

Part B Insider (Multispecialty) Coding Alert

Physician Notes:OIG Recommends Removing SSNs From Medicare Cards

Plus: This MAC spells out 'high risk' MDM component.

It's a common complaint: You ask your patient for his Medicare card and he complains that he doesn't like you making copies of it because it includes his Social Security Number (SSN). Because Americans are increasingly warned not to share their SSN with anyone, this creates a problem both for practices that need a copy of the Medicare card and for beneficiaries who are wary of identity theft.

Hopefully the latest OIG recommendation will change that. On March 24, the OIG's Deputy Inspector General **Gary Cantrell** testified before Congress about Medicare fraud, and the SSN issue was on his mind.

"Removing Social Security numbers from Medicare cards is one step that would help protect the PII [personally identifiable information] of Medicare beneficiaries," Cantrell said in his testimony. "Experts in health care program integrity advise that Medical Identity Theft is a prevalent and increasing crime that is closely linked to Medicare fraud, and additional safeguards are needed to protect the identities of beneficiaries."

It's unclear whether CMS will adopt Cantrell's recommendation, but keep an eye on this issue to find out if and when a new look might be added to your patients' Medicare cards.

Resource: To read Cantrell's complete testimony, visit <http://oig.hhs.gov/testimony/docs/2015/cantrell-032415.pdf>.

In other news...

If you're trying to achieve a higher medical decision-making (MDM) level because your patient gets insulin drips, your documentation must include specific criteria or your "high risk" MDM could be out the window. That's the word from Palmetto GBA's recently "E/M Weekly Tip," which the MAC posted on March 24.

"An intravenous insulin drip is considered 'high risk,'" Palmetto says. "To consider therapy with one of these drugs as a high risk management option, we would expect to see documentation in the medical record of drug levels obtained at appropriate intervals."

In short: If your practitioner is not periodically recording drug levels, your documentation won't be strong enough to count the insulin drip as a high-risk option. Practices that see a lot of patients for this purpose should check the medical records thoroughly for this information, and if you don't see it, educate the practitioners about its importance.

Resource: To read Palmetto's weekly tip, visit

www.palmettogba.com.