



PROFESSIONAL FEE BILLING POLICY FOR POSTDOCTORAL TRAINEES IN ACCREDITED PROGRAMS

BACKGROUND:

Federal regulations and the Medicare program have established rules governing the payment for services performed by residents who are in an approved training program based on the setting where the services are performed.¹ (Medicare regulations include “fellow” in its definition of resident.) Approved training programs include those resident training programs approved by the Accreditation Council for Graduate Medical Education (ACGME) and the American Board of Medical Specialties (ABMS). Johns Hopkins Medicine (JHM) will follow the Medicare billing rules and some additional Hopkins-specific requirements for all payers unless a specific exception is granted for a specific payor or payors by the Senior Director, Office of Billing Quality Assurance.

APPLICABILITY:

This policy applies to physicians who are residents and clinical fellows in Accredited Johns Hopkins Training Programs.

ADDITIONAL DEFINITIONS:

“Resident” means a physician who is enrolled in an Accredited Johns Hopkins Training Program for a clinical specialty.

“Clinical Fellow” means a physician who is enrolled in an Accredited Johns Hopkins Training Program for a clinical subspecialty.

“Accredited Johns Hopkins Training Program” refers to a Johns Hopkins Training Program that is accredited by the ACGME or ABMS and includes all years through the final required year of the Program, as designated by the Program Director; it does not include voluntary years of training in the same specialty/subspecialty subsequent to the final required year of the Program. It also does not include physicians with a faculty appointment in the School of Medicine.

“JHMI” means The Johns Hopkins Hospital, The Johns Hopkins Bayview Medical Center, Johns Hopkins Community Physicians/Johns Hopkins Medical Services Corporation, Howard County General Hospital, Suburban Hospital, Sibley Hospital and All Children’s Hospital.

“Non-JHMI” means an institution other than one of the JHMI institutions.

¹Includes 42 C.F.R. §413.86(b), §§415.200-208, and the Medicare Carriers Manual §2080.8.

“JHUSOM” means The Johns Hopkins University School of Medicine.

“Participating Institution” means an institution to which Training Program Physicians rotate in the Physicians’ Accredited Johns Hopkins Training Program.

“Training Program Physicians” or “Physicians” means residents and clinical fellows in an Accredited Johns Hopkins Training Program when referred to collectively.

INTRODUCTION:

Whether a Training Program Physician may bill for professional or patient care activities and what conditions apply to that billing activity depends on the location where the activities are rendered. Set forth below are the five relevant locations and the billing policies applicable for each. These rules are summarized on Attachment B-1 to this Policy.

BILLING LOCATIONS AND BILLING POLICIES FOR EACH LOCATION:

1. JHMI/Hospital Setting.

A Training Program Physician may bill for patient care activities in a JHMI hospital setting only if:

- a. the activity is not in the same specialty or subspecialty as his/her Johns Hopkins Training Program,
- b. the activity takes place only in the emergency department or in an outpatient setting,
- c. the Physician does not admit patients,
- d. the Physician complies with the requirements of Attachment B-2 to this policy, and
- e. the Physician has an approved Moonlighting Request Form (Attachment M to the Moonlighting Policy), and has an approved Professional Fee Billing Request Form (Attachment B-3 to this policy).

2. JHMI/Non-Hospital Setting.

A Training Program Physician may bill for patient care activities in a JHMI non-hospital setting (such as a doctor’s office, nursing home or physician’s office) only if:

- a. the activity is not in the same specialty or subspecialty as his/her Johns Hopkins Training Program.
- b. the Physician complies with the requirements of Attachment B-2 to this policy, and
- c. the Physician has an approved Moonlighting Request Form (Attachment M to the Moonlighting Policy) and an approved Professional Fee Billing Request Form (Attachment B-3 to this policy).

3. Non-JHMI/Participating Institution Hospital Setting.

A Training Program Physician may bill for patient care activities in a non-JHMI/Participating Institution hospital setting only if:

- a. the activity is not in the same specialty or subspecialty as his/her Johns Hopkins Training Program,
- b. the activity takes place only in the emergency department or in an outpatient setting,
- c. the Physician does not admit patients, and
- d. The Physician has an approved Moonlighting Request Form (Attachment M to the Moonlighting Policy) and an approved Professional Fee Billing Request Form (Attachment B-3 to this policy).

4. Non-JHMI/Participating Institution Non-Hospital Setting.

A Training Program Physician may bill for patient care activities in a non-JHMI/Participating Institution non-hospital setting only if:

- a. the activity is not in the same specialty or subspecialty as his/her Johns Hopkins Training Program, and
- b. the Physician has an approved Moonlighting Request Form (Attachment M to the Moonlighting Policy) and an approved Professional Fee Billing Request Form (Attachment B-3 to this policy).

5. Non-JHMI/Non-Participating Institution - Hospital or Non-Hospital Setting.

A Training Program Physician may bill for patient care activities in a non-JHMI/Non-Participating Institution hospital or non-hospital setting only if the Physician has an approved Moonlighting Request Form (Attachment M to the Moonlighting Policy).

