Lehigh Valley Hospital Selected to Study Blood Substitute for Trauma Patients

Lehigh Valley Hospital (LVH) is one of a select number of Level I trauma centers in the U.S. chosen to participate in a groundbreaking national clinical trial to evaluate the safety and efficacy of a universally compatible, oxygen-carrying blood substitute. PolyHeme®, manufactured by Northfield Laboratories Inc., of Evanston, Ill., will be investigated to determine if it increases survival of critically injured and bleeding patients.

PolyHeme has been studied extensively in trauma trials in the hospital setting. Under the latest study protocol, treatment would begin before the patient arrives at the hospital, either at the scene of the injury or in the University MedEvac helicopter, and continue during a 12-hour post-injury period in the hospital. Since blood is not presently carried onboard MedEvac or in an ambulance, the use of PolyHeme in these settings has the potential to address a critical need for an oxygen-carrying solution where blood is currently not available. The study will compare the survival rate of patients receiving PolyHeme to that of patients who receive the current standard of care, which is saline solution.

Mark D. Cipolle, MD, Chief, Section of Trauma Research, and the study’s principal investigator, noted that the CDC’s National Center for Injury Prevention and Control lists trauma-related injuries as a leading cause of death among Americans under 45 years old, and nearly one in five trauma patients die from their injuries. "If we can begin to treat these patients very early with an oxygen-carrying solution and keep their hemoglobin levels up, it's possible we could save more lives," Dr. Cipolle said.

In the proposed trial, male and female patients over age 18 who are severely injured, bleeding and in shock will be eligible for enrollment in the study with the type of treatment – PolyHeme or saline solution – assigned by chance.

LVH’s Institutional Review Board (IRB) is in the process of approving this study. Because the patients eligible for this study are unlikely to be able to provide informed consent due to the extent and nature of their injuries, the study will be conducted under federal regulations that allow for clinical research in emergency settings using an exception from the requirement for informed consent.

Patients, their legally authorized representative, or a family member will be notified at the earliest opportunity of their inclusion and the details of the research study. A patient may withdraw or be withdrawn from the study at any time. Patients will not be included if they are known to be pregnant, have severe head or brain injuries, require CPR, have known objections to blood transfusions or have known orders not to resuscitate.

If you have any questions about PolyHeme, study eligibility, or protocols, please call 610-402-CARE.
The Department of Health and Human Services has released its 2004 Office of the Inspector General Work Plan for 2004. The following physician and health professional practice billings affecting Medicare beneficiaries will be monitored in FY 2004:

**Consultations:** The study will determine the appropriateness of billings for physician consultation services and the financial impact of any inaccurate billings on the Medicare program. The OIG will also try to determine the primary reasons for any inappropriate billings. In 2000, allowed Medicare charges for consultations totaled $2 billion.

**Coding of Evaluation and Management Services:** The OIG will examine physician coding of E&M services, for which Medicare allowed over $23 billion in 2001. They will be assessing the adequacy of controls to identify physicians with aberrant coding patterns, specifically coding disproportionately high volumes of high-level E&M codes that result in greater Medicare reimbursement. They will also be assessing the accuracy and carrier monitoring of E&M coding.

**Use of Modifier–25:** The OIG will determine whether providers use modifier–25 appropriately. In general, a provider should not bill E&M codes on the same day as a procedure or other service unless the E&M service is unrelated to such procedure or service. In 2001, approximately $1.7 billion was for E&M services billed with modifier–25.

**Use of Modifiers With National Correct Coding Initiative Edits:** The OIG will determine whether claims were paid appropriately when modifiers were used to bypass NCCI edits. The initiative, one of CMS's tools for detecting and correcting improper billing, is designed to provide Medicare Part B carriers with code pair edits for use in reviewing claims. A provider may include a modifier to allow payment for both services within the code pair under certain circumstances.

