2. The Non-Physician Practitioner module is for PA's, APRN's, CNMs, and LCSW's. The module

New Billing Compliance Auditor



Elizabeth (Betty) Kolevich has been appointed the new compliance auditor for the departments of Child Study Center and Pediatrics. Betty has a long history of employment with the Medicare Part B contractors in Connecticut with First Coast Service Options being her last employer. During her tenure with Medicare, Betty worked as a manager in Medical Review, Quality Assurance and Provider Enrollment areas. You can reach Betty at 737-5986 or at elizabeth.kolevich@yale.edu.

is located at: <http://yalemedica.group.org/comply/alert/NonPhyTrain.htm> (this is inside the Yale network's secure section and needs to be accessed from a computer on the Yale network)

3. General Seminars : time 5 p.m. to 6 p.m.

November 6th - Fitkin Amphitheater

November 13th - Fitkin Amphitheater

December 3rd - Brady Auditorium

December 17th - Fitkin Amphitheater

You can register to attend one of these seminars by contacting Compliance Coordinator Tony Fusco at 203-785-3438 or anthony.fusco@yale.edu

4. Specialty Specific Seminar: The Medical Billing Compliance Department can provide a specialty specific training session if a group of six or more attendees need to meet the requirement. Please contact Judy Harris at judy.harris@yale.edu or 203-785-3868 to arrange a seminar.

In the News

CT gets \$6.15 million from Cephalon settlement

Drug-maker Cephalon, Inc. will pay \$6.15 million to settle allegations that it illegally marketed several drugs for unapproved uses, causing serious side effects in some patients in Connecticut. The state will also get an estimated \$1 million to \$2 million from the company's previously announced federal settlement costing the company \$425 million.

The company promoted Actiq to doctors for nearly any chronic pain, though the FDA approved it mainly for severe cancer pain. Gabitril, approved for epilepsy, was "aggressively pitched" to treat psychiatric problems and neuropathic pain according to the suit. In addition, the sleep disorder drug Provigil was marketed for multiple sclerosis, depression and adult attention deficit disorder.



The "off-label" use of these drugs led to addiction, seizures, respiratory depression, serious skin rashes and other side effects. Cephalon denied any wrongdoing in the Connecticut settlement and said that \$3.8 million of the settlement would go to the state Department of Public Health to fund cancer initiatives, \$200,000 will fund an electronic prescription monitoring program and the rest will go to the state's general fund.

Teaching Physician Compliance **ALERT**

Published by the Yale Medical Group

*Compliance Programs—Preventative
Medicine for Healthcare Providers*

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