**Use Additional Codes to Cope With Pay for Performance**

**By Damian McNamara**

**Fort Lauderdale, Fla. —** Pay-for-performance evaluations of physicians will require additional reimbursement, but the government and insurers began “profiling” all physicians based on claims data about 5 years ago, Dr. Barbara Levy said at a meeting on hysterectomy sponsored by the Cleveland Clinic.

“We are designing additional ICD-9 codes because of pay for performance,” said Dr. Levy, who is a member of the Code and Nomenclature Committee of the American College of Obstetricians and Gynecologists.

For example, one of the quality measures from HEDIS (the Healthcare Effectiveness Data and Information Set) promotes regular pap smears for cervical cancer screening, except for patients who had a hysterectomy for benign disease. “We did not have an ICD-9 code for this until this year: ‘Patient no longer has or gans.’ So now the payers will know that we did not do a pap smear for a good reason. And they are extrapolating this information to judge our quality,” said Dr. Levy.

A physician who uses more resources per patient during a particular period of time will be paid less, per the program’s efficiency measures.

**By Brooke McManus**

**Miami Bureau**

“While we are disappointed about this latest decision, we are committed to the further development of Injectafer and are working on new studies in support of our application and to address the FDA’s concerns,” Mary Jane Helenek, Luitpold’s president and CEO, said in the company release.

The not approvable letter is the second received by the company related to the mortality signal. Luitpold submitted a statistical assessment of mortality data, study reports for two additional studies, and responses to other FDA questions in September 2007.

The company’s application included data from 12 multicenter trials including more than 3,000 patients. A number of committee members advised that if the FDA chose to approve the product, the label should be limited to women for whom oral iron is not effective. Most of those voting in favor of approval said off-label use should be limited, especially in chronic kidney disease patients.

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