

Optometry Coding & Billing Alert

News You Can Use: Legislators Offer New Year's Gift With Temporary Pay Fix

You'll face a 10-day delay from MACs as they update their claims systems.

Good news: Despite CMS's plans to downgrade your 2010 conversion factor by 21.29 percent, the government stepped in at the last minute and offered you a quick boost -- at least temporarily.

Facing grim cuts in Medicare pay, Congress voted to delay a decrease to the conversion factor until March 1. Therefore, you'll see a conversion factor of \$36.0846 for dates of service between Jan. 1, 2010 and Feb. 28, 2010.

This temporary fix will help Medicare payments stay stable while a more permanent fix is still up in the air, as Congress hasn't decided whether to permanently change the sustainable growth rate formula.

"Ensuring continued access to physician care for America's seniors is critically important, which is why Congress must fix the broken Medicare physician payment formula once and for all," said AMA president **J. James Rohack, MD**, in a press release.

President Obama signed the temporary pay fix into law on Dec. 19. CMS subsequently issued MLN Matters article MM6796, which announced that due to relative value unit (RVU) adjustments, the conversion factor during the two-month temporary pay fix period would not remain at the 2009 level of \$36.0666, but would instead rise two cents to \$36.0846.

Don't Submit Claims Based on Fee Schedule

Plus: To give Medicare Administrative Carriers (MACs) time to adjust their fee schedules and claims systems based on the new conversion factor boost, CMS has instructed its contractors to hold Medicare claims for 2010 dates of service "for the first 10 business days of January (Jan. 1 through Jan. 15)," according to a Dec. 21 CMS notification.

"The 10-day claims hold is to ensure that the adjusted conversion factor and the RVUs for 2010 come through properly on your claims," says **Barbara J. Cobuzzi, MBA, CPC, CPC-H, CPC-P, CENTC, CHCC**, president of CRN Healthcare Solutions.

"This is why I don't advise that people submit claims based on the fee schedule," Cobuzzi says. "You should submit claims based on your fees, and when Jan. 15 comes around, the MAC will pay the claim based on the appropriate fee schedule amount."

To read the MLN Matters article, visit www.cms.hhs.gov/MLNMattersArticles/downloads/MM6796.pdf.