

## Part B Insider (Multispecialty) Coding Alert

### PHYSICIAN NOTES: CMS Adds to List of 'Never Events'

#### The new diagnoses go beyond forgotten surgical clamps

Get ready for nine new -never events,- if CMS gets its way.

Last year, CMS issued a list of services that Medicare will consider non-payable beginning in October, including surgeries to retrieve objects that the surgeon accidentally left behind during a procedure, as well as seven additional so-called -never events.-

CMS will require hospitals to disclose whether the patient had these eight conditions upon admission. If not, Medicare will not reimburse hospitals for these conditions because they were acquired during the hospital stay. CMS says that the halt in reimbursement will encourage hospitals to make fewer errors.

This week, CMS proposed nine additions to that list, suggesting that the following situations should be added to the list of never events: surgical site infections, Legionnaires- disease, extreme blood sugar derangement, iatrogenic pneumothorax, delirium, ventilator-assisted pneumonia, deep vein thrombosis/pulmonary embolism, staphylococcus aureus septicemia, and clostridium difficile disease.

Some consultants have cried foul at the suggestion that these conditions will not be payable. -I question whether the hospital will give full attention to a patient who develops pulmonary embolism, knowing that they wouldn't be paid for it,- says Atlanta consultant **Jay Neal**.

The first eight never events take effect Oct. 1, but Medicare is still in the comment period for the new proposed nine measures, and won't make a final decision until later this year.

To read about the proposal, visit [www.cms.hhs.gov/apps/media/press\\_releases.asp](http://www.cms.hhs.gov/apps/media/press_releases.asp), and scroll down to the April 14 release.

#### In other news -

**A Florida radiologist is the latest physician to settle with the feds over allegations of fraud.** The doctor, who owns several imaging centers, agreed to pay \$7 million to the government under allegations that he billed Medicare and other insurers for CT scans that he did not perform.

The government also alleged that the radiologist paid inducements to physicians in exchange for patient referrals, which is a violation of the Stark law and the Anti-Kickback statute, according to an April 14 **U.S. Department of Justice (DOJ)** press release.

The investigation was spurred by a whistleblower action brought by a physician who was the radiologist's former employee. As a result of the settlement, the whistleblower was able to collect \$1.75 million as his share of the suit, the DOJ's press release noted.

To read more about the action, visit [www.usdoj.gov/opa/pr/2008/April/08\\_civ\\_292.html](http://www.usdoj.gov/opa/pr/2008/April/08_civ_292.html).