

BASIC TENETS OF BILLING COMPLIANCE

1. Teaching physician rules covering resident or fellow supervision
 - ◆ E&M service documentation
 - Physical presence
 - Level of participation
 - ◆ Presence during procedures
 - Minor, Major, Endoscopic
 - Overlapping Procedures
 - ◆ Teaching physician rules do not apply to NPs, PAs, or medical and nursing students
2. NPPs cannot supervise residents or fellows
3. Claims for services rendered by providers cannot be submitted using another provider's billing number. For new providers:
 - ◆ Hold charges until billing numbers are received (e.g., Medicare)
 - ◆ No charge submission for the services rendered prior to payor credentialing (e.g., Blue Choice)
4. No "insurance only" billing
5. Consultations require the 3 Rs – Request, Render, Report
6. Documentation of a medical or NP student, with the exception of the ROS and PFSH, cannot be used to support the E&M level of service billed.
7. Do not bill an E&M service with a planned procedure unless there is a separate, identifiable E&M service performed and documented. When billed:
 - ◆ The E&M service must be outside the normal pre- and post-operative services required for the procedure
 - ◆ Modifier 25 must be attached to the E&M code
8. Adhere to all Medicare "Incident-To" guidelines when working with an NP or PA
 - ◆ Valid only when place of service is Office (POS 11); established physician care plan; physician must be in the office suite
 - ◆ Does not apply to a new problem, new patient visit or consult

9. ICD-9 and CPT-4 codes are updated annually; encounter forms and charge masters need to be reviewed and updated annually as well
 - ◆ Ensure each CPT Code matches the product/service delivered
10. Designation of New Patient
 - ◆ A new patient is one who has not received any professional services from the provider or another provider of the same specialty who belongs to the same group practice, within the past three years
11. When considering implementing new products, procedures or facilities, involve the Compliance Office in initial discussions and/or planning stages.
12. **MEDICAL NECESSITY** of a service is the overarching criterion, in addition to CPT Code requirements, in determining service level.