



## **2015 Billing Integrity Program – Sample of Physician Audit Results**

### **Physician A-15, Specialist**

The major issue in this audit was that for a significant number of the consultations billed by Physician A-15 the consultation report was either not sent to the referring physician or was sent outside the required time frame.

The Preamble to the *Medical Services Commission Payment Schedule* Section D.2.1 states: “*It is expected that a written report will be generated by the medical practitioner providing the consultation within 2 weeks of the date-of-service. In exceptional circumstances, when beyond the consultant’s control, a delay of up to 4 weeks is acceptable.*”

A mediated settlement was achieved that resulted in Physician A-15 agreeing to repay the Medical Services Commission the sum of \$120,000 and agreeing to a Pattern of Practice Order which stipulated that the physician would provide complete consultation reports to the referring physician within the time frame specified in the Preamble.

### **Physician B-15, General Practitioner**

Physician B-15 has a practice that includes hospital visits, emergency room visits and institutional visits as well as an office practice. The audit found that there were a large number of hospital visits where there was no medical record to support that a visit had occurred. Additionally, a significant number of emergency visits were billed at a higher level than supported by the medical record.

Physicians billing hospital visits must be able to demonstrate that a visit to the patient has occurred for every day that a hospital visit is billed. In an audit, evidence of a visit can be progress notes, nurses’ notes or a written order.

In a mediated settlement Physician B-15 agreed to repay the Medical Services Commission a sum of \$68,500 and abide by a Pattern of Practice Order.



### **Physician C-15, General Practitioner**

Physician C-15 has a practice that involves office, emergency and hospital work. Remuneration was through both fee-for-service billings and alternate payments.

The audit found that there were a substantial number of hospital visits that were not supported by the patient's medical record. The major finding in the audit was an overlap between fee-for-service payments and alternate payments, so that Physician C-15 was being paid for the same patient service under both payment plans. An example would be that Physician C-15 was being paid by contract to look after certain patients in hospital during a period of time, but then during that same time period hospital visits were also being billed through fee-for-service.

A mediated settlement resulted in Physician C-15 agreeing to repay the Medical Services Commission the sum of \$950,000 and agree to a Pattern of Practice Order.

### **Physician D-15, Specialist**

Physician D-15 is a specialist whose practice includes hospital based surgery.

The audit found that the physician had a large number of missing records so the billing claims could not be supported. This physician also billed for multiple consultations where there was no physical examination and no patient history recorded. Call-out charges were billed inappropriately. In addition, and more seriously, the physician had billed for surgical procedures which were not substantiated by the operative report and in many cases the procedure billed was significantly different (and of a higher value) than the procedure described in the operative report.

During an audit, the Billing Integrity Program carefully reviews the operative report for any surgical procedure billed to determine if the procedure billed matches the procedure described in the report.

A settlement was obtained which resulted in Physician D-15 repaying the Medical Services Commission the sum of \$1,000,000 and a Pattern of Practice Order.



**Dr. Liang Ng, General Practitioner**

Dr. Ng is a general practitioner who practices in Vancouver.

Dr. Ng had been audited twice in the past. The last audit in 2001 resulted in repayment and a Pattern of Practice Order.

Physicians who have been audited in the past are routinely reviewed by the Billing Integrity Program. In Dr. Ng's case this review raised concerns and the Audit and Inspection Committee authorized an on-site audit.

The on-site audit found that the medical records did not support Dr. Ng's billings for a number of services. In particular there were a significant number of home visits where the medical inspector could not determine if a home visit occurred. Dr. Ng, in his Pattern of Practice Order, had agreed to "keep complete and adequate medical records in accordance with the *Medical Services Commission Payment Schedule* to support the medical necessity of billing Fee Item 00103 (Home Visit)".

The Billing Integrity Program takes Pattern of Practice Orders very seriously. If it is determined that the physician has not complied with a Pattern of Practice Order de-enrollment will be considered.

A settlement was obtained. Dr. Ng agreed to pay back the Medical Services Commission the sum of \$110,000 and was de-enrolled from the Medical Services Plan for a period of one month.