

## Part B Insider (Multispecialty) Coding Alert

### Physician Notes: Doctors Looking Forward To Competitive Drug Demo

#### Oncologists most likely to feel effects of new program

Some physicians are optimistic about Medicare's Competitive Acquisition Program, in which at least two contractors per area negotiate with drug-makers to provide drugs to physician offices.

Many physicians have expressed doubts about the CAP program, in which you'll choose between billing for drugs yourself or allowing a vendor to supply the drugs and bill Medicare directly. As proposed, the CAP will require physicians to know which patient will receive which dose of a drug - and on which date. (See PBI, Vol. 6, No. 19).

But 27 percent of physicians said they felt positively about the CAP, and the majority felt neutral, according to a survey released June 2 by **Health Products Research**, a division of Somerset, NJ-based **Ventiv Health**.

Physicians said the CAP could increase drug availability to patients and would most likely impact oncology products the most.

Cardiovascular agents, rheumatals, antibiotics and injectables could also benefit, physicians say.

1. CMS instructed providers to bill new code **Q3001** for radioisotopes used in brachytherapy, but due to a "processing note," some providers received denials for this code. And some carriers have wrongly instructed providers to bill deleted code 79900 or unlisted code A9699 instead of Q3001.

CMS officials said in the physician ODF that they've removed the note that prevented you from billing Q3001 and the carriers should accept the new code instead of 79900. Also, even though a recent transmittal on the use of Q3001 mentioned ambulatory surgery centers specifically, you should use Q3001 in other settings as well, CMS officials noted.

2. Entering into financial arrangements with 14 physicians and physician groups spelled trouble for **St. Joseph Mercy-Oakland** in Michigan. The hospital self-disclosed improper conduct to the **HHS Office of Inspector General** and agreed to pay \$4 million to resolve its liability under the Stark self-referral law, the OIG reports. The improper arrangements allegedly involved payments for "office management services, medical equipment, lease and/or purchase agreements, loans, and income guarantees."
3. Washington, DC physician assistant **Larry Solomon** faces up to 50 years' imprisonment if convicted of health care fraud, money laundering and other charges. Solomon was indicted in late May on charges that he allegedly submitted claims for services on dates when no services were provided, or for more complex or costly services than provided. He also allegedly billed the physician rate for services he or another PA provided, and billed for outpatient services for patients who were dead or hospitalized.