2014 Billing Integrity Program – Sample of Physician Audit Results

Physician A: General Practitioner

An urban based general practitioner, Physician A, came to the attention of the Billing Integrity Program (BIP) as a result of a concern by the Service Verification Group regarding family constellation billings. Family constellation billings occur when multiple members of the same family are repeatedly seen at the same office visit.

A review by the BIP medical consultant showed that Physician A ranked very high in the year under review for number of office visits. This review also showed unusual diagnoses for office visits including more than 50 visits with a diagnosis of coma and 75 with a dental diagnosis. Average daily volumes were high. Further analysis showed greater than 300 instances in a three month period when billings were submitted for two or more members of the same family on the same day.

An on-site audit was approved by the Audit and Inspection Committee. This audit found that of the 1,832 services reviewed there were 117 where no record could be found to substantiate the claim. There were an additional 1,267 services where the medical records were incomplete and inadequate to substantiate the billing.

The major problem was a non-standard electronic medical record system that "auto populated" the record with information from previous visits. This resulted in a confusing mixture of accurate and false information that did not meet the definition of an adequate medical record.

A mediated settlement was achieved that resulted in Physician A agreeing to repay the Medical Services Commission the sum of $825,000 and voluntarily de-enrol from the Medical Services Plan with an undertaking not to re-apply for enrolment in the future.

Physician B: Paediatrician

An urban based paediatrician, Physician B, came to the attention of the Billing Integrity Program (BIP) as a result of a routine Service Verification Audit where the parents of four beneficiaries responded that the services billed as prolonged counselling (Fee Item 00514) did not meet the fee requirements.

A review by the BIP medical consultant showed that Physician B ranked very high in the year under review for Fee Item 00514. This review also showed that the majority of the Fee Items 00514 billed had an associated diagnostic code that was not suggestive of the condition needing prolonged counselling.

An on-site audit was approved by the Audit and Inspection Committee. This audit reviewed more than 400 services and identified 52 that were billed incorrectly. More than 40 per cent of

the errors were for prolonged counselling, where the medical record did not meet the requirements for billing this fee item.

Fee Item 00514, like all counselling fee items, has specific requirements that are laid out in section D.3.3 of the Preamble to the *Payment Schedule*. In an audit, if these requirements are not demonstrated in the medical record these billings are reduced, in most cases, to an office visit.

A mediated settlement was achieved that resulted in Physician B agreeing to repay the Medical Services Commission the sum of $40,000 and agreeing to a Pattern of Practice Order.

Physician C: General Practice

A rural based general practitioner, Physician C, came to the attention of Billing Integrity Program (BIP) as a result of a routine review of physicians with complete physical examinations and/or prolonged counselling visits that exceed four standard deviations for the number of services per 100 total patients.

A review by the BIP medical consultant determined that an on-site audit was required as it was not possible to determine if Physician C's billings for prolonged counselling were appropriate without inspection of the clinical records.

An on-site audit was approved by the AIC. This audit reviewed more than 1,800 services. The medical inspector found 290 services that had not been billed appropriately.

The main problems were lack of medical records to support the fee item billed, particularly hospital visits, and billing for prolonged counselling where the medical record did not meet the requirements laid out in section D.3.3 of the Preamble to the *Payment Schedule*.

To bill a hospital visit there must be some evidence in the hospital medical record that a visit took place. This can take the form of progress notes, doctor's order or a notation in the nurses' notes.

A mediated settlement was achieved that resulted in Physician C agreeing to repay the Medical Services Commission the sum of $174,000 and agreeing to a Pattern of Practice Order.

Physician D: General Practice

A rural based general practitioner, Physician D, came to the attention of Billing Integrity Program (BIP) as a result of a Service Verification Audit that resulted in multiple irregularities where the patient could not confirm the service billed.

A review by the BIP medical consultant of Physician D's practitioner profile, daily distribution of services report and MSP billings raised concerns, particularly with respect to the GP Complex Care Management Fee and the GP Mental Health Planning Fee. It was also determined that Physician D had billed on multiple occasions for members of his own family for a variety of services.

An on-site audit was approved by the Audit and Inspection Committee. This audit reviewed more than 900 services. The medical inspector found 193 services that had not been billed appropriately.

A significant problem was the absence of medical records to support the fee item billed. Problems were also identified where Physician D had billed Fee Item 13005 for prescription renewals. Errors were also found in the billing of the GP Complex Care Management Fee where the criteria were not met.

Fee Item 13005 (Advice about a patient in Community Care) requires documentation in the patient's medical record including the name and position of the Community Health Representative requesting the medical advice and a brief notation of the advice given. Prescription renewals are not eligible for this fee.

