

## Part B Insider (Multispecialty) Coding Alert

### PHYSICIAN NOTES: Information Technology May Be Available Soon

#### Two bills would standardize IT, provide grants

For your information, the government may soon be helping you to implement new technological solutions, if one of two new bills becomes law.

Sens. **Deborah Stabenow** (D-MI) and **Olympia Snowe** (R-ME) introduced the Health Information Technology Act of 2005 (S.1227), which the **American College of Physicians** believes would expand universally accepted health information technology standards, and provide incentives for providers to use electronic health records and other technologies. The bill would provide uniform technology standards, grants for providers to buy technology and boost Medicare payments when providers use technology to manage patients with chronic illnesses.

Sens. **Bill Frist** (R-TN) and **Hillary Clinton** (D-NY) introduced another information technology act, which would standardize information technology, codifies the Office of the National Coordinator of Health Information Technology, authorize grants, and create a fraud "safe harbor" for entities providing information technology.

1. Rep. **Ralph Hall** (R-TX) introduced House Resolution 261, which expresses "the sense of the House of Representatives" that CMS should extend the current chemotherapy demonstration project through the end of 2006. The project, which pays practices \$130 a day to assess chemotherapy patients' pain, nausea and fatigue, is schedule to sunset at the end of the year. H.Res. 261 was forwarded to the **Ways and Means Committee**.
2. Cape Cod, MA cardiologist **Philip Chiotellis** allegedly misrepresented cardiac rehabilitation services as cardiac stress tests, which Medicare pays for at a much higher rate. U.S. Attorney **Michael Sullivan** in Boston announced that his office had filed a civil complaint under the federal False Claims Act against Chiotellis, claiming the cardiologist submitted more than \$1.7 million in fraudulent claims.
3. Vision rehabilitation professionals who work under a qualified physician's "general supervision" can bill for vision impairment services under a demonstration project, CMS announced in Transmittal 25 (Change Request 3816). The billing physician or facility must have a contractual relationship with the vision rehab professional, and Medicare will pay for these services under the physician fee schedule. CMS will publish four different series of temporary "G" codes for the demonstration project, in October's physician fee schedule.
4. CMS changed its rules on "voided, canceled and deleted" claims in Transmittal 159 (Change Request 3627). In particular, CMS changed some reasons for canceling or deleting claims from the system into reasons to return claims as unprocessable claims, and vice versa.
5. Carriers can't extrapolate an error rate from a statistical sample of claims unless they determine that there is a "sustained or high level of payment error," CMS warns in Transmittal 114 (Change Request 3734).