

**Aurora Health Care, Inc.**

**Other Important Research Billing Issues Not Elsewhere Addressed**

**April, 2004**

**PURPOSE:**

This document addresses other important billing topics/terms/issues not specifically addressed in other written Aurora research billing procedures.

**UPCODING:**

Upcoding is billing for a service at a higher level than was actually delivered in order to receive increased reimbursement. A third party payer expects the bill to reflect the actual level of service provided to its member or beneficiary. An example of upcoding is using a higher code because the patient is participating in a research protocol. While it may be acceptable to bill for a service, the level cannot be increased because of the additional time needed for a patient on study. Upcoding is fraud.

**DOUBLE DIPPING:**

Double dipping is being paid for the same service twice. Double dipping constitutes fraud and is illegal. For example, a researcher is paid to conduct a qualifying clinical trial and is paid to conduct a service related to the trial (the item is specifically identified in the budget). The researcher orders a service to be performed at an Aurora facility and, the research site fails to identify the research patient. As a result, Aurora bills the service to a third party payer. Aurora has just “double dipped” even though it did not receive the initial payment from the sponsor.

**FAIR MARKET VALUE:**

For the purpose of research billing procedures, Fair Market value is the reasonable value of the items or services provided by a research site in a clinical trial. Research-related items and services should approximate fair market value. For example, if a principal investigator is participating in a trial and is receiving \$5,000 per patient to collect a history and physical and to complete three data collection worksheets, the \$5,000 would seem to exceed Fair Market Value.

**APPROPRIATE THIRD PARTY PAYER BILLING:**

The coverage analysis process analyzes clinical protocols prior to the delivery of items or services so that all become known to be either billable or not billable to a third party payer. The process of submitting a research related claim to a third party “in hopes that they will pay it” without the benefit of a coverage analysis is inconsistent with the process required for Aurora’s research billing.

**GUIDANCE FROM INDUSTRY REPS:**

Industry representatives sometimes provide guidance on billing and coding issues. This guidance may or may not be accurate. For example, a participant in a clinical trial is scheduled to receive an abdominal CT Scan as part of his or her participation in the trial. Although this procedure should be coded with a specific ICD-9 code, at the sponsor’s direction a generic ICD-9 code is used instead, and the third party payer may pay for the service. While it may be acceptable to use such a code, it does not meet Aurora’s coding standards and may result in non-payment because of miscoding. Therefore studies will have an Aurora directed coverage analysis completed to determine the appropriateness of billing, without reliance on industry representative billing guidance.