

Part B Insider (Multispecialty) Coding Alert

E/M SERVICES: You May See More Reimbursement For The E/M Coding You're Already Doing

MedPAC considers a 2.7 percent increase in your payments for 2006 and 2007

Think you're getting less payment for the same E/M services ?

You're right. Evaluation and management services claimed a smaller percentage of physician spending in 2004 as compared to 2002, the **Medicare Payments Advisory Commission** (MedPAC) found at its December meeting. In other words, even if E/M services still have the same RVUs as before, they receive less money because other services' RVUs have gone up and those other services take up a bigger slice of the pie.

The reason: You're getting more for imaging scans and tests, which have seen higher RVUs over the past few years. Also, many surgical procedures have seized increases in RVUs. There are more specialists than primary care doctors on the **Relative Value Scale Update Committee** (RUC) and the specialists push for higher RVUs for procedures. The RUC has hardly cut RVUs for any services in its first two five-year reviews in 1996 and 2001.

MedPAC considered five recommendations to help bring RVUs back into line, including seeking information from physician specialties that provide the most services to beneficiaries.

Your RVUs could drop for services a few years after the services are introduced, if the commissioners approve another recommendation. Also, CMS could review RVUs for services that had shown a decrease in practice expenses or lengths of stay, or a change in the place where physicians perform them to a cheaper setting.

Separately, MedPAC considered recommending a 2.7 percent payment increase for physicians in 2007, similar to the pay increase the commission recommended (with little effect) for 2006.

MedPAC is due to report to Congress in January on whether chemotherapy payments are enough to cover the costs of the drugs and administration. There's no evidence that the reduced drug payments have kept anybody from having access to chemotherapy. But there's some evidence that if patients can't afford their copayments, physician offices are sending them to the hospital or patients may be going without treatment altogether.

The Commission passed three recommendations--one which would allow drug vendors under the Competitive Acquisition Program to deliver drugs to physicians' main offices to be mixed, even if the drugs would be administered elsewhere.

Another recommendation calls on CMS to use demonstration projects to try out innovations in the quality and delivery of health care--not just to boost payments to providers.