



PROFESSIONAL FEE BILLING POLICY FOR CLINICAL FELLOWS IN ACCREDITED PROGRAMS

BACKGROUND:

Federal regulations and the Medicare program have established rules governing the payment for services performed by clinical fellows who are in an approved training program based on the setting where the services are performed.¹ Approved training programs include those clinical fellowship training programs approved by the Accreditation Council for Graduate Medical Education (ACGME) or 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 clinical fellows in ACGME accredited Johns Hopkins Clinical Fellowship Training Programs.

ADDITIONAL DEFINITIONS:

"Clinical Fellow" means a physician who has completed a core residency program and is eligible for board certification in that specialty and is enrolled in an accredited Johns Hopkins Training Program for a clinical subspecialty.

"Accredited Johns Hopkins Training Program" refers to a Johns Hopkins Clinical Fellowship Training Program that is accredited by the ACGME or ABMS and includes all accredited years of the Program, as designated by the Program Director; it does not include voluntary years of training in the same subspecialty or years 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.

"JHUSOM" means The Johns Hopkins University School of Medicine.

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

“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 Clinical Fellows in an Accredited Johns Hopkins Training Program when referred to collectively.

INTRODUCTION:

Whether a clinical fellow 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 and the physician’s qualifications to provide that care. 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 sub-specialty as his/her Johns Hopkins Training Program,
- b. the Physician does not admit patients,
- c. the Physician complies with the requirements of Attachment B-2 to this policy,
- d. 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), and
- e. the physician has their own Maryland medical license.

2. JHMI/Non-Hospital Setting.

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

- a. the activity is not in the same sub-specialty as his/her Johns Hopkins Training Program.
- b. the Physician complies with the requirements of Attachment B-2 to this policy,
- 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), and
- d. the physician has their own Maryland medical license.

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 sub-specialty 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 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), and
- e. the physician has their own medical license in the applicable jurisdiction.

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 subspecialty as his/her Johns Hopkins Training Program,
- 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), and
- c. the physician has their own medical license in the applicable jurisdiction.

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) and the physician has their own medical license in the applicable jurisdiction.

ATTACHMENT B-1a

Billing Policy Requirements for **CLINICAL FELLOWS** 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 subspecialty	Not Allowed *	Not Allowed **	Not Allowed **	Not Allowed **	Allowed *
Billing Outside Same Sub-specialty	Allowed including billing in core specialty*	Allowed including billing in core specialty *	Allowed including billing in core specialty *	Allowed including billing in core specialty *	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

* 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 CLINICAL FELLOWS IN ACCREDITED PROGRAMS WHO
INTEND TO BILL AT JHMI FACILITIES FOR PATIENT CARE ACTIVITIES

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

- A. A clinical fellow must have a completed and approved Attachment M to the Policy Regarding Moonlighting of Clinical Fellows in Accredited Programs.
- B. A clinical fellow must have a completed and approved Attachment B-3 to the Policy Regarding Professional Fee Billing for clinical fellows in Accredited Programs (Professional Fee Billing Request Form).
- C. When Paragraphs A and B above are met, the clinical fellow will be enrolled by the Clinical Practice Association's Physician (CPA) Billing Department and third party payers, including Medicare, in accordance with payer procedures.
- D. Clinical 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 Department to place edit controls in the EPIC 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 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 clinical 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 Specialty 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: _____
- Non-JHMI non-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: _____

Toya Campbell
Sr. Director of Compliance Billing & Training

Date

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

_____ EPIC billing edits implemented

_____ Department Administrative Compliance Representative notification.