A mediated settlement was achieved that resulted in Physician D agreeing to repay the Medical Services Commission the sum of $215,000 and agreeing to a Pattern of Practice Order.

Dr. Rabbani Farani, Nima: General Practice

Dr. Rabbani Farani, a Vancouver based general practitioner, came to the attention of BIP as a result of inconsistencies between the times billed by Dr. Rabbani Farani for surgical assists and the times of other physicians involved in the same surgery. A review by the BIP medical consultant of Dr. Rabbani Farani's practitioner profile, daily distribution of services report, operative reports and MSP billings raised concerns. Dr. Rabbani's practice was almost exclusively surgical assists.

An on-site audit was approved by the Audit and Inspection Committee. This audit reviewed a sample of 135 services over the period April 1, 2005, to March 31, 2008.

The audit found that Dr. Rabbani Farani repeatedly billed for multiple surgical assists where the times he billed overlapped so that he was billing for providing surgical assistance in two cases at the same time. He also billed for call-outs or shift premiums which were not warranted based on the surgery start time noted in the operating room records, and billed for call-outs when he was already in the hospital. Dr. Rabbani Farani also repeatedly overbilled Fee Items 00193 and 00198 for one or more extra time increments of 15 minutes compared to the surgery times recorded in the operation room records.

A settlement was achieved that resulted in Dr. Rabbani Farani agreeing to repay the Medical Services Commission the sum of $455,000 and agreeing to de-enrol from the Medical Services Plan for a period of 14 months starting on Nove.1, 2013. Dr. Rabbani Farani is prohibited from applying for enrolment as a medical practitioner under the *Medicare Protection Act* before Dec. 31, 2014.

Dr. Brown, Roy: General Practice

Dr. Roy Brown, a Vancouver based general practitioner, came to the attention of the Billing Integrity Program (BIP) as a result of a follow-up review of billings after a previous audit and a referral from the Medical Services Branch who had noted concerns regarding Dr. Brown's billing of Fee Item 00116 (Special In-Hospital Consultation). A review by the BIP medical consultant of Dr. Brown's practitioner profile, daily distribution of services report and MSP billings also raised concerns regarding Fee Item 00116 and also potential overlap with Alternate Payment Plan payments. Dr. Brown worked mainly as a hospitalist.

Dr. Brown had previously been audited in 2003, covering the period Jan. 1, 1998, to Dec. 31, 2002. Following this audit Dr. Brown agreed to repay the Medical Services Commission the sum of $200,000 and abide by a Pattern of Practice Order.

An on-site audit was approved by the Audit and Inspection Committee. This audit reviewed a sample of 768 services for 60 patients over the period March 1, 2006, to Feb. 28, 2011.

The audit found 208 services where there was no clinical record found to support the billings. The audit also found 308 services where the fee items claimed were not consistent with the services described in the clinical records. This problem was particularly evident in the billings of Fee Item 00116 and the billing for hospital and out-of-office visits. The audit discovered that overlap existed between Dr. Brown's fee for service billings and his billings for sessional work (Alternate Payment Plan payments). Dr. Brown was found to be not fully in compliance with the previous Pattern of Practice Order.

A hearing was commenced but settlement was achieved prior to the conclusion of the hearing. This settlement resulted in Dr. Brown agreeing to repay the Medical Services Commission the sum of $250,000 and agreeing to de-enrol from the Medical Services Plan for a period of three months starting on June 1, 2014. Dr. Brown is prohibited from applying for enrolment as a medical practitioner under the *Medicare Protection Act* before Sept. 1, 2014.

Dr. Lai, David Kam-Fai: General Practice

Dr. Lai is a general practitioner who came to the attention of Billing Integrity Program as a result of a Service Verification Group random monthly service verification audit. The returned survey letters raised concerns and records were requested. There was a significant mismatch between the records that indicated the service was provided and the comments on the survey letters such as “I was out of the country on that date” and “I have never visited Dr. Lai”. The case was referred to the Audit and Inspection Committee who authorized an on-site audit. The on-site audit found a high error rate of 44 per cent. The audit also found that medical records were not found in the patient files, medical records were created remotely and that medical records were altered to remove the attending physician’s name and that name was replaced with Dr. Lai’s signature.

Dr. Lai agreed to pay the Medical Services Commission the sum of $900,000.00. No de-enrolment action was taken as Dr. Lai irrevocably resigned his registration with the College of Physicians and Surgeons of B.C. and agreed to never re-apply for registration in the college (See College of Physicians and Surgeons of B.C. disciplinary notice dated Dec. 5, 2013).