



## **2017 Billing Integrity Program Sample of Physician Audit Results**

### **1. PA-17, Pediatrician**

Physician PA-17 is a sub-specialized pediatrician who is practicing in an urban setting. This physician came to the attention of the Billing Integrity Program as a result of concern expressed by the administrators of the Alternate Payments Plan regarding Dr. PA-17's high Medical Services Plan (MSP) billings while also receiving substantial service agreement payments.

An on-site audit found a high number of services billed did not have medical records to substantiate that the services were provided. Additionally, there was a substantial overlap between fee-for-service MSP claims and Dr. PA-17's APP contract payments.

A mediated settlement was reached that resulted in Dr. PA-17 agreeing to repay the Medical Services Commission \$2.1 million, and abide by a Pattern of Practice Order.

### **2. PB-17, General Practitioner**

Physician PB-17 is a family physician practicing in an urban setting. This physician came to the attention of the Billing Integrity Program as a result of a project analyzing a fee item specific to diabetic care and identified physicians who billed this fee item for beneficiaries who had no other evidence of diabetic care (such as blood work or prescription medications). Dr. PB-17 had multiple instances where a patient was billed this fee item, but where there was no other evidence of diabetic care in the preceding 12 months.

An on-site audit found that the most significant issue in Dr. PB-17's practice was that medical records were grossly illegible and incomplete. Further, there were a substantial number of billing claims for which there were no medical records available. Finally, there were a large number of fee items billed which required specific diagnostic criteria to be met, and which were inappropriately billed.

A mediated settlement was reached that resulted in Dr. PB-17 agreeing to repay the Medical Services Commission \$1.475 million, and abide by a Pattern of Practice Order.

### **3. PC-17, Surgeon**

Physician PC-17 is a surgeon practicing in an urban setting. This physician came to the attention of the Billing Integrity Program as a result of a referral from the Medical Services Branch, which had already done a preliminary analysis of medical records and found numerous errors where Dr. PC-17 had removed small skin lesions and billed these as complex advancement flap closures. There was also a simultaneous concern from the Service Verification Group that Dr. PC-17 was billing for Emergency visits when several beneficiaries clearly indicated that their visits were scheduled appointments.

An on-site audit found that the most significant issue in Dr. PC-17's practice was that services were being billed inappropriately. The inappropriate billings occurred for a wide variety of fee items, including:

- Billing emergency visits (only intended to be billed when the physician is especially called to deliver emergency care) for scheduled appointments in a hospital day-care unit;
- Billing skin graft procedures that did not meet the requirements of the payment schedule, such as size of lesion, location of lesion (functional vs. non-functional areas of the body), type of lesion (benign vs. malignant), and type of anaesthesia (local vs. general); and
- Billing consultations when the records did not meet the minimum requirements of a consultation report.

A mediated settlement was reached that resulted in Dr. PC-17 agreeing to repay the Medical Services Commission \$600,000, and abide by a Pattern of Practice Order.

### **4. Dr. Viem Chung Nguyen, Physical Medicine, and Rehabilitation**

Dr. Nguyen is a physiatrist practicing in an urban setting. He came to the attention of the Billing Integrity Program as a result of a Service Verification Audit, with a large number of patients indicating irregularities for services Dr. Nguyen claimed to have provided.

An on-site audit found that the most significant issue in Dr. Nguyen's billings was that a large number of services billed did not have medical records to substantiate that the services were provided. Additionally, for several patients, there was no evidence that Dr. Nguyen ever provided any care to that patient.

A settlement was reached that resulted in Dr. Nguyen agreeing to:

- repay the Medical Services Commission \$2 million;
- cancellation of enrollment with the Medical Services Plan for two years; and
- abide by a Pattern of Practice Order.