

Billing Education Article By Dr. Rhonda Church

USE OF “MULTIPLES” REQUIRES PRECISE DOCUMENTATION

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A number of health service codes outlined in the MSI Physicians' Manual may be claimed with “multiples.”

One such example of a multiple is a unit of time as in the case of time-based codes such as counseling (08.49 A or 08.49C), psychotherapy (08.49B) or psychiatric care (08.5B). Examples of multiples in connection with a procedure are polypectomies carried out at the time of colonoscopy (01.22B), cryotherapy of skin lesions (98.12U or 98.99F) or nerve conduction studies (07.08C).

Payment for physician claims in Nova Scotia operates on an honour system. Physicians submit a claim and most of the over eight million claims processed by MSI each year are automatically paid. However, physicians are required to ensure their clinical record supports the billing claim. Codes billed with multiples are commonly audited and, at the time of audit, MSI monitoring staff will examine the patient record to confirm the number of multiples billed is supported. If the clinical record doesn't support the number of multiples claimed, there will be a recovery to MSI.

Consider the cases of two physicians.

Dr. T treats skin lesions with cryotherapy as part of his practice. MSI recently conducted an audit of the two cryotherapy codes listed above and found that while Dr. T commonly billed for close to the maximum number of lesions permitted (45) in many cases, he didn't document the number of lesions treated. Notations' indicating that “several” or “numerous” lesions were treated wasn't acceptable and the payment was reduced to the amount for the lowest number of lesions (up to 5). Additionally, during the course of the audit, it was found that Dr. T was continuing to bill MSI for services that had been de-insured in 1997. Since that time only plantar warts, molluscum contagiosum, condylomata and lesions known or suspected to be malignant or premalignant (such as actinic keratoses) have been insured. MSI recovered a total of \$2,300 from Dr. T.

Dr. U underwent an audit of her counseling services. Dr. U commonly billed 45 to 90 minutes of counseling; start and finish times weren't recorded for any of the 100 services reviewed. The requirement to document start and finish times for all timed services is outlined in the Preamble to the MSI Physicians' Manual, and reminders have been published annually in MSI Bulletins for many years. These times must be recorded directly on the patient record. Dr. U's documentation for her counseling sessions was also noted to be scanty. For example, one chart entry for which 90 minutes of counseling was billed said “counseled re: work stress.” Documentation requirements include recording the patient's symptoms and discussions with them including the advice given by the physician and the ongoing treatment plan. Payment for these services was converted to an office visit and a recovery of \$7,600. was initiated based on an extrapolation over the total amount of all counseling services Dr. U had claimed over a two-year period. The cases of Dr. T and Dr. U underscore the importance of keeping careful clinical records in the event of a billing audit.

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