

Part B Insider (Multispecialty) Coding Alert

PHYSICIAN NOTES: Start Sharing Those NPIs Now To Avoid A Crunch In May

Write to your Senator now about colonoscopy loophole

Starting in May, you could have to list the national provider identifier (NPI) for every doctor who refers patients to you. Will you be ready?

The **Centers for Medicare & Medicaid Services** (CMS) hasn't yet decided whether it'll require you to list NPIs for all referring providers right away in May, CMS official **Jim Bossenmeyer** told the Jan. 23 physician Open Door Forum. But it makes sense to prepare for this possibility, experts warn.

Foot-dragging: CMS promised to issue a -dissemination notice- last fall explaining how you could obtain the NPI for doctors you do business with (See PBI, Vol. 7, No. 35). But Bossenmeyer said this document is -still in clearance- and he can't predict when it'll come out.

Damned if you do: Providers on the Forum expressed concern that if they share their NPIs too widely, they could open the door for a fraudulent provider to bill under their numbers. But if they don't share their NPIs, they could have trouble billing soon. CMS officials didn't really have an answer for this conundrum.

Asked whether you're required to share your NPI with other insurance companies, CMS officials said -You're encouraged to share your NPI with trusted partners,- but not required.

Clarification: CMS officials did clarify that solo practitioners only need to apply for one NPI, even if their practice is incorporated.

In other news:

- **Write to your Representative:** A screening colonoscopy doesn't count toward your patient's Medicare deductible, thanks to a law that Congress passed last year. But if a patient presents for a screening and then the doctor discovers and removes a polyp, then the deductible applies all of a sudden, **Cecile Katzoff** with the **American Gastroenterological Association** told the Jan. 23 Open Door Forum. CMS officials said this problem was out of their hands, and it would be up to Congress to fix it.

- You can use the 50 modifier with laryngoscopy and lesion removal codes 31545-31546, because CMS just revised the -bilateral indicator- for these codes to -1- in Transmittal 1161 (CR 5498). The transmittal makes some other changes to the physician fee schedule, including revised work relative value units (RVUs) for some radiology codes and revised status codes and other values for electrophysiology studies code 96324.

- Congress should focus on -patient-centered primary care,- giving one primary care doctor responsibility for all of a patient's treatment and rewarding good outcomes, the **American College of Physicians** said in a Jan. 22 report on -the State of the Nation's Health Care.-