

Compliance: Hot Topics and Common Issues

Practice Management Series

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ADVOCATE
Radiology Billing Specialists

Agenda

- **Upcoming Legislation**
 - Surprise Billing Laws
 - MARCA and Radiology Assistants
 - MQSA and Breast Density Notification Laws
- **Review Important Rules**
 - PA Billing
 - Documentation and Signature Requirements
 - Ordering Diagnostic Tests

Surprise Billing

- Surprise/Balance Billing
 - Out Of Network care at an in network facility
 - Patient doesn't have opportunity to choose
- 7 out of 10 patients with unaffordable OoN medical bills did not know the provider was not their network's plan*

*Kaiser Family Foundation survey 2016

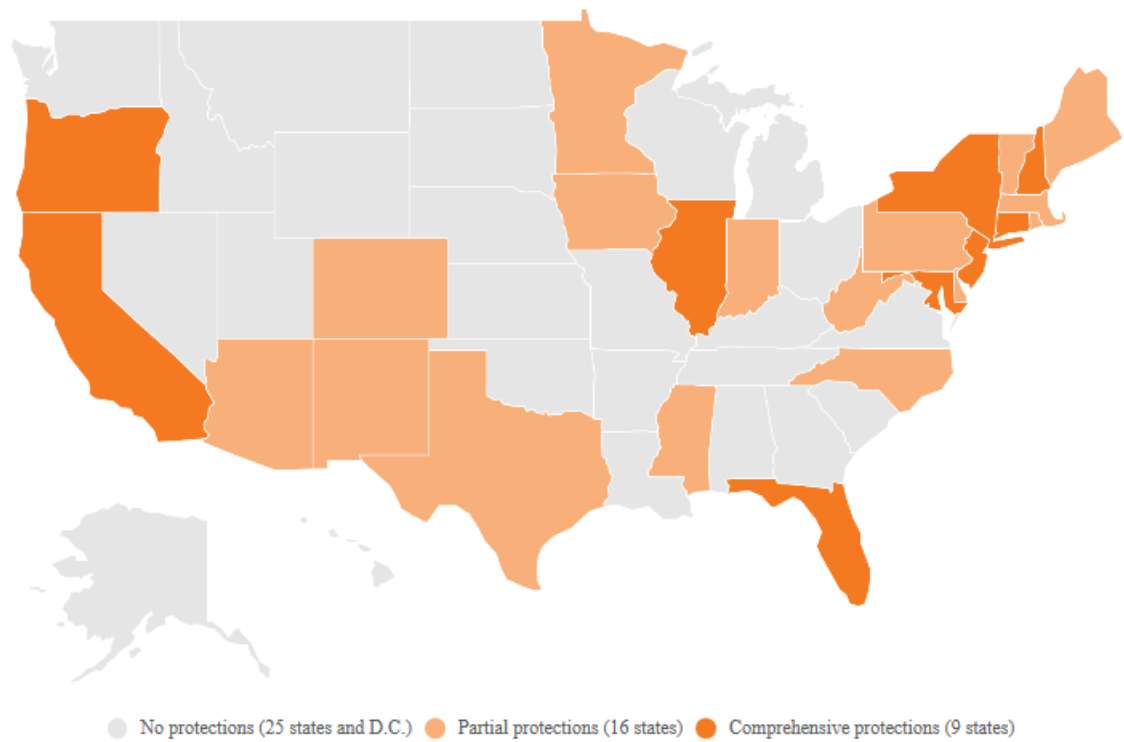
Components of Surprise Billing Laws

- Protection for both Emergency and In-Network hospital settings
- Application to both HMO's and PPO's
- Hold consumer harmless AND prohibit providers from balance billing
- Payment standard or a dispute resolution process between providers and insurers

State Laws

- New York
- Texas

State Laws Protecting Against Balance Billing by Out-of-Network Providers in Emergency Departments or In-Network Hospitals



