

Part B Insider (Multispecialty) Coding Alert

PHYSICIAN NOTES: Don't Expect Any Action On Medicare Cuts Until Year's End

Abbreviations may shorten the lives of your patients

A desire to prevent a cut to your payments in January is "the biggest driver" behind Congress' desire to pass Medicare legislation this year, according to The Hill.

The **American Medical Association** will be putting a full-court press on stopping the roughly 4.6 percent cut scheduled for next year. But many in Congress balk at the high cost of stopping another round of pay cuts for your practice, estimated at around \$10 billion.

You also have to compete with physical therapists, who want Congress to eliminate the annual cap on their services at a cost of around \$500 million.

Bottom line: Don't expect Congress to act until after the November elections, observers predict.

In other news:

- Abbreviations kill thousands of people per year, according to the **Food & Drug Administration**. The FDA is joining with the **Institute for Safe Medication Practices** to stamp out your doctor's abbreviations on medical notes.

Among the killers are the letters "IU," which stands for "international unit," but could be mistaken for "intravenous." Also, your doctor should write a zero before a decimal point, as in "0.4 ml." Also, it's easy to mix up "Q.D.," meaning once per day, with "Q.O.D.," meaning "every other day," the San Francisco Chronicle reports.

- The **HHS Office of Inspector General** (OIG) recovered over \$1 billion from health care fraud and abuse in the first half of 2006, according to its semiannual report. One doctor repaid the OIG \$881,000 to settle charges of billing both the professional and technical component of vascular services when the doctor only performed the professional component.

Also, a Maine physician repaid \$200,000 to settle Stark self-referral charges that he referred patients to an oxygen company he owned.

- You can bill using temporary "C" codes, for items that may receive "pass-through" payment under the Outpatient Prospective Payment System (OPPS), even if you're not an OPPS provider, according to transmittal 976, dated June 9.

- You should use codes 93731, 93734, 93741 or 93743 to report electronic analysis of an implanted cardiac device using remotely obtained data. You should choose one of those four codes, depending on the type of device used, according to transmittal 979, dated June 9.

- Medicare will never cover blood-derived non-autologous products for treatments using becaplerman, according to transmittal 59, dated June 9. Previously, Medicare said coverage of becaplerman was up to carrier discretion.

- Type 2 diabetes accounts for 95 percent of all diabetes cases and almost all undiagnosed cases, according to a study in the June 2006 Diabetes Care.