

Part B Insider (Multispecialty) Coding Alert

PHYSICIAN NOTES: Don't Rush Ahead With Quality Reporting Program

You won't receive any extra money for reporting new "G" codes, warns AMA

The **Centers for Medicare & Medicaid Services** wants you to start reporting on 36 quality measures next year, using new "G" codes. But the program will be an administrative pain, and you won't receive any more reimbursement for taking part voluntarily, the **American Medical Association** complains.

The CMS program uses measures developed by doctors and quality experts, including the **National Quality Forum** and **RAND Corp**. But the AMA criticized the program in a letter to CMS for side-stepping the work that physicians were doing with the federal government, according to press accounts.

CMS attempted to defuse the AMA's criticism by listing the AMA as one of the groups that developed the new quality measures. In addition, CMS Administrator **Mark McClellan** insisted that the program is just one of many steps toward quality improvement.

In other news:

- Kansas City, MO oncologist **James Hueser** agreed to repay \$1 million and surrender his medical license to settle charges he defrauded the Medicare program, prosecutors say. Hueser allegedly chose treatments based on reimbursement instead of his patients' well-being, claimed to treat patients when he didn't and billed for infusion pumps when he didn't use them. He also allegedly reused vials of drugs that the FDA had classified as single-use because they may become contaminated or less potent after one use.
- The Medicare Trust Fund received \$1.51 billion from health care fraud cases in 2004, according to the **Health Care Fraud and Abuse Control Program** (HCFAC). The federal government netted \$605 million in fraud settlements and judgments during 2004, the HCFAC added.
- Starting April 1, your carriers will monitor your claims for EPO/Aranesp when your patients' hematocrit levels reach 39 percent. If the levels go above 39 percent, the carriers will automatically reduce your payable dosage by 25 percent, in line with **Food & Drug Administration** guidelines, according to a new CMS decision, posted at www.cms.hhs.gov/coverage/8b.asp.
- CMS decided to cover Immun-oassay CA 125 for primary peritoneal carcinoma (PPC). Commenters provided enough clinical evidence to show that CA-125 is reasonable and necessary for keeping tabs on PPC patients. View the decision at www.cms.hhs.gov/mcd/viewdecisionmemo.asp?id=161.
- [A doctor who fails to obtain the results of laboratory tests ordered by another physician doesn't have immunity from prosecution, the Circuit Court of Fairfax County, VA ruled in Oraee v. Breeding. A doctor only has immunity for failing to obtain results from tests or examinations that weren't ordered by a physician at all.](#)