

Part B Insider (Multispecialty) Coding Alert

PHYSICIAN NOTES: Don't Make Your Physician's Social Security Number Public, CMS Warns

Watch out: Inaccurate usage statistics could lead to sharp cuts in imaging payments

You have until July 16 to correct your information in the NPI database before it goes public Aug. 1, an official with the **Centers for Medicare & Medicaid Services (CMS)** clarified in a June 29 Open Door Forum on enrollment.

Also, not all of your information in the database will be publicly available starting in August, according to CMS- **Jim Bossenmeyer**. Social Security Numbers (SSNs), dates of birth, countries of birth and other sensitive data won't be in the public database. But you should make sure you're not using your physicians- SSNs to identify them elsewhere in the database.

-Don't use SSN as your provider identifier, because those fields will be disclosed,- Bossenmeyer said.

In other news:

- A study last year by the **Medicare Payment Advisory Commission (MedPAC)** miscalculated how much physicians use magnetic resonance imaging (MRI) and computed tomography (CT) equipment, according to a new report released by industry group **AdvaMed**.

The MedPAC data could lead CMS to raise its estimations of how often physicians use these expensive machines, and that in turn would lead to lower payment rates for imaging services, AdvaMed warns. MedPAC lacked enough -statistical power- to represent national MRI/CT usage, and only focused on MRI/CT scans instead of all imaging scans, Adva-Med complains.

- U.S. District Court Judge **Fedrico Moreno** sentenced Miami physician **Julian Torres** to 36 months- imprisonment and \$1.36 million in repayment, for his role in a fake-prescription scheme. Prosecutors said Torres received \$40,000 in kickbacks for writing 800 false prescriptions for unnecessary medical equipment.

- A psychiatrist accused of Medicare fraud tried to claim that the CPT coding rules were too vague and he couldn't be expected to understand them. But the **U.S. District Court for the Southern District of Illinois** ruled that the rules were clear enough that **Ajit Trikha** should have understood billing for more than 24 hours of services in one day was fraud.

- If your patients miss an appointment, you can charge them for the inconvenience, according to MLN Matters article MM5613. But this shouldn't be the same as the charge for the actual service, and you can't bill Medicare for missed appointments.

- The **HHS Office of Inspector General** withdrew a proposed rule that would have punished Medicare providers for submitting -excessive charges,- in a June 18 Federal Register notice.