

## Part B Insider (Multispecialty) Coding Alert

### 2009 Fee Schedule: Emergency Medicine, Infectious Disease Practices Benefit From New Fee Schedule

**But audiologists, radiation oncologists, and diagnostic testing facilities could lose out on reimbursement in 2009.**

The 2009 Medicare Physician Fee Schedule offers a bleak outlook for audiologists in the form of a 10-percent reimbursement cut.

Audiologists may be taking it on the chin as of Jan. 1, but emergency medicine specialists will see a distinct boost in reimbursement next year, with a 4-percent scheduled increase to their pay.

The specialty information, which comes from Table 48 in the Fee Schedule Final Rule, shows how the new RVU changes will affect each specialty.

**Audiology:** "A 10-percent hit on our core codes is huge," says **Debbie Abel, Au.D.**, director of reimbursement with the American Academy of Audiology. "An additionally devastating part is that so many other third party payers look to the Medicare [fee schedule](#) to set their fees," which means audiology reimbursements could drop across the board.

"I had a private practice for 13 years in an economically-depressed area -- for a practice like that, the payment cut is going to be very difficult," Abel says. "I expect providers to implement one of two options -- going to limiting charges if they can do that in an economically depressed time where people are not used to paying up front -- or I see them opting out, especially since it's November and people are deciding whether to participate with Medicare or not."

**Other cuts:** The fee schedule indicates that diagnostic testing facilities will see a 6-percent cut in their pay as of Jan. 1, while radiation oncologists will see a 3-percent drop. Cardiology will be the next most affected, losing two percent in reimbursement in 2009.

#### Infectious Disease Benefits

Other medical specialties may be in the money in 2009, the fee schedule indicates.

Both emergency medicine and infectious disease specialists will enjoy four-percent pay boosts starting in 2009.

"Some emergency department coders may not see this as a huge reason to celebrate," says retired emergency department coder **Andrea Shine** in Chicago, Ill. "We've faced so many cuts in the past few years, we really deserved an increase."

#### 99213 Gets Boost

While the RVUs for several procedures went down, your reimbursement for the most commonly-reported code, 99213 (Office or other outpatient visit) rose. Whereas you currently collect \$58.90 for 99213 (not including geographic adjustment), you'll bring in \$61.31 for this service in 2009.

Payments for 99214 (Office or other outpatient visit...) will rise from the current rate of \$89.89 to \$92.33 next year, while payment for 17000 (Destruction [eg, laser surgery, electrosurgery, cryosurgery, chemosurgery, surgical curettage], premalignant lesions [eg, actinic keratoses]; first lesion) will increase from \$67.41 to \$69.97.

#### Some Cardio Code RVUs Drop

You will see cuts in several cardiology and radiology codes effective Jan. 1. For instance, you'll face a 10 percent cut in payment for 93000 (Electrocardiogram, routine ECG with at least 12 leads) and a four-percent drop in payment for stress test code 93015.

You'll also see a cut in payment for commonly-billed code 71010 (Radiologic examination, chest; single view, frontal), for which reimbursement will drop by five percent.

To read the fee schedule, visit

[www.cms.hhs.gov/physicianfeesched/downloads/CMS-1403-FC.pdf?agree=yes&next=Accept](http://www.cms.hhs.gov/physicianfeesched/downloads/CMS-1403-FC.pdf?agree=yes&next=Accept).