**Place of Service Errors:** This review will determine whether physicians properly coded the place of service on claims for services provided in ambulatory surgical centers and hospital outpatient departments. Medicare regulations provide for different levels of payments to physicians depending on where the service is performed.

Higher payments are made for physician office services.

**Services and Supplies Incident to Physicians’ Services:** The OIG will evaluate the conditions under which physicians bill “incident-to” services and supplies. Physicians may bill for the services provided by allied health professionals, such as nurses, technicians, and therapists, as incident to their professional services. Incident-to services, which are paid at 100% of the Medicare physician fee schedule, must be provided by an employee of the physician under the physician’s direct supervision. Because little information is available on the types of services being billed, questions persist about the quality and appropriateness of these billings.

Other key monitoring areas on the OIG’s hit list for 2004 include ESRD Capitation Payment Relative-Value Units, Long Distance Physician Claims, Care Plan Oversight, Billing for Diagnostic Tests, Radiation Therapy Services, and Ordering Physicians Excluded From Medicare. Complete details of the 2004 Work Plan can be viewed at http://www.oig.hhs.gov/ under the Publications section.

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**CMS Debuts Online Resource for Practice Administration**

The Centers for Medicare & Medicaid Services has introduced a Practice Administration Information Resource page, which provides up-to-date information and tools for administrators, coders, and billing personnel. The web page has Quick-Navigate links to the information most commonly used in physician practices, and is one that practice managers will utilize often. Take a moment to bookmark the site: www.cms.hhs.gov/providers/pair/.

**Professional Liability Insurance Coverage**

Physicians are required to provide evidence of continuous coverage PRIOR to the expiration date of their medical malpractice insurance. Failure to provide evidence of coverage will result in a 30-day suspension of medical staff privileges until evidence of coverage is provided to the Medical Staff Services Office.

A copy of the medical malpractice insurance facesheet may be faxed to Medical Staff Services at 610-402-8926.

If you have any questions, please contact Cindi Ault in Medical Staff Services at 610-402-8900.
LVH-Muhlenberg to End Aetna Participation

In late July, Lehigh Valley Hospital and Health Network notified Aetna that it would end the Lehigh Valley Hospital-Muhlenberg contract with the insurer effective March 1, 2004. What this means is that individuals with health insurance through Aetna will not be covered for care at LVH-Muhlenberg after that date if the contract is not renewed.

Lehigh Valley Hospital (Cedar Crest & I-78 and 17th & Chew) has not contracted with Aetna since March 2001.

Materials have been prepared by LVHHN’s Public Affairs Department, which can assist your practice to answer patients’ questions. For talking points for staff and a question and answer document for patients, as well as sample letters to send to patients, please call 610-402-CARE.

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For the Calendar

General Medical Staff Meetings
Following are the dates of the General Medical Staff meetings for 2004. The meetings, which begin at 6 p.m., will be held in the hospital’s Auditorium at Cedar Crest & I-78 and videoconferenced to the First Floor Conference Room at LVH-Muhlenberg.

- Monday, March 8, 2004
- Monday, June 14, 2004
- Monday, September 13, 2004
- Monday, December 13, 2004

2004 Physician Recognition Dinner
The 2004 Physician Recognition Dinner will be held on Saturday, May 1, 2004, beginning at 6 p.m., at the Holiday Inn Conference Center in Fogelsville, Pa. Invitations will be sent to all physicians in early March.
From the Editor:

Please help us keep our records accurate. If your office manager has changed, please call Janet Seifert in Medical Staff Services at (610) 402-8590.

FOCUS is published quarterly for the office staffs of physicians on the Medical Staff of Lehigh Valley Hospital. Articles for the next issue should be submitted by March 1, 2004, to Janet M. Seifert, Medical Staff Services, Lehigh Valley Hospital, Cedar Crest & I-78, P.O. Box 689, Allentown, PA 18105-1556 or emailed to janet.seifert@lvh.com. For more information, please call Janet at (610) 402-8590.