

Physician A: General Practitioner

The audit of Physician A 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 the use of a non-standard electronic medical record system that contained a confusing mix 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 (MSC) the sum of \$825,000 and voluntarily de-enrol from the Medical Services Plan (MSP) with an undertaking not to re-apply for enrollment in the future.

Physician B: Paediatrician

The audit of Physician B reviewed more than 400 services and identified 52 that were billed incorrectly. More than 40 percent 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 *MSC 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 MSC the sum of \$40,000 and agreeing to a Pattern of Practice Order.

Physician C: General Practice

The audit of Physician C 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 *MSC 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 MSC the sum of \$174,000 and agreeing to a Pattern of Practice Order.

Physician D: General Practice

The audit of Physician D 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 MSC the sum of \$215,000 and agreeing to a Pattern of Practice Order.

Dr. Rabbani Farani, Nima: General Practice

The audit of Dr. Rabbani Farani 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 MSC the sum of \$455,000 and agreeing to de-enrol from MSP for a period of 14 months starting on November 1, 2013. Dr. Rabbani Farani is prohibited from applying for enrollment as a medical practitioner under the *Medicare Protection Act* before December 31, 2014.

Dr. Brown, Roy: General Practice

The audit of Dr. Brown reviewed a sample of 768 services for 60 patients over the period March 1, 2006 to February 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 (Alternative Payment Program payments). Dr. Brown was found to be not fully in compliance with a previous Pattern of Practice Order issued following an audit of his practice in 2003.

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 MSC the sum of \$250,000 and agreeing to de-enrol from MSP for a period of three months starting on June 1, 2014. Dr. Brown was prohibited from applying for enrollment as a medical practitioner under the *Medicare Protection Act* before September 1, 2014.