

mcp newsletter

April, 2016

16-03

TO: ALL FEE FOR SERVICE PHYSICIANS

RE: COMMON AUDIT ISSUES

The Audit and Claims Integrity Division ensures that public health care funds are distributed appropriately to health care providers for services provided to beneficiaries of the Medical Care Plan (MCP), the Dental Health Plan, as well as to patients under the Medical Transportation Assistance Program. This includes the auditing of physician claims. The purpose of the MCP Audit Newsletter is to share common audit issues with providers in order to reduce or eliminate these issues.

Claims Monitoring System (CMS)

The CMS is an automated claim selection program designed to constantly monitor the integrity of claims billed under the Medical Care Plan (MCP) through patient confirmation, examination of service documentation and comparison to the MCP Payment Schedule requirements.

Approximately one in eight records requested through CMS is cancelled (not paid) due to non-submission of the requested record(s). This accounts for almost ½ of all claims adjusted in CMS. Physicians are reminded to review their Turn Around Documents (TAD's) regularly. We will continue to issue Second Request Notices for CMS claims that are not submitted within 30 days of the initial request. Records not received by the deadline date noted on the Second Request will be automatically cancelled.

Submission of required documents for various fee codes continues to be an issue which often results in claims being adjusted or cancelled. In addition to delaying or terminating payment, failure to respond to requests for additional information may lead to further audit related action.

Consultations – Medical Payment Schedule Preamble Item 6.2

Documentation requirements for a consultation are as follows:

- a. referral letter
- b. history/physical examination
- c. written reply to the referring physician

A subsequent consultation requires all of the elements of a full consultation and implies interval care by the primary physician. The situation in which the consultant requests the patient to return for a later examination is not to be claimed as another consultation, regardless of the interval between the earlier examination and the follow up examination. Each consultation claimed must be the result of a new referral. Referral letters solicited by consultants for follow up examinations do not meet the definition or requirements for billing consultations.

The start/end times for all time based consultations must be documented on the record of service.

General Assessments – Medical Payment Schedule Preamble Items 7.9.1, 7.9.2, 7.9.3, 7.9.5

As noted in Preamble Section 7.9.1, “A General Assessment shall consist of a full history, an enquiry into, and an examination of all systems.” Physicians are reminded that the medical necessity, as well as, the examination of the appropriate systems must be documented on the record of service when billing General Assessment/Reassessments.

A General Assessment shall contain information which highlights at least the positive and significant negative findings for the past history, the functional enquiry, the physical examination and relevant notation to support the clinical need which is subject to review by the Medical Consultant’s Committee. The full description of the physician examination requirements are detailed in Preamble section 7.9.2.

A General Assessment can be claimed as per the requirements of Preamble item 7.9.3.

In addition to Preamble item 7.9.3, other examples when a General Assessment can be claimed are:

- a. Annual and admission General Assessments rendered to residents of DHCS designated long term care facilities. (See Preamble item 7.9.4 for rules regarding nursing home General Assessments).

A General Assessment cannot be claimed as per the requirements of Preamble item 7.9.5.

In addition to Preamble item 7.9.5, other examples when a General Assessment cannot be claimed are:

- a. Well woman exams.
- b. First visit to physician’s practice unless a full assessment is necessary based on the presenting complaint.
- c. Annual physical examination.
- d. Requests from a third party for health examinations, including pre-employment, pre-school, periodic and insurance physicals. These services are also non-insured for any type of assessment.

Premiums – Medical Payment Schedule Preamble Item 18

Where a premium fee is applicable based on the time the service is rendered, a starting time indicator for that service must appear in the patient’s record. Failure to include the time of visit will result in cancellation of the premium.

A special visit premium is one initiated by a patient or the patient's representative where the **physician is required to travel from one location to another to see the patient**. A premium **is not** payable if the physician is already on site.

Additional Information

Additional information for MCP providers including billing procedures can be found on the government website at: <http://www.health.gov.nl.ca/health/mcp/providers/index.html#4>

The Medical Payment Schedule can be found at:

http://www.health.gov.nl.ca/health/mcp/providers/Full_MCP_Payment_Schedule-03_13_14.pdf

MCP Audit Newsletters can be found at:

<http://www.health.gov.nl.ca/health/mcp/providers/index.html#4>

Those who wish to review the CMS process may refer to MCP Audit Newsletter 06-07, dated October 2006 for a complete explanation. This newsletter can be found on the MCP website at http://www.health.gov.nl.ca/health/mcp/newsletter_06_07.pdf

Please ensure that all CMS record request (CMS TAD) responses are sent to:

Department of Health and Community Services

Audit and Claims Integrity Division,

West Block, Confederation Building,

P.O. Box 8700, St. John's, NL A1B 4J6

Fax number: 1-866-819-3052 or locally at 709-758-1691

Responses to all other requests for additional information (Medical TADs) should be sent to:

MCP Claims Processing

P.O. Box 5000

22 High Street

Grand Falls-Windsor, NL A2A 2Y4

Fax number: 709-292-4053

Questions concerning CMS or other audit related issues may be directed to the Manager of Audit Services, (709) 729-0515.