Part B Insider (Multispecialty) Coding Alert

CMS Issues Final 2003 Pricing Update

Even while Medicare was putting forward its massive 2004 fee schedule plan for doctors, it was tinkering with the 2003 fees.

In program memo AB-03-119, the Centers for Medicare & Medicaid Services corrects several errors in the 2003 Physician Fee Schedule. The changes are retroactive to last March.

CMS changed 78306 (Bone and/or joint imaging; whole body) and 78320 (Bone and/or joint imaging; tomographic) to multiple procedure indicator zero, meaning that the bilateral payment adjustment will no longer apply.

CMS also reinstated **G0027** (Semen analysis; pres and/or motility of sperm), which was inadvertently deleted from the fee schedule database and is being reinstated, with an RVU value of 0.26 leading to an estimated payment of $9.56. And CMS clarified that Q3000 (Rubidium Rb-82, per dose) should be used for outpatient hospital services only. The equivalent carrier code is A4641.

1. **CMS is still looking at the survey data that the American Society of Clinical Oncology** submitted on practice expenses associated with cancer drugs, the agency says in the draft 2004 fee schedule rule. CMS contractor the Lewin Group "raised specific concerns" about the survey, which CMS has discussed with ASCO. Those discussions have helped CMS shape its final decision on incorporating the survey into its practice expense methodology, but you'll have to wait for another proposed rule to find out what CMS has in store for cancer drugs and the doctors who provide them.

2. **Noridian Administrative Services says it'll cover pachyme-try** on a once-per-lifetime basis "as a test to confirm presence or increased risk of glaucoma in that population of beneficiaries that demonstrate an increased likelihood of misdiagnosis due to variations of the thickness of their corneas." The carrier will only cover the procedure with a diagnosis of borderline glaucoma and ICD-9-CM codes 365.00-365.04. A draft local medical review policy is on the way.

3. **The typical four-physician internal medicine practice will lose $14,142.78** over the next two years due to cuts to Medicare physician spending, the American College of Physicians says. This could force some doctors to stop seeing Medicare patients, and harm access for elderly beneficiaries, the group insists.

   The ACP is urging Congress to pass a provision in the House version of Medicare reform legislation, which would provide doctors at least a 1.5 percent increase for each of the next two years. That would boost a four-physician practice's income by $7,278 over that period.