

## Long-Term Care Survey Alert

### Compliance: These 2 Physician Billing Patterns Can Raise Compliance Concerns

#### How many physician visits in a day may signal a problem?

Physicians shouldn't be afraid of billing appropriately for their services. But they should keep an eye out for practices that can spell potential problems in the compliance realm.

Example: Charles Crecelius, MD, PhD, CMD, says he'd "personally raise questions" about a physician making more than 30 visits in a day if those visits involved the "usual mix of new and established patients." If so, he'd ask whether the physician is making good quality visits. "Some physicians will claim they are very efficient," he adds, noting that's an argument "that only goes so far."

Solution: Physicians can "look at the time elements associated with the CPT codes to help them decide whether they may be going overboard with the multiple visits," Crecelius counsels.

"You can't say that any one visit should always be x amount of time, but the time elements do give you a snapshot and a pattern," says **Dennis Stone, MD, MBA, CMD**, in Louisville, Ky.

For example, a physician doing three to four visits an hour could be billing a lot of 99307s (level 1, subsequent nursing facility care) rather than 99309s (level 3) and 99310s (level 4), Stone says. But the physician is there to fully evaluate the patient's status. And "if a patient is on 15 meds and has 10 problems on the problem list, that isn't a 99307," he adds. "It's hard to go through all of that in just a few minutes -- it takes quite a while to do."

#### Avoid One-Code-Fits-All Pattern

Billing all high or low CPT codes can also be a red flag, warns Crecelius. "If you consistently bill all 99307s or 99308s or 99310s, you have to explain why your patients all required that level of code, as an example.

"In a skilled unit, billing all 99306s (level 3, initial nursing facility care) can raise questions about whether you're really seeing all the highest level of complexity patients" -- or just making assumptions about skilled nursing facility care and the complexity of the individual patient, adds Crecelius.