

Part B Insider (Multispecialty) Coding Alert

Physician Notes: Outpatient Pay Rule Boosts Digital Mammogram Pay

Other preventive screenings also see increased reimbursement

The **Centers for Medicare & Medicaid Services** unveiled its 2005 update to payments for outpatient services, and diagnostic tests came out big winners.

The outpatient payments rule, to be published in the Aug. 16 Federal Register, says Medicare will pay for traditional diagnostic mammograms under the physician fee schedule, rather than the outpatient prospective payment system - a 40 percent hike in reimbursement. Digital diagnostic mammograms could see as much as a 60 percent hike, CMS says.

The forecast for other disease screening exams isn't too shabby either. Pelvic and breast exams, barium enemas, bone density studies, flexible sigmoidoscopies, screening colonoscopies and glaucoma screenings will see increases from 3 to 10.5 percent.

If you think violations of the Stark self-referral rule won't ever come and bite you, then you could be unpleasantly surprised. Just ask Pennsylvania doctor **Leonard Ginsburg**, who will pay the government a \$200,000 settlement, according to federal prosecutors. Ginsburg's former office administrator brought a qui tam suit alleging longstanding Stark violations.

Mercy Community Hospital, formerly known as **Brandywine Hospital**, allegedly gave Ginsburg space, equipment, personnel, supplies, director fees and other services. The hospital will repay over \$1 million and sign a corporate integrity agreement, while Ginsburg must hire a compliance consultant and enter a three-year integrity plan focusing on Stark compliance.

CMS won't be so quick to take money out of your pocket when you repay an overpayment starting this fall, according to a final rule published in the July 30 Federal Register. CMS currently charges two full months' worth of interest if a physician repays an overpayment after 45 days. But starting this fall, CMS will no longer consider "partial periods" when calculating interest, and will only charge for full 30-day periods.

According to a proposed rule in the July 23 Federal Register, CMS will exclude providers from the Medicare program for four violations: Non-compliance with assignment billings, non-compliance with charge or service limits, failure to provide information or improperly providing information, and non-compliance with either Medigap or Medicare Select.

Nashville, TN physician **Raymond Turek** faces a 30-month prison sentence and two years' probation after pleading guilty to one count of health care fraud, and must repay \$2.3 million to the TennCare program and Medicare. He'll also be excluded from federal health care programs for a whopping 20 years. Turek's crimes? Not treating patients on the dates billed, rendering less extensive services than those billed and claiming services for patients who had died.