

## Part B Insider (Multispecialty) Coding Alert

### Physicians Notes: AMA Vows to Bring Back Liability Limits

The recent Senate vote to doom a bill that limits physicians' malpractice to \$250,000 worth of non-economic damages isn't the end of the battle, vows the American Medical Association.

The AMA and allies will keep fighting to cap doctors' damages in the hopes of bringing down malpractice insurance costs and keeping doctors from fleeing the business. Some 19 states face a liability crisis in which doctors are retiring early, discontinuing high-risk services, or "fleeing," the AMA says.

At least one-third of Physicians Coder say they sometimes do not discuss useful treatments with patients because of perceived coverage restrictions, according to an article in the current issue of Health Affairs.

What's more, the ethically troubling practice may be growing, according to a team of authors led by **Matthew Wynia, MD**, director of ethics at the American Medical Association. Responding to a survey mailed in 1998 to 1,124 randomly selected physicians, 31 percent of the 720 respondents said they sometimes (23 percent), often (6 percent) or very often (2 percent) did not suggest treatments because of coverage restrictions. Of the 31 percent, 35 percent said they refrained from discussing uncovered treatments more often than they did five years earlier, versus 10 percent who said they did so less often.

Forty-two percent said they never refrained from offering a treatment because of coverage concerns. Physicians who had experienced prior patient requests to "game" the insurance system were the most likely to report not suggesting uncovered treatments. "Some physicians appear to be effectively 'gagged' by coverage restrictions," the researchers say.

**If your practice doesn't update its compliance plan**, you could be asking for trouble. Here are some current hot buttons all practices should address, according to **Bret Bissey**, chief compliance and privacy officer for Deborah Heart and Lung Center in Brown Mills, N.J.:

- 1) Relations with pharmaceutical and device companies. All relationships must be legitimate and based on fair market value.
- 2) Time with drug reps. Physicians should not receive payment for time they spend with drug reps, Bissey says.
- 3) Research funding. Make sure all research funding your practice might receive is bona fide, Bissey says.
- 4) Professional courtesy. Your compliance plan should outline your policy on providing professional courtesies.

**Effective Oct. 1, Medicare introduced three new Q codes** for drugs used in infusion pumps: Q4075 (acyclovir), Q4076 (dopamine hydrochloride) and Q4077 (treprostinil), Transmittal B-03-052 states.

**Physician assistants must accept assignment** for all Medicare patients, according to Transmittal 1808.