Approved by the Graduate Medical Education Committee	6/3/11
--	--------

ATTACHMENT B-1
Billing Policy Requirements For Physicians In An Accredited Program

Billing Policy Requirement	JHMI Hospital Setting	JHMI Non-Hospital Setting	Non-JHMI Part. Inst. Hospital Setting	Non-JHMI Part. Inst. Non-Hospital Setting	Non-JHMI Non-Part. Inst. Hospital or Non-Hospital Setting
Billing in same specialty or subspecialty	Not Allowed *	Not Allowed **	Not Allowed **	Not Allowed **	Allowed *
Billing Outside Same Specialty or Subspecialty	Not Allowed Except in OP and ER*	Allowed *	Not Allowed Except in OP and ER* ***	Allowed *	Allowed *
Physician must not admit patient	Applies *	N/A	Applies *	N/A	N/A
Physician must comply with JHU billing training policy (Attachment B-2 to Billing Policy)	Yes **	Yes **	No **	No **	No **
Physician must sign Attachment M to Moonlighting Policy	Yes *	Yes *	Yes *	Yes *	Yes *
Hiring department must sign Attachment B-3 to Billing Policy	Yes***	Yes***	Yes***	Yes***	No

FROM MOONLIGHTING POLICY

Moonlighting hours count towards 80/88 hour limit	Yes**	Yes**	Yes**	Yes**	No**
---	-------	-------	-------	-------	------

* Based on Medicare Regulations

** Based on GMEC Moonlighting Policy

*** Based on both Medicare Regulations for Participating Hospitals which receive Part A reimbursement and on Hopkins' Policy for Participating Hospitals which do not receive Part A reimbursement.

ATTACHMENT B-2
REQUIREMENTS FOR RESIDENTS AND
CLINICAL FELLOWS IN ACCREDITED PROGRAMS WHO
INTEND TO BILL AT JHMI FACILITIES FOR PATIENT CARE ACTIVITIES

The following are requirements for all residents and clinical fellows in Accredited Johns Hopkins Training Programs who intend to bill (directly or indirectly) for patient care activities at JHMI facilities.

- A. A resident or clinical fellow must have a completed and approved Attachment M to the Policy Regarding Moonlighting of Residents and Clinical Fellows in Accredited Programs.
- B. A resident or clinical fellow must have a completed and approved Attachment B-3 to the Policy Regarding Professional Fee Billing for Residents and Clinical Fellows in Accredited Programs (Professional Fee Billing Request Form).
- C. When Paragraphs A and B above are met, the resident or fellow will be enrolled by the Clinical Practice Association's Physician Billing Service and third party payers, including Medicare, in accordance with payer procedures.
- D. Residents and fellows must successfully complete the CPA's Billing Compliance Training Program prior to submitting any bills for professional service. (Course: Provider Training with Evaluation & Management content or Provider Training Without Evaluation & Management Content, as appropriate to the specialty or subspecialty where the services will be performed.)
- E. The Office of Billing Quality Assurance will direct the Physician Billing Service to place edit controls in the IDX professional fee billing system to restrict billing to the approved practice setting (if applicable). The Office of Billing Quality Assurance will verify the billing system edit controls on a quarterly basis.
- F. The Hiring Department must annually submit a written compliance plan for monitoring the billing of services by Residents and Clinical Fellows to the Senior Director, Office of Billing Quality Assurance, using the format provided.
- G. Ongoing inquiries regarding the billing policies as they relate to residents and fellows in a specific program should be addressed to the Associate Dean for Graduate Medical Education and the Senior Director of Billing Quality Assurance of the Johns Hopkins University School of Medicine.

ATTACHMENT B-3

PROFESSIONAL FEE BILLING REQUEST FORM
PRE-REQUISITE: APPROVED MOONLIGHTING REQUEST FORM
(ATTACHMENT M TO THE MOONLIGHTING POLICY)

To Be Filled out by Hiring Department

MOONLIGHTER INFORMATION

Name (“Moonlighter”): _____

Name of Moonlighter’s ACGME/ABMS Specialty or Subspecialty Program:

Year in the Program: _____

HIRING DEPARTMENT INFORMATION

Department: _____

Division, if applicable: _____

Physician responsible for assignment of clinical activities:

Name: _____ Phone: _____

Person responsible for monitoring clinical practice setting and activities performed:

Name: _____ Phone: _____

Person responsible for monitoring billing:

Name: _____ Phone: _____

1 .Moonlighter will be providing the following clinical activities:

_____ Inpatient daily care

_____ Inpatient consultation

_____ Inpatient procedures, describe: _____

_____ Inpatient diagnostic testing, describe: _____

_____ Outpatient care – new and established patients

_____ Outpatient consultation

_____ Outpatient procedures, describe: _____

_____ Outpatient diagnostic testing, describe: _____

_____ Emergency Department

2. Moonlighter will be providing the above services at:

_____ JHH, inpatient

JHH, outpatient (specify clinic) _____
 Green Spring Station
 White Marsh
 JHBMC, inpatient
 JHBMC, outpatient

 Other JHMI location, specify: _____
 Other JHMI participating institution, specify: _____

 Non-JHMI participating institution, specify: _____

3. Moonlighting activity has been approved for the period of _____ to _____ (not to exceed the end of the current academic year).

4. The Department of _____ requests approval to bill the following third party payers:

FOR OBQA ONLY

Check Payer	Approved	Disapproved
<input type="checkbox"/> Medicare	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Medical Assistance	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> MA Managed Care	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Blue Shield	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Other Federal Payers	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Other Managed Care Plans	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Other Contract Payers	<input type="checkbox"/>	<input type="checkbox"/>

Request submitted by:

 Chairman/Division Chief of Hiring
 Department

 Date

Approved for professional fee billing as noted above. Yes No

Reasons for disapproval: _____

Kimberlee Sherbrooke
VP and COO
Office of Johns Hopkins Physicians

cc: Office of Graduate Medical Education

Administrator, Hiring Department
Medical Staff Office for Hiring Department
Administrative Compliance Liaison

FOR OBQA USE ONLY:

_____ PBS Enrollment notification

_____ Department Billing Office Notification

_____ TES edits implemented

_____ Department Administrative Compliance Representative notification.