



# MEDICAL PRACTICE CONSULTANTS, INC.

The government has stated, "When you submit a claim for services performed for a Medicare patient, you are filing a bill with the Federal Government and certifying that you have earned the payment requested and complied with the billing requirements."

A practitioner's documentation is key to shielding not only the patient, but also the organization, and the themselves.

Medical coding and billing –

- Both are closely related aspects of the modern health care industry.
- Both practices are involved in the immensely important reimbursement cycle.
- Both ensure that health care providers are paid for the services they perform.

Compliance –

- It is illegal to submit claims for payment to Medicare or Medicaid that you know or should know are false or fraudulent.
- **Medical coding** is the transformation of healthcare diagnosis, procedures, **medical** services, and equipment into universal **medical** alphanumeric codes. Coding can be done by anyone in the office including the provider.

The diagnoses and procedure codes are taken from **medical** record documentation such as:

- Electronic health records
- Transcription of physician's notes, laboratory results, radiologic results, etc.
- **Medical billing** is a payment practice within the United States health system.

Process's involve a **healthcare** provider or staff performing such functions as:

- Submitting
- Following up on claims with health insurance companies
- Result - payment for services rendered
- Overlap between coding and billing are claims.
  - At creation of the claim, there is direct overlap with coding.
  - It is at this point, that the biller must make sure the claim is compliant (is it true and accurate).

**The intersection between coding, billing, and compliance begins with the adjudication of the claim. Now the fun begins!**

- Adjudication – of the claim is the culmination of the work of the coder and the biller
  - Payment
  - Rejection
  - Denial
- **The most difficult step has just begun with either a payment, rejection, or a denial.** When you receive notification of any of the three, it doesn't mean you did anything wrong or you did everything right. But, how do you know?

There are different types of errors with each one requiring a different response. Types of errors are:

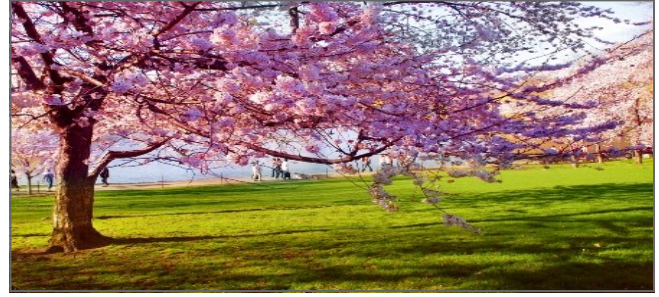
- Simple errors include:
  - Incorrect patient or provider information
- Moderate errors include:
  - Incorrect codes
  - Duplicate Billing

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- CPT codes not matching ICD10 codes
- Complex errors include
  - Up - coding
  - Down – coding
  - Weak documentation
  - Billing the wrong provider

**“I believe that *winter’s* tough, but *spring’s* coming. I believe that there’s a growing season. And I think that you realize that in life, you grow. You get better.”**



**What does the government say?**

If you are engaged in a relationship you think is problematic or have been following billing practices you now realize were wrong:

- Immediately cease filing the problematic bills.
- Seek knowledgeable legal counsel.
- Determine what money you collected in error from your patients and from the Federal health care programs and report and return overpayments.
- Unwind the problematic investment.
- Disentangle yourself from the suspicious relationship.
- Consider using OIG’s or CMS’s self-disclosure protocols.

**The federal government is serious about Fraud, Waste, and Abuse. Under “Agency Name” is the government program and under “Statistics” is the amount of money that has been recovered from providers.**

Agency Name	Statistics
ACA (Affordable Care Act)	\$3.3 Billion (FY.2014)
	\$27.8 Billion (Since Inception)
FCA (False Claims Act)	\$2.3 Billion (FY 2014)
	\$15.2 Billion (Since 2009)
	For every \$1 spent, there is a return of \$7.
HCFAC (Health Care Fraud and Abuse Control Program) FPS (Fraud Prevention System) - Division of HCFAC	\$2.4 Billion (FY 2015)
	\$29.4 Billion returned to Trust Fund
	<b>For every \$1 spent, there is a return of \$6.10.</b>
HCFAC (Health Care Fraud and Abuse Control Program) (Technology) - Division of HCFAC	\$820 Million since 2011
	<b>For ever \$1 spent, there is a return of \$10.</b>
Department of Justice (DOJ) -	\$1.9 Billion (FY 2015)
	\$15.2 Billion recovered since 2009
OIG (Office of Inspector General) - Previous years	\$834.7 Million Audit Results
	\$4.1 Billion Investigative Receivables
	\$15.7 Billion in Savings
	5,000 plus (Exclusions, Criminal and Civil Actions)
OIG (Office of Inspector General) - FY2015	\$1.13 Billion Audit
	\$2.22 Billion Investigative Receivables
	\$286.6 Billion in States Share Money
	<b>For every \$1 spent, there is a return of \$8.</b>