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Part B Insider (Multispecialty) Coding Alert

Dozens of Procedures Slashed in 2004 Physician Fee Schedule - 99311, 45385, 99348 Among Hardest Hit

If your physician sees lots of patients in the nursing home or home care settings, you could be seeing steep decreases in your payments for 2004.

CMS released a list of the high-volume services facing big changes as part of its draft regulation for the 2004 **Physician Fee Schedule** . The draft was published in the Aug. 15 Federal Register, and you have until Oct. 7 to comment. The biggest news in the rule is that CMS still expects to slash physician payments by 4.2 percent across the board next year.

But some services face a much bigger cut than just 4.2 percent. Many nursing facility care codes are slated for double-digit decreases in their non-facility RVUs. The hardest hit will be 99311 (Subsequent nursing facility care), which will drop from an estimated $40.83 to $32.07. Other codes include 99301 (was $71, now $58.85), 99302 (was $96.75, now $79.29), 99303 (was $119.92, now $98.32), 99312 (was $62.54, now $52.86) and 99313 (was $85.71, now $72.95).

Some of these same codes will see smaller drops or even modest increases in their facility-based RVUs. For example, 99311 will increase from $30.53 to $32.07, and 99312 will rise from $50.40 to $52.86.

Meanwhile, two home visit codes, 99348 and 99350, will drop about 10 percent to $66.60 and $152.94 respectively.

Even as CMS simplified coding for skin lesions (see story on page 130), it whacked several big-ticket lesion removal codes. It slashed the estimated nonfacility payment for 45385 (lesion removal colonoscopy) from $545.53 to $475.40, and 67210 (treatment of retinal lesion) drops from $604.39 to $547.64. Also, 43239 (upper endoscopy, biopsy) dropped from $337.69 to $308, and 17000* (destroy benign/premlg lesion) will fall from $61.43 to $57.44.

A few codes will see increases in their nonfacility RVUs. The first hour of critical care (99291) will rise from $210.05 to $230.12, and 93510-26 (left heart catheterization) will rise from $231.38 to $238.58. Also, GXX17 (ESRD services, age 20+, 4+ visits per month) will rise from $262.28 to $293.20 for both facility and nonfacili-ty payments.

The hardest-hit facility-based payment was for 27244 (treat thigh fracture), which will reimburse at $1,043.47 instead of this year's $1,155.44. Also hard hit were 92980 (insert intracoronary stent), which drops from $803.03 to $766.13, and 92982 (coronary artery dilation) which drops from $596.29 to $568.78.

Editor's note: The draft 2004 Physician **Fee Schedule** regulation is at http://cms.hhs.gov/physicians/.

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