

Part B Insider (Multispecialty) Coding Alert

Are PIN Deactivations in Store for You?

OIG says pee-yew to the UPIN database

If you have a provider identification number you haven't used in a while, you may soon not be able to use it at all.

The HHS Office of Inspector General maintains that Medicare's database of unique physician/practitioner identification numbers is riddled with inaccuracies and needs to be cleaned up soon. For example, more than half of providers in the active UPIN database had inaccurate information on at least one of their practice setting records, the OIG says in "Accuracy of Unique Physician/Practitioner Identification Number Registry Data" (OEI-03-01-0380).

The issue is important because when the OIG thinks UPINs and PINs are awry, it often suspects that fraud and abuse may be afoot.

In a response to the report, the Centers for Medicare & Medicaid Services outlines a host of activities it is undertaking to clean up the UPIN database and expunge inactive numbers.

To see the report, go online to <http://oig.hhs.gov/oei/reports/oei-03-01-00380.pdf>.

Your practice could see reimbursement drop \$14.1 million over the next two years, according to a study by the **American College of Physicians**. The planned Medicare cuts could force 42 percent of ACP members to stop accepting Medicare patients, according to an ACP study. Meanwhile, the **American Academy of Family Physicians** said nearly a quarter of its members already aren't accepting new Medicare fee-for-service patients.

Don't blame the insurance companies - medical malpractice losses are driving up insurance rates, says the **General Accounting Office** in a report on skyrocketing medical malpractice insurance premiums in six states. Falling investment income and rising reinsurance costs are also driving up rates, says the report (GAO-03-702) available at www.gao.gov.

You will no longer be able to file a statement of intent to extend the time limit to file a claim with Medicare, under a proposed rule in the July 25 Federal Register (Vol. 68, No. 143, pp. 44000-44003). CMS says you'll still have between 15 and 27 months, depending on date of service, to file claims with your carrier.

Carrier Cahaba GBA says it accidentally denied all evaluation and management visits ([CPT 99201 - 99397](#)), end-stage renal disease services (90922-90925), and general ophthalmological services (92002-92004) due to an error in the Multi-Carrier System P/J/PL file segment plus a new audit implemented July 3.

The carrier nixed a total of 167,677 claims incorrectly and is processing a mass adjustment of those claims. Don't resubmit or fax remittance notices to Cahaba, because the carrier is already working on the problem.