

Part B Insider (Multispecialty) Coding Alert

PHYSICIANS NOTES: Physicians Cuts Could Create Emergency Situation, ACEP Warns

Elderly beneficiaries seek care in ER instead of doctor's offices

Emergency room visits are skyrocketing, and it could get worse if Medicare cuts go through.

Visits to emergency departments increased 26 percent from 1993 to 2003, and the rise was mostly attributable to elderly Medicare beneficiaries, says the **American College of Emergency Physicians**. ACEP blames the increase on cuts to physician payments, which make it harder for patients to see their doctor and thus drive them to the ER instead.

The forthcoming Medicare cuts will only worsen the already critical overcrowding problems in the ER, ACEP says. In other news:

If you want Medicare to cover gastric bypass surgery in the future, you need to act now. CMS is seeking comments on several obesity-fighting surgical procedures, in response to requests from the **American Society for Bariatric Surgery**, the **American Obesity Association** and others. Comment by going to <http://tinyurl.com/d298o>.

The **Dept. of Health and Human Services** should "establish and follow detailed plans and set milestones" for establishing a national health information technology infrastructure that will work for different providers around the country, the **Government Accountability Office** recommended in report GAO-05-628, dated May 2005.

If you refer a clinical laboratory test or diagnostic services to an outside entity, carrier edits will make sure two different carriers aren't billed for the same services, May 27 Transmittal 571 notes. The transmittal adds Remark Code N347, which says another provider has already received payment for a service from another contractor.

When Medicare recoups overpayments from you, it'll notify the beneficiary using either a special code in the Medicare Summary Notice or a separate letter, according to May 27 Transmittal 70. Medicare won't have to send a separate notification if it uses the MSN to notify the patient.

CMS updates the list of HCPCS Codes subject to the skilled nursing facility Consolidated Billing program in Transmittal 568, dated May 27.

Cambridge, MA physician **Vladimir Shurlan** pleaded guilty to engaging in a health care fraud scheme, the **Department of Justice** announced. Shurlan allegedly received more than \$24,000 in excess Medicare reimbursement. Shurlan admitted he billed Medicare and other payors for services he never provided. Shurlan agreed to repay \$56,425 (plus \$89,153 in a separate civil settlement) and could face six to 12 months in prison or home detention.