

Number one billing error seen in audits

Audits reveal that prolonged counseling fee codes (00120, 12120, 12220, 13220, 15220, 16120, 17120, 18120, 00314, 33314, 33014, 00514, 01714, 31014, 32014, 33214, 33314, 33414, 33514, 33614, 33714) are frequently billed incorrectly.

With the support of the Patterns of Practice Committee (POPC), a regular column will appear in the *BC Medical Journal* that provides information on the most common billing errors discovered during practice reviews and audits. The POPC is committed to providing ongoing education and information to Doctors of BC members.

Counseling is defined in the Preamble (D.3.3) to the *Doctors of BC Guide to Fees* as “the discussion with the patient, caregiver, spouse or relative about a medical condition

which is recognized as difficult by the medical profession or over which the patient is having significant emotional distress, including the management of malignant disease.”

General practitioners or specialists should not bill the prolonged counseling fee codes for advice that is a normal component of any visit or as a substitute for the usual patient examination fee. Medical inspectors look for proper documentation in the patient’s record to support the criteria to bill prolonged counseling fee codes—a short summary, advice given, and start and end times (at least 20 minutes). Having little or no documentation in your clinical records to support your claim is interpreted as “you didn’t do the work.”

Audits reveal that physicians commonly bill the prolonged counseling fee codes incorrectly for the following services. These services do not qualify under the codes:

- Explanation of test results, multiple problems that took 20 minutes or more.
- Initial or introductory visits to the practice by new patients.
- Travel advice, lifestyle advice.
- Visits for mental health problems that are stable.
- Renewal of prescriptions or a follow-up visit.

Always refer to the *Doctors of BC Guide to Fees* and its Preamble for interpretations of all fees.

—**Keith J. White, MD**
Chair, Patterns of Practice Committee

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