

Part B Insider (Multispecialty) Coding Alert

PHYSICIAN NOTES: The Patient's Main Medical Brain Is Difficult To Explain

Apply early for replacements for doctors on military duty

Even if Medicare figures out how to define and measure -quality,- it will have a hard time deciding which doctor gets the credit for a good outcome, according to one recent study.

Pay-for-performance (P4P) schemes always assume that Medicare will be able to choose one doctor who is responsible for the quality of a patient's care. But this assumption doesn't fit the facts, according to a study in the March 15 New England Journal of Medicine.

Medicare beneficiaries saw an average of two primary care physicians and five specialists working in four different practices in any given year, according to analysis by **Hoangmai Pham**, a researcher at the **Center for Studying Health System Change**. Only about a third of patients- visits every year were with their -assigned- physicians, and this -assigned- physician changed from year to year for a third of patients.

The researchers could only assign a main physician to 79 percent of Medicare patients, and those patients only saw their -assigned- patients 31 percent of the time. For any primary care physician, his or her -assigned- patients only accounted for 39 percent of his/her Medicare patients, and 62 percent of Medicare visits. For specialists, these percentages were 6 percent and 10 percent respectively.

In other news:

- When Uncle Sam calls a physician to active military duty, a practice may have to replace him for more than 60 days. So physicians asked the **Physician Regulatory Issues Team** (PRIT) if Medicare could relax the 60-day limit it imposes on locum tenens, or substitute, physicians.

But the PRIT responded that the Social Security Act says a substitute can't last more than 60 days. So if your practice might have to keep a locum tenens doctor in place for more than two months, you should start the enrollment process as quickly as possible to obtain a provider number--especially if your carrier is grappling with a huge enrollment backlog.

- **West Texas Hospital**, the physician-owned facility that called 911 for a patient who had complications, will stop providing health care services on March 30. (See PBI, Vol. 8, No. 6). The **Centers for Medicare & Medicaid Services** (CMS) revoked its Medicare certification, and the hospital chose not to appeal this decision, **Associated Press** reports.

- More than 21,000 providers owe back taxes on their Medicare income and yet keep receiving federal payments, the **Government Accountability Office** told a March 20 hearing of the **Senate Homeland Security and Governmental Affairs** subcommittee.