

Part B Insider (Multispecialty) Coding Alert

PHYSICIAN NOTES: Quality Measures Could Explode Next Year, CMS Says

Solo practices can receive bonuses for quality soon

Physician quality reporting may not be ready for prime time yet, but it's getting closer.

The **Centers for Medicare & Medicaid Services** (CMS) only had 16 quality measures, covering 19 out of 39 specialties, in this year's Physician Voluntary Reporting Program (PVRP). But CMS just released a list of 86 quality measures it's considering for 2007, which would cover 32 out of 39 specialties.

The measures include things like whether the doctor prescribed a beta blocker for a patient with a prior myocardial infarction, or the percentage of asthma patients prescribed with either an inhaled corticosteroid or an -acceptable alternative.-

In other news:

- CMS also announced it's launching a new demonstration project to pay small-to-medium-sized group practices for providing quality care. CMS already has a -pay for performance- pilot project with 10 large multi-specialty group practices. But now practices ranging from solo to medium-sized can get in on the action as well. Go to [cms.hhs.gov/apps/media/press /release.asp?Counter=2038](http://cms.hhs.gov/apps/media/press_release.asp?Counter=2038) for details.

- The **American Society of Clinical Oncology** (ASCO) updated its clinical practice guidelines for the use of tumor markers in gastrointestinal cancer. ASCO also included additional tumor markers that address a broader range of cancers. Instead of testing for carcinoembryonic antigen (CEA) every two to three months for two years after initial treatment of colorectal cancer, the new guidelines call for CEA testing every three months for three years.

- Two Houston, TX doctors face prison sentences after they were found guilty of defrauding Medicare of more than \$21 million. Prosecutors said **Charles Frank Skripka** and **Jayshree Patel**, wrote 30 to 80 prescriptions per day for motorized wheelchairs, in return for \$200 per script. The patients received \$50 for accepting the prescription, some coming from as far away as Louisiana. Medical equipment company owner **Harold -Prince Yellowe- Iyalla** plead guilty in May to paying kickbacks to doctors, according to the Houston Chronicle.

- New legislation, the Access to Physical Medicine and Rehabilitation Services Improvement Act of 2006 (S. 3963), would overturn the current Medicare -incident-to- rules and recognize athletic trainers and lymphedema therapists as covered providers under Medicare, according to the **American Physical Therapy Association** (APTA).

The current Medicare incident-to requirement, clarified in the 2005 Medicare Physician Fee Schedule, stipulates that individuals providing therapy services must be graduates of physical therapy professional education programs. This applies to those who provide physical therapy services incident to a physician's professional services. The legislation, introduced by Sens. **Craig Thomas** (R-WY) and **Arlen Specter** (R-PA), would change this situation.