

Part B Insider (Multispecialty) Coding Alert

Physician Notes: AMA Could Develop Its Own Correct Coding Initiative

Are you ready for another layer of coding oversight?

The CPT guidelines have always specified some codes that you shouldn't bill together, or codes to bill as add-ons. But now the **American Medical Association** (AMA) could be going much further.

This June, the AMA plans to present a report to its House of Delegates on the results of a resolution the Delegates passed last summer. The resolution calls on the AMA to study "the feasibility of developing a national standard for the utilization of codes, code combination, and modifiers that is consistent with all CPT Codes , guidelines, and conventions, and that would be used by all commercial and governmental payers."

In essence, the AMA could develop its own version of the National Correct Coding Initiative (NCCI), coding experts say. This could provide some invaluable guidance to coders, but also could constitute another layer of micromanagement on coding.

The Bush administration's 2006 budget for Health and Human Services, released Feb. 7, includes no proposals for fixing the looming 5 percent cut awaiting physicians in 2006 and every year for the next several years.

The Medicare prescription drug benefit has an estimated price tag of \$8.1 trillion over the next 75 years, adding to Medicare's grief, the **Government Accountability Office** says in a new report, "High Risk Series: An Update" (05-027). Without reform, Medicare spending growth "will be unsustainable over time," the report reads. Among the fixes the GAO recommends: more prescription drug compliance in 2006, better patient safety in end-stage renal dialysis facilities, revised payment policies for some pathology services, and more crackdowns on incorrect billing.

More than three quarters of physician services sampled by the HHS Office of Inspector General had an incorrect place of service, according to a new report, "Review of Place of Service Coding for Physician Services - TrailBlazer Health Enterprises" (A-06-04-00046). Out of 100 sampled physician claims, 76 happened in a facility, but the physicians billed them using the office, or other non-facility place-of-service codes. The OIG used a "statistical projection" and estimated Part B carrier Trailblazer overpaid physicians \$1.05 million for incorrectly coded services in 2001 and 2002. The OIG encouraged Trailblazer to take back \$2,983 in overpayments that it found, work with doctors to recover more overpayments and educate doctors and billers on the importance of correct place-of-service codes.