Do the Right Thing
Documentation of medical and business records and billing practices at MD Anderson should be consistent with MD Anderson’s Core Value of Integrity. Documentation and billing that are accurate, complete, and timely help MD Anderson demonstrate its commitment to high quality patient care in a manner that maintains the valued trust of our patients and our colleagues.

To that end, MD Anderson has developed policies and procedures regarding documentation and billing practices that are consistent with our Core Values and comply with applicable federal and/or state laws and private payor requirements. Among other things, MD Anderson’s policies and procedures require that all medical and business records be accurate, complete, and not contain any false information. In addition, these policies and procedures require each patient’s billing claim to completely and accurately reflect the health care services provided, as documented in the medical record. Examples of unacceptable billing practices include, but are not limited to:

• Billing for items or services not accurately documented in the medical record.
• Billing for items or services that were not actually rendered.
• Billing for items or services not appropriately ordered.
• Billing for items or services that were not medically necessary.
• Billing of items or services rendered without the appropriate supervision.
• Always assigning the same level of service.
• Unbundling procedure codes.
• Submitting duplicate bills.
• Filing false or inaccurate cost reports.

If you believe any documentation and/or billing practice is inconsistent with MD Anderson’s documentation and billing policies and procedures, discuss the issue with your immediate supervisor. If you do not feel comfortable discussing the issue with your supervisor, you may discuss the issue with higher-level management, contact the Institutional Compliance Office at 713-745-6636, or call the Fraud and Abuse Hotline at 1-800-789-4448.

Remember, improper documentation or billing practices may be considered fraudulent activities resulting in disciplinary action for those committing such behaviors. MD Anderson has “zero tolerance” for unacceptable billing practices. Disciplinary actions may also be imposed against individuals who have knowledge of improper documentation or billing practices and who remain silent or fail to report such behavior.

For more information regarding documentation and billing practices, see MD Anderson’s:

• Billing Compliance Plan.
• Medical Documentation Policy (Policy # CLN0555).
• Document Completion Penalty Policy (Policy # CLN0510).

For other policies relevant to appropriate documentation and/or billing, see MD Anderson’s Handbook of Operating Procedures at: http://inside.mdanderson.org/policies/institutional-policies-and-procedures/index.html

**CLINICAL RESEARCH BILLING**

It is the policy of MD Anderson that research related items and/or services provided to human subjects research participants are accurately billed in compliance with all relevant laws, rules, and guidelines. Billing for services provided to human subjects research participants can be very complex since both the sponsor and the participant may be responsible for various costs of the study. Any time that the sponsor provides funding for items and/or services, such items and/or services may not be billed to the human subjects research participant or the participant’s insurance carrier. Knowingly submitting bills for items and/or services paid for by the sponsor constitutes fraud and can result in criminal and civil penalties under federal and state law. MD Anderson workforce members involved in human subjects research are responsible for ensuring that the:

• Clinical research related billing is based on actual services rendered.
• Clinical research related billing is allowable by law.
• Clinical research related billing is consistent with the informed consent document signed by the human subjects research participant.
• Clinical research related charges are billed to the appropriate party.

For more information regarding clinical research billing, see MD Anderson’s:

• Clinical Research Billing Policy (Policy # ADM1047).

If you have a fraud and abuse-related concern or question contact the Institutional Compliance Office at 713-745-6636 or the Fraud and Abuse Hotline at 1-800-789-4448.
Questions and Answers

**Question:** Can I use the teaching physician addendum when providing services with a fellow who has an unrestricted medical license in an unapproved training program?

**Answer:** No. Fellows with an unrestricted medical license in an unapproved program are not considered a “fellow or resident” for Medicare purposes. Instead, they are viewed as another physician fully capable of rendering and billing the service themselves. Therefore, the attending physician should document and bill for his/her own service without the use of a teaching physician addendum. Or, in the alternative, the fellow with an unrestricted medical license in an unapproved program may document and bill for his/her own service.

**Question:** You notice that a patient’s record does not include all procedures performed on the patient. You ask your co-worker about the discrepancy. Your co-worker tells you that this type of thing happens all the time and to ignore it. Should you ignore the errors?

**Answer:** No, this is a clear violation of the Institutional Code of Conduct, and may violate state or federal rules and regulations. You should notify your supervisor of the situation immediately.

**Question:** What are the most common errors that can prevent physicians or other providers from being paid?

**Answer:** The most common errors that can prevent payment, include:

- No documentation for services billed.
- Missing signatures.
- Always assigning the same level of service.
- Billing invalid codes.
- Unbundling procedure codes.
- Misinterpreted abbreviations.
- No chief complaint documented.
- Billing for services included in the global fee as a separate professional fee.
- Use of an inappropriate modifier or no modifier for accurate payment.

**Question:** The physician I work for has asked me to do something that I feel is improper and against the Billing Compliance Plan. I don’t want to do something that is improper, but I’m afraid I may lose my job if I don’t do what I have been told. What should I do?

**Answer:** First, consider discussing the request with the physician to be sure you understand the facts and that he or she is aware of your concerns. If you feel that you cannot comfortably discuss the request with the physician, notify your supervisor or contact the Institutional Compliance Office. Do not take part in any improper or illegal activity. Please also refer to MD Anderson’s Non-Retaliation Policy (Policy # ADM0254) for additional information regarding protections against retaliation.
Question: My supervisor told me to bill a patient’s insurer for health care services we provided and not to bill the patient for the co-pay and deductible amounts. What should I do?

Answer: Medicare and most private payors require MD Anderson to collect a patient’s copay(s) and deductible amount(s) when billing the insurer for services. Waivers of co-pays and deductibles could result in liability under federal and state laws. If your supervisor insists on waiving the co-pay or deductible, you should contact the Institutional Compliance Office.

Principle

Provide, document, and bill for services in a manner that reflects the utmost ethical and legal conduct.