



2016 Billing Integrity Program – Sample of Physician Audit Results

Physician A-16, General Practice

Dr. A-16 is a general practitioner practicing in an urban setting. This physician came to the attention of the Billing Integrity Program (BIP) as a result of a research project conducted by the BIP Research Officer. This research project identified Dr. A-16 as a very high biller of General Practice Services Committee (GPSC) fee items.

An on-site audit was conducted which found a large number of errors for Fee Item 14033 - Annual Complex Care Management Fee and Fee Item 14043 - Mental Health Planning Fee. For Fee Item 14033, most of the errors were the result of a lack of a complex care plan and the patient not having the eligible medical conditions. For Fee Item 14043, the errors resulted from a lack of a completed mental health plan.

Dr. A-16 also had multiple errors related to the billing of the GP Annual Chronic Care Bonuses: Fee Item 14050 - Diabetes, 14051 - Heart Failure, 14052 - Hypertension and 14053 - COPD. There was a recurrent finding that the patient did not have the medical condition required to bill the fee.

A mediated settlement was reached that resulted in Dr. A-16 agreeing to repay the Medical Services Commission \$685,000 and comply with a Pattern of Practice Order.

Physician B-16, Emergency Medicine

Dr. B-16 is an emergency medicine physician practicing in an urban setting. This physician came to the attention of BIP as the result of a referral from the Medical Services Branch who were concerned that multiple emergency visits were being billed on the same patient for the same day.

An on-site audit found multiple errors that fell into two main categories. One problem was that there were a large number of services billed for which no medical record could be found. The second major source of errors was where the fee items claimed were not consistent with the services described in the medical records. In particular, consultations were billed where there was no support in the medical records that a consultation had been requested. Another major source of errors was billing for Level 2 and Level 3 Emergency Care when the medical record supported a lower level of care.

A mediated settlement was reached that resulted in Dr. B-16 agreeing to repay the Medical Services Commission \$725,000 and comply with a Pattern of Practice Order.



Physician C-16, Surgical Specialist

Dr. C-16 is a surgical specialist physician practicing in an urban setting. Dr. C-16 initially came to the attention of BIP as the result of a Service Verification Audit (SVA). The SVA and further review of Dr. C-16's billings by the BIP Medical Consultant raised concerns regarding the billing of Fee Item 13620 - Excision of Tumour of the Skin and Fee Item 00090 - Major Tray Fee.

An on-site audit of Dr. C-16 found a large number of errors where either there was no record to substantiate the service billed or where the fee items claimed were not consistent with the services described in the medical records. There were multiple instances where bilateral procedures were billed but the operative report indicated only a unilateral procedure was performed.

The audit found that for Fee Item 13620, there was no removal of a skin tumour but rather this was a follow-up office visit with removal of a drain or wound packing. Dr. C-16 was given credit for an office visit for these errors.

It was found that all of the Fee Item 00090 - Major Tray Fees billed were in error. The *Medical Services Commission Payment Schedule* states:

“iii) Tray fees are not applicable when the service is performed at a funded facility (e.g., hospital, D&T Centre, Psychiatric Institution, etc.).

All of the procedures for which the Major Tray Fees were billed were in funded facilities.

A mediated settlement was reached that resulted in Dr. C-16 agreeing to repay the Medical Services Commission \$765,000 and comply with a Pattern of Practice Order.

Physician D-16, Obstetrics and Gynecology

Dr. D-16 is an obstetrician/gynecologist practicing in an urban setting. Dr. D-16 initially came to the attention of BIP because of concerns expressed by an outside agency. Further review of Dr. D-16's billings by the BIP Medical Consultant revealed anomalies and an on-site audit was authorized by the Audit and Inspection Committee.

An on-site audit revealed problems with billings for Fee Item 04010 - Consultation, Call-Out Charges (Fee Items 01200, 01201 and 01202) and Fee Item 15142 - Urinalysis.

Multiple consultations (Fee Item 04010) were deemed errors due to this fee item being billed merely for a transfer of care. Section D.2.6 of the Preamble to the *Medical Services Commission Payment Schedule* gives direction regarding the transferral of care. Only in rare circumstances, as outlined in this section, is a new consultation an appropriate fee.



The audit found that Dr. D-16 billed Call-out Charges when already at the hospital. To bill a Call-Out Charge the physician must be specially called to render emergency or non-elective services and must also travel from one location to another to attend the patient.

The audit also found that Dr. D-16 billed Fee Item 15142 - Urinalysis (complete diagnostic, semi-quant and micro). To bill this fee item the physician must examine the urine under a microscope. Dr. D-16 did not have a microscope. The appropriate fee to bill for urinalysis using a "dipstick" test is Fee Item 15130.

A mediated settlement was reached that resulted in Dr. D-16 agreeing to repay the Medical Services Commission \$400,000.00 and comply with a Pattern of Practice Order.