*Georgetown University Health Policy Institute 2019/ Commonwealth Fund

Ohio Bill Vetoed

- Recent Out of Network provisions struck out of budget

Federal Action

- Senate Bill 1865
- House Bill 3502
- Benchmarking vs Dispute Resolution

MQSA and Breast Density Notification

- FDA proposed changes to Mammography Quality Standards Act of 1992
 - considering comments
- TBD what impact these notification laws have on care

MARCA

- Medicare Access to Radiology Care ACT of 2019
- Radiologist Assistant to perform non-diagnostic procedures
- Fill gaps leftover from 2019 MPFS supervision update

Current RA Rules vs MARCA

Current RA/RPA Supervision Rules			RA/RPA Supervision Rules Under MARCA - Proposed				
	Hospital	Non-hospital				Hospital	Non-hospital
Diagnostic	Direct - hospital billing only	Direct Supervision			Diagnostic	Direct - hospital billing only	Direct Supervision
Non-Diagnostic	N/A	incident-to			Non-Diagnostic	"relaxed" incident-to	"relaxed" incident-to

*Services still must be performed under direct supervision with revised "incident-to" rules to be further clarified

Physician Assistant Scope of Practice

- General Supervision
- PA State Scope of Practice
- Within the supervising physician's scope of practice
- PA can NOT supervise diagnostic tests

PA vs Physician NPI

- Incident-to
- Split/Shared E/M Services
- Physician can NOT sign off and bill for services performed by PA

Documentation and Signatures

- Signed and Dated by author
- Legible Handwritten or Electronic
- Timely and complete

Who should Sign?

- Physician who performs service must sign

31. SIGNATURE OF PHYSICIAN OR SUPPLIER INCLUDING DEGREES OR CREDENTIALS (I certify that the statements on the reverse apply to this bill and are made a part thereof.)	
SIGNED	DATE

****CMS 1500 box 31 and certification**

SIGNATURE OF PHYSICIAN OR SUPPLIER (MEDICARE, TRICARE, FECA AND BLACK LUNG)

In submitting this claim for payment from federal funds, I certify that: 1) the information on this form is true, accurate and complete; 2) I have familiarized myself with all applicable laws, regulations, and program instructions, which are available from the Medicare contractor; 3) I have provided or will provide sufficient information required to allow the government to make an informed eligibility and payment decision; 4) this claim, whether submitted by me or on my behalf by my designated billing company, complies with all applicable Medicare and/or Medicaid laws, regulations, and program instructions for payment including but not limited to the Federal anti-kickback statute and Physician Self-Referral law (commonly known as Stark law); 5) the services on this form were medically necessary and personally furnished by me or were furnished incident to my professional service by my employee under my direct supervision, except as otherwise expressly permitted by Medicare or TRICARE; 6) for each service rendered incident to my professional service, the identity (legal name and NPI, license #, or SSN) of the primary individual rendering each service is reported in the designated section. For services to be considered "incident to" a physician's professional services, 1) they must be rendered under the physician's direct supervision by his/her employee, 2) they must be an integral, although incidental part of a covered physician service, 3) they must be of kinds commonly furnished in physician's offices, and 4) the services of non-physicians must be included on the physician's bills.

Ordering of Diagnostic Tests

- Procedures must be ordered by Treating Physician to be reimbursable
- EXCEPTIONS
 - Test Design Exception
 - Clear Error Exception
 - Patient Condition Exception
- Interventional Radiology and Diagnostic Mammograms

Diagnostic Test Documentation

- Comprehensive Error Rate Testing (CERT) advice for ordering or providing diagnostic tests
- Pinpoint ICD-10-CM Coding
- Provide a full, detailed description of the test
- Check on local policies for signature requirements

Recent Fraud Cases

- Florida Radiology group fined \$9 million
 - Lacked proper orders
- California office manager sentenced to 5 years in prison
 - Illegal kickback scheme
- Billing company fined \$1.95 million for changing codes that didn't match documentation

Thank you!

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