

## Part B Insider (Multispecialty) Coding Alert

### PHYSICIAN NOTES: Carriers Tout Safeguard Hauls

Medicare carriers are boasting once again about the financial fallout from their medical review, fraud-fighting and other payment safeguard activities.

Trailblazer Health Enterprises LLC boasts \$832 million in payment safeguard savings in 2002, up from \$792.1 million the previous year. Trailblazer is the Part B carrier for Texas, Maryland, Delaware, Virginia and Washington, D.C.

1. **Federal Bureau of Investigation agents May 1 arrested** the medical director of a Houston-area physical therapy clinic based on charges that he signed off on physician's evaluations for patients he never examined. According to U.S. Attorney **Michael Shelby's** office, **Dr. Anant Mauskar** allegedly signed off on paperwork prepared by an unlicensed foreign medical student, hired by clinic operators **Tonya Williams** and **Kimberly Selders**, who actually did the exams.

Prosecutors maintain that Mauskar also participated in the submission of medicare claims performed by unlicensed technicians without a physician's supervision and of claims for services that were never rendered. Mirage Medical Group ended up submitting more than \$1.4 million in improper claims in 1999-2000 for which it got paid more than \$500,000.

2. **San Diego physician Herman Eric Wetsman pleaded guilty** to mail fraud and agreed to settle civil False Claims Act allegations for \$1 million, according to U.S. Attorney **Carol Lam**. Prosecutors say he billed Medicare and other federal healthcare programs for surgical nasal endo-scopies when all he actually performed were diagnostic nasal endoscopies.

The improper billings - which also included claims for endoscopies he never performed - occurred between 1996 and 2000. Prosecutors **Yesmin Saide** and **Faith Devine** maintain that the doctor altered patient charts and medical reports to back up the inappropriate claims.

3. Physicians' business relationships with other healthcare providers could be in for a shakeup this summer.

The **Centers for Medicare & Medicaid Services** plans to release two key regulations on the Stark physician self-referral law in coming months, according to the **U.S. Department of Health and Human Services** Semiannual Regulatory Agenda. Published in the May 27 Federal Register, the agenda says the much-anticipated final version of "Phase II" of the mammoth Stark physician self-referral rule is scheduled for a June release.

Also, CMS says that in July it plans to issue a proposal that could hit specialty hospitals hard. The agency says it plans to change self-referral rules to keep physician investors in certain specialty hospitals from using the "whole hospital" exception to the self-referral ban. Physician-owned specialty hospitals have been under fire lately, including proposed legislation and a **General Accounting Office** report.