



29 British American Boulevard, 2nd Floor
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[Policy Number]: Billing Third Party Payors

Category: Corporate Compliance Effective Date: XXXXXXXX
Department: XXXXXXXXXXXXXXXXXXXXXXXX Last Revision Date(s): 5/27/2020

POLICY STATEMENT

[Chapter] will bill third party payors accurately for all services appropriately provided to clients.

This policy applies to all employees of the [Chapter], particularly those who provide client services and prepare documentation for the submission of claims and those who prepare claims to be submitted to third party payors.

PROCEDURE

[Chapter] employees and independent contractors shall provide only those services that are necessary and shall submit only true and accurate bills to third party payors that reflect accurately the services provided and that are not fraudulent. No employee or independent contractor may knowingly present or cause to be presented a claim for payment that is false, misleading or fraudulent.

Examples of fraudulent billing practices that the New York Medicaid program has identified include:

- Billing for services that were not provided (e.g., a speech therapy session was not held);
- Duplicate billing which occurs when a provider bills Medicaid and also bills private insurance and/or the recipient;
- Requiring the recipient to return to the [Chapter] facility for office for more visits when another appointment is not necessary;
- Providing unnecessary services and billing a third party payor for the unnecessary service;
- Upcoding (e.g., providing a follow-up home health visit and billing for a comprehensive visit).



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- Having an unlicensed person perform services that only a licensed professional should render, and bill as if the professional provided the service;
- Billing for more time than actually provided (e.g., a longer counseling session); and
- Billing for a home health visit when there was none.

Claim submissions shall be conducted in accordance with the requirements of the applicable payor (e.g., Medicaid, OPWDD, State Education Department), including but not limited to those related to coding, bad debt reporting, medical necessity, credit balances and duplicate billing.

Employees who create and submit bills to third party payors will be adequately trained to do so and will have the necessary skills to perform his or her job.

The [Chapter] shall periodically audit billing practices to evaluate whether bills are being submitted to third party payors that are accurate and reflect appropriate services. The results of an audit should be evaluated carefully and corrective action implemented, as needed.

Inaccurate claims submission may subject the [Chapter], involved employees and other representatives to civil or criminal penalties. Any employee or other individual who presents or otherwise is involved in the submission of a false, fraudulent or fictitious claim for payment may be subject to immediate termination.