

Part B Insider (Multispecialty) Coding Alert

PHYSICIAN NOTES: Slow Down On Pay For Reporting/Performance, Senator Demands

CPT 2008 will lose more codes than it gains

You could gain some breathing room on changes to the Physician Quality Reporting Initiative (PQRI) next year and avoid any pay-for-performance (P4P) plans, if a new bill becomes law.

Sens. **Benjamin Cardin** (D-MD) and **Arlen Specter** (R-PA) introduced The Voluntary Medicare Quality Reporting Act, which would require the **Centers for Medicare and Medicaid Services** to spend a few more years on a more careful process to develop a voluntary quality reporting program.

The Cardin-Specter bill would require the HHS Secretary to report to Congress on the six-month PQRI program that starts July 1, and launch demonstrations to figure out the best ways for you to report quality data. You would be able to keep reporting on 2007's quality measures into 2008. Medicare would have to work with the **American Medical Association** to figure out which areas need quality measures. A permanent voluntary quality reporting program would start January 2010.

In other news:

- If you're experiencing denials or payment delays because of the new national provider identifier (NPI) requirement, make sure all of your information in the NPI data file is accurate, say experts. If your address or other contact information is slightly different in this database than on your claim, you could receive a denial.

Medicare is on track to release an NPI directory by the end of the month, say Washington insiders. At first, the directory will be available as a download and in a query-only format. After a while, the downloadable file may go away if the query-only file serves providers' needs.

- CPT 2008 will include 242 new codes, 298 revised codes and 364 deleted codes, according to the **American Medical Association**. Changes will affect anesthesia, evaluation & management codes, surgery, radiology, pathology/laboratory and medicine codes.

- The dizzying growth in Medicare spending on physician services came as a result of physicians providing more services, not Medicare spending more per service, according to a new report from the **Congressional Budget Office**. After inflation, Medicare payments to doctors per service actually went down from 1997 to 2005.

When Medicare reduces physicians' payments, they'll provide more services to compensate. And if Medicare raised their pay, doctors might actually provide fewer services as a result, the CBO noted. But this response only accounted for a small amount of the increase in costs, with the rest coming from changes in the prevalence of diseases and standards of medical practice.