



Debunking regulatory myths

Challenging misrepresentations

AMA's regulatory myths series provides physicians and their care teams with resources to reduce guesswork and administrative burdens so the focus can be on streamlining clinical workflow processes, improving patient outcomes and increasing physician satisfaction.

Review the myths

The AMA provides regulatory clarification to physicians and their care teams in an effort to aid physicians in their day-to-day practice environment.

1 Double billing at federally qualified health centers (FQHCs)

Can FQHCs bill for more than one visit on the same day per patient?

2 Entering a diagnosis and procedure code

Are only physicians and other billing health care professionals allowed to enter or change diagnosis and procedure codes?

3 Use of note templates for documenting medical information

Does CMS prohibit the use of note templates?

4 Advance care planning at Medicare visits

Must advance care planning be addressed at every Medicare visit?

5 Adherence to Joint Commission standards

Are organizations only held accountable to Joint Commission standards?

6 Chronic care management consent

Is consent for chronic care management required regularly?

7 Impact of vital signs on level of service billed

Does the number of vital signs recorded affect billing?

8 Two-factor authentication for prescriptions

Is two-factor authentication required for all prescriptions?

9 Review of patient test results

Must all test results be reviewed by patients' primary care physician?

10 Admission, discharge and transfer (ADT) messages

Must hospitals send ADT notifications to physicians' EHR inbox?

11 EHR gag clauses

Can physicians openly discuss EHR issues?

12 Protected health information (PHI) disclosures

Does HIPAA require that health care providers obtain patient authorization to disclose PHI for treatment purposes?

13 Mental health

Must licensing/credentialing bodies probe into clinicians' past mental health?

14 Home health agency plan of care (POC) certification

How should physicians sign home care plan of care certifications and recertifications?

15 Documenting time for each task during outpatient visits

Are physicians and other qualified health professionals required to document the time spent on each specific task associated with an outpatient visit?

16 Online patient reviews

Are physicians prohibited from responding to online patient reviews?

17 Preventive/wellness and evaluation and management (E/M) services

Can physicians bill for both preventive and E/M services in the same visit?

18 EHR documentation

Are clinical support staff required to log out of EHR between documentation?

19 Verbal orders

Are there regulatory prohibitions on the use of verbal orders?

20 Ancillary staff and/or patient documentation

Who on the care team can document components of E/M services and what is the physician required to do?

21 Computerized Provider Order Entry (CPOE)

Can a nurse, certified medical assistant (MA) or non-credentialed staff enter orders in the EHR as requested by the physician?

22 Extended prescription duration

How does an extended prescription duration help your patients and your practice?

23 Food and drink contamination in work spaces

Who determines where physicians and other health care workers can eat or drink while at work?

24 Medical student documentation

Are teaching physicians required to re-document medical student entries in the patient record?

25 Pain assessments

Are clinicians required to ask patients about pain during every consultation, regardless of the reason for the visit?

Stay up to speed on how state and federal law apply to health insurer-related issues.

Earn CME

Interested in debunking a regulatory myth?