

Part B Insider (Multispecialty) Coding Alert

PHYSICIAN NOTES: Talk About Copays? No Way!

Physicians don't like to talk about out-of-pocket costs

If your doctor doesn't seem to be an ally in the fight to obtain copays from patients, you're not alone.

A study in the Aug. 20 Journal of the American Medical Association found that only 35 percent of physicians and 15 percent of patients reported ever having a doctor-patient discussion about the out-of-pocket costs of healthcare. By contrast, 63 percent of patients said they wanted to talk about these costs with their doctor, and 79 percent of physicians said they believed patients would like such a discussion, according to the study, titled "Patient-Physician Communication About Out-of-Pocket Costs."

Patients must bear roughly a fifth of healthcare expenditures, and these direct costs lead to patients not taking their medications and other problems. The study found that patients who were more burdened by out-of-pocket costs were more likely to have a conversation about them with their doctors. Doctors were more likely to recognize that patients faced this burden if they'd had a discussion previously.

A grand jury indicted Monet Selders and Tamara Fitzgerald, operators of Infinity and Medical Management Services PT clinics, for conspiring to commit healthcare fraud. According to U.S. Attorney Michael Shelby, more than \$2.6 million in 1999 claims submitted by the clinic were fraudulent.

In particular, the indictment maintains that Selders and Fitzgerald hired a foreign medical student - who was not a licensed doctor - to perform patient evaluations, then billed Medicare as if a licensed physician had examined the patients. They also allegedly billed for services that weren't rendered and submitted claims for services provided by unqualified personnel.

CMS updated its rules on timely payments for claims, including a new calendar showing the time limits for filing claims based on the dates of service in each year. The update, in transmittal 1818, explains what to do with physician claims that span two calendar years, in which the "from" date is not timely but the "to" date is. Carriers should split the claims and divide the number of services by the number of days to arrive at services per day, then split the claim into a timely claim and a nontimely claim. Or if the carriers can't divide the services by the number of days, they should suspend and develop the claim to determine the dates of service.

CMS added three extra diagnosis codes for SARS to the ICD-9 update for 2004, according to transmittal AB-03-129: 079.82 (SARS-associated coronavirus), 480.3 (Pneumonia due to SARS-associated coronavirus) and V01.82 (Exposure to SARS-associated coronavirus).