

Part B Insider (Multispecialty) Coding Alert

PHYSICIAN NOTES: Be Proactive In Opposing The Return Of PRO Auditors

Patients will come armed with questions, thanks to new site

A new bill to reform the Quality Improvement Organization (QIO) system also could bring back the dreaded Peer Review Organizations (PROs), which used to investigate complaints against physicians and examine doctors- claims data.

The bill, by Senate Finance Chair **Max Baucus** (D-MT) and ranking Republican **Charles Grassley** (R-IA) would empower new Medicare PROs, which would have similar case-review powers to the old PROs, warns the **American Medical Association**. As a result, you could have independent contractors without specialist knowledge looking over your shoulder.

- **Be prepared** for patients to ask more questions when they talk to your physicians. The **National Institute of Health** posted a primer on -Talking With Your Doctor- online at NIHSeniorHealth.gov. -Talking With Your Doctor- takes readers through the medical visit process from planning a visit to their doctors through conversations after diagnosis, and includes helpful links. It also offers advice on asking questions about medications, medical tests and a diagnosis.

- Fewer doctors are working in solo or two-person practices, according to a new report from the **Center for Studying Health System Change**. In 1996-1997, 40.7 percent of physicians were on their own or in pairs, but this dropped to 32.5 percent of physicians in 2004-2005. Pay-for-performance (P4P) plans and health information technology both push doctors to get into bigger practices, the CSHSC says.

- **Don't charge Medicare patients** a routine surcharge, or you could face charges of your own. Olney, MD-based **Montgomery Internal Medicine Associates** agreed to settle an investigation by the Maryland attorney general's office. The practice charged patients a \$25 annual administrative surcharge since 2005, for a total of \$144,000 in fees, the Baltimore Sun reports.

The attorney general's office said the extra charges violated state law and Medicare rules. The doctor's office agreed to repay these fees to its patients and not to try to collect fees from patients whose payors prohibit extra fees.

- Maryland physician **Pradeep Srivastava** agreed to pay \$476,000 to settle federal charges that he defrauded Medicare. The feds claimed Srivastava billed for services not rendered and also unbundled inappropriately.

For example, he billed for introduction of the catheter in addition to cardiac catheterization, transcatheter biopsies at the same time as cardiac catheterization or angioplasty, and all five subparts of percutaneous transluminal coronary angioplasty (PTCA) in addition to the PTCA itself. He also allegedly billed for consults performed by another physician and consults without a documented request.