Compliance Standards: Billing Practices

Truth and Accuracy

_all billings for healthcare items and services must be truthful and accurate, and should conform to applicable legal and contractual requirements._

Claims may be submitted only for services that have been properly ordered and actually provided. Appropriate records must be available to document that all services meet these standards, including proper documentation of medical necessity.

Patient Balances

_patient balances must be billed to the patient in accordance with State, Federal and other contractual requirements._

This includes spend downs (share of cost), copayments, deductibles and any other charges not covered under an approved indigent waiver.

Indigent Patients

_do not waive or write-off patient coinsurance or deductibles for government or commercial insurance programs unless the patient is determined to be indigent in accordance with established Company policies and procedures._

Payment and Reimbursement Claims

_Claims for payment or reimbursement must use billing codes that accurately describe the items or services provided._

Claims for Items and Services

_Claims for items and services may only include diagnostic information (e.g., ICD-9 codes) supplied by the treating physician or other specifically authorized healthcare professional, and may never be added to a claim “automatically” or by “default.”_

Billing Errors

_Fresenius will notify the payor and promptly refund any overpayments received as a result of billing errors by the Company, or processing errors by the payor._

Patient and Physician Identification Numbers

_Care must be taken in selecting the patient and physician identification numbers to be included on a claim._

Insurance claim numbers must include the alphabetical suffix for the patient receiving the item or service. Similarly, the physician identifier must be the number for the physician who personally ordered the item or service.

Clinical Research Studies

_all clinical research studies conducted at Fresenius locations must be approved in accordance with Company policies. Certain items and services provided as part of clinical research studies may not be billed to government and commercial insurance programs._

In particular, items or services provided to patients as part of a clinical research study may not be billed if they are:

- Investigational
- Provided solely to satisfy data collection and analysis needs of the study and not used in the direct clinical management of the patient
- Provided by the research sponsors free of charge for any enrollee in the trial; or
- Provided solely to determine trial eligibility.

Audits

_Fresenius employees are expected to cooperate with periodic internal and external audits of the Company’s billing practices._

Any suspicion of inappropriate billing or documentation practices must be reported to a supervisor or manager.
Billing Practices: Q & A

Billing Error

Q: I discovered a coding error in the billing system and corrected it. Do I have an obligation to determine whether claims have been submitted in error before I found the problem?

A: Fresenius may be required to notify one or more third-party payor(s) of the coding error, and could have an obligation to refund overpayments made as a result of the problem. Inform your supervisor of the error so that he or she may determine the extent of any potential overpayment or underpayment, and the proper course of action.

Supervisor Policy violations

Q: I am aware of inaccurate billings in my area, but my supervisor told me to process the accounts anyway because we are very busy at this time, and that we will make the appropriate adjustments at the end of the month. What should I do?

A: Federal and some state regulations prohibit the intentional submission of inaccurate billing claims. If we intentionally submit inaccurate billings without notifying the payor, we violate these regulations even if it is not our intention to over-bill, and even if we intend to make adjustments later. If you are aware that a problem exists and you continue to participate in the submission of incorrect claims without notifying the payor, or if you fail to report the situation, you are putting yourself and the Company at risk. In this case, bring your concern to a more senior manager or to your Business Unit Compliance Officer.

Clinical Research Drugs

Q: My clinic is participating in a clinical research study concerning the effectiveness of a new drug that's not yet available on the market. This drug seems to be really helping our patients. Other drugs that we provide to our patients are separately reimbursable. What are the rules for billing for this drug?

A: We may not bill government payors for investigational drugs (i.e., not FDA approved) or services, regardless of whether the drugs or services are shown to be effective. The fact that similar non-investigational drugs or services are reimbursable when furnished in the normal course of treatment makes no difference to our ability to bill government payors. In contrast, some commercial insurance plans will cover investigational drugs and services with prior authorization. Where prior authorization is received, services may be billed in accordance with terms of the authorization. However, in the absence of specific written authorization from a commercial payor, government rules prohibiting billing of investigational drugs and services should be followed.