BEFORE THE ARIZONA MEDICAL BOARD

In the Matter of **CHARANJIT S. DHILLON, M.D.** Holder of License No. **11273** For the Practice of Allopathic Medicine In the State of Arizona.	Board Case No. MD-06-0067A **FINDINGS OF FACT, CONCLUSIONS OF LAW AND ORDER** (Letter of Reprimand & Probation)

The Arizona Medical Board ("Board") considered this matter at its public meeting on October 10, 2007. Charanjit S. Dhillon, M.D., ("Respondent") appeared before the Board with legal counsel Richard H. Rea for a formal interview pursuant to the authority vested in the Board by A.R.S. § 32-1451(H). The Board voted to issue the following Findings of Fact, Conclusions of Law and Order after due consideration of the facts and law applicable to this matter.

FINDINGS OF FACT

1. The Board is the duly constituted authority for the regulation and control of the practice of allopathic medicine in the State of Arizona.

2. Respondent is the holder of License No. 11273 for the practice of allopathic medicine in the State of Arizona.

3. The Board initiated case number MD-06-0067A after receiving a complaint alleging Respondent inappropriately billed a forty-seven year-old female patient ("TA") and, in spite of a proper release, refused to release/forward her records to another treating physician.

4. TA began treatment with Respondent in 2001 with a neurological consultation for pain management related to an industrial injury. Over the course of time, TA presented to and was treated by Respondent for three complaints – the industrial injury, complaints related to an automobile accident; and right shoulder pain. Respondent maintained three separate charts and three separate billing ledgers. According to TA, her appointments with Respondent were for medication refills and lasted no more than five minutes.

5. On October 6 and 27, 2004 Respondent treated TA for all three of her complaints during each office visit. Respondent billed the Industrial Commission, Blue Cross/Blue Shield for the motor vehicle accident related issues, and Blue Cross/Blue Shield again for the complaint of right shoulder pain. The creation of the third medical chart for the shoulder injury allowed Respondent to bill Blue Cross/Blue Shield twice on two visits. Respondent also used CPT Code 99244 even though another physician or other appropriate source did not refer TA for consultation as required because he believed that, as a specialist, all his patients came to him for consultations.

6. Respondent's records for TA indicate that between October 31, 2001 and November 19, 2004 he saw her on fifty occasions where he billed CPT Code 99215. This code indicates a complex examination was performed, lasting approximately forty minutes, but this is not reflected in the records or in TA's own statements. (To bill this Code to three payors Respondent would be required to have spent 120 minutes with TA).

7. Respondent maintained he kept three separate charts for TA to keep the issues separate to appropriately identify and bill the payor sources. Respondent had inadequate knowledge of codes and billing and, looking back, knows the 99215 code was excessive for the lack of complexity of TA's problems and the lack of time he spent with her. Respondent has attended a four-hour CME offered by the Arizona Medical Association involving billing and coding.

8. Providing medical records is a usually a routine service in Respondent's office and when a request is received, it is verified, and the records are typically provided in a few days. Respondent has since reviewed the Board's website information about providing medical records and has calendared himself to review the information with any new employee every six months.

9. It is aggravating that in 1997 the Board issued Respondent an Advisory Letter for inappropriate coding and inadequate physical examinations.

CONCLUSIONS OF LAW

1. The Arizona Medical Board possesses jurisdiction over the subject matter hereof and over Respondent.

2. The Board has received substantial evidence supporting the Findings of Fact described above and said findings constitute unprofessional conduct or other grounds for the Board to take disciplinary action.

3. The conduct and circumstances described above constitutes unprofessional conduct pursuant to A.R.S. § 32-1401(27)(u) ("[c]harging a fee for services not rendered . . . ;" A.R.S. § 32-1401(27)(v) ("[o]btaining a fee by fraud, deceit or misrepresentation;") and A.R.S. § 32-1401(27)(rr) ("[f]ailing to make patient records in the physician's possession promptly available to a physician assistant, a nurse practitioner, a person licensed pursuant to this chapter . . . on receipt of proper authorization to do so from the patient . . .").

ORDER

Based upon the foregoing Findings of Fact and Conclusions of Law,

IT IS HEREBY ORDERED:

1. Respondent is issued a Letter of Reprimand for inappropriate billing and failure to provide a patient's medical record to a subsequent treating physician.

2. Respondent is placed on probation for one year with the following terms and conditions:

a. Within one year Respondent shall obtain 20 hours of Board Staff pre-approved Category I Continuing Medical Education ("CME") in billing and coding and documentation to support the billing and coding. The CME hours shall be in addition to the hours required for biennial renewal of medical license. Respondent shall provide Board Staff with satisfactory proof of attendance. The probation will terminate when Respondent supplies proof of course completion that is satisfactory to Board Staff.

RIGHT TO PETITION FOR REHEARING OR REVIEW

Respondent is hereby notified that he has the right to petition for a rehearing or review. The petition for rehearing or review must be filed with the Board's Executive Director within thirty (30) days after service of this Order. A.R.S. § 41-1092.09(B). The petition for rehearing or review must set forth legally sufficient reasons for granting a rehearing or review. A.A.C. R4-16-103. Service of this order is effective five (5) days after date of mailing. A.R.S. § 41-1092.09(C). If a petition for rehearing or review is not filed, the Board's Order becomes effective thirty-five (35) days after it is mailed to Respondent.

Respondent is further notified that the filing of a motion for rehearing or review is required to preserve any rights of appeal to the Superior Court.

DATED this 14th day of December, 2007.

ARIZONA MEDICAL BOARD 1913 STATE OF ARIZONA

THE ARIZONA MEDICAL BOARD

By _____
AMANDA J. DIEHL, MPA, CPM
Deputy Executive Director

ORIGINAL of the foregoing filed this 14th day of December, 2007 with:

Arizona Medical Board
9545 East Doubletree Ranch Road
Scottsdale, Arizona 85258

Executed copy of the foregoing mailed by U.S. Mail this 14th day of December, 2007, to:

Richard H. Rea
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3636 North Central Avenue – Suite 1200
Phoenix, Arizona 85012-0001

Charanjit S. Dhillon, M.D.
Address of Record

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