



PROFESSIONAL FEE BILLING POLICY FOR RESIDENTS 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 Approved training programs include those resident training programs approved by the Accreditation Council for Graduate Medical Education (ACGME). 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 in ACGME accredited Johns Hopkins Residency Training Programs.

ADDITIONAL DEFINITIONS:

"Resident" means a physician who is enrolled in an accredited Johns Hopkins Training Program for a clinical specialty.

"Accredited Johns Hopkins Training Program" refers to a Johns Hopkins Residency Training Program that is accredited by the ACGME 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 specialty 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 residents in an Accredited Johns Hopkins Training Program when referred to collectively.

INTRODUCTION:

Whether a resident 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 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 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),
- f. 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 doctor’s office, nursing home or physician’s office) only if:

- a. the activity is not in the same specialty 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),
- 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 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, 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).
- e. the physician has their own Maryland medical license.

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 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).
- c. the physician has their own Maryland medical license.

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).

ATTACHMENT B-1a

Billing Policy Requirements for RESIDENTS 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 | Not Allowed * | Not Allowed ** | Not Allowed ** | Not Allowed ** | Allowed * |
| Billing Outside Same Specialty | Only Allowed in outpatient setting and Emergency Department* | Allowed * | Only Allowed in outpatient setting and Emergency Department* | 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 |

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

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

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

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 |
|--------------------------------|----------|-------------|
| _____ Medicare | _____ | _____ |
| _____ Medical Assistance | _____ | _____ |
| _____ MA Managed Care | _____ | _____ |
| _____ Blue Shield | _____ | _____ |
| _____ Other Federal Payers | _____ | _____ |
| _____ Other Managed Care Plans | _____ | _____ |
| _____ Other Contract Payers | _____ | _____ |

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 edits implemented

_____ Department Administrative Compliance Representative notification.