

Optometry Coding & Billing Alert

News You Can Use: Fee Schedule Cuts Medicare Pay By 21.2%, Scraps Consults

Bonus: Optometry practices may see a 12% raise in RVUs over 4 years.

Optometry coders, get ready for another year of nail biting before you find out whether your Medicare payments will be slashed.

"The update to the physician fee schedule conversion factor is -21.2 percent for CY 2010," notes the 2010 Medicare Physician Fee Schedule Final Rule, printed in the Nov.25 Federal Register.

Traditionally, Congress has stepped in to reverse such dramatic cuts before they take place, but unless that happens this year, you'll face a conversion factor of \$28.4061 effective Jan. 1, according to calculations in the Federal Register.

Silver lining: Although cuts to certain CPT codes will have a drastic impact on some specialties in 2010 -- like nuclear medicine (18 percent drop in reimbursement) and cardiology (8 percent drop) -- CMS estimates that optometry practices will experience a 5-percent rise in total relative value units (RVUs) in 2010 and a 12- percent increase over a four-year period.

Clouds: Even with higher RVU assignments, if CMS applies the new conversion factor, the reimbursement for many frequently performed optometry procedures will plunge next year. For a look at how RVU changes will affect certain high-volume optometry procedures in 2010, see "Prepare for \$17 Drop in Eye Exam Payments in 2010" on page 83.

Let Lawmakers Know How You Feel

Optometrists should be quite familiar by now with the year-end battle with Congress over the conversion factor, says **David Gibson, OD, FAAO**, a practicing optometrist in Lubbock, Texas. Because many private payers base their fees on the Medicare allowable fees, "even if you aren't a Medicare provider, your reimbursements are going to be affected if there are any Medicare cuts," he notes.

Speak out: Follow the lead of the American Optometric Association (www.aoa.org), Gibson advises, and contact your senators and representatives. "Every congressman and congresswoman should be hearing from the optometrists in his or her district about this issue," he says. "This is going to be a especially touchy year in the light of the health reform efforts in Washington, but don't be afraid to express your feelings on that issue also. If you don't and 20 percent of your income vanishes, the only person you have to blame is yourself."

Don't Get Attached to Consult Codes

Good news: Although CMS has proposed halting payment for the consultation codes (99241-99255) in 2010 (see "CMS Proposes Scrapping Consult Code Payment" in Optometry Coding & Billing Alert Vol. 7, No. 7), the AMA chose not to delete them, keeping them in the CPT manual for another year.

The consultation codes have not been eliminated, stresses **Maggie M. Mac, CPC, CEMC, CHC, CMM, ICCE**, consulting manager for Pershing, Yoakley, and Associates in Clearwater, Fla. "Therefore, private payers may still pay for these services," she notes. Check with your third-party payers for guidance.

Bad news: Beginning Jan. 1, 2010, CMS will no longer reimburse consultation codes (99241-99245 and 99251-99255) provided to Medicare patients according to the 2010 Medicare Physician [fee schedule](#) Final Rule.

"Only CMS has decided to make the codes 'inactive.'" Mac notes. Instead, office visit or hospital visit codes will be utilized.

The inactive status of consult codes for Medicare patients will hurt specialty practices in particular, says **Susan Vogelberger, CPC, CPC-H, CPC-I, CMBS, CCP-P**, CEO of Healthcare Consulting and Coding Education in Boardman, Ohio.

Look for Increased E/M Pay

CMS will raise payment for the other E/M codes to try to offset the consult loss. For instance, you'll see a 7-percent increase for 99214, with physician work RVUs rising to 1.50 from the 2009 rate of 1.42. However, certain specialists still end up losing money.

"I see this step by CMS as a positive change in that compliance with appropriate code selection will be dramatically increased," declares Mac. "CMS has repeatedly been asked to clarify consultation coding over the years."

Consultation definitions can vary widely amongst private payers and CMS, which has further increased the confusion, she notes.

"Unfortunately, I've seen too many program safeguard contractors who have performed physician practice reviews and recouped monies based on services not meeting the consultation criteria. Increasing reimbursement to the other E/M services will help offset the financial loss but it will be more comforting to know that this will no longer be a nightmare with coding compliance and recoupments," Mac says.

For more information on Medicare's physician reimbursement plans for next year, read "Payment Policies Under the **Physician fee schedule** and Other Revisions to Part B for CY 2010" at <http://edocket.access.gpo.gov/2009/pdf/E9-26502.pdf>.