

Part B Insider (Multispecialty) Coding Alert

EVALUATION & MANAGEMENT: Beware--Gain To E/M Codes Means Loss To Most Other Codes

Higher-level E/M codes are biggest winners

Not all evaluation & management codes will see a significant change in their work relative value units next year, if a new proposal goes through.

E/M bonanza: The **Centers for Medicare & Medicaid Services** proposed to increase work RVUs for E/M codes and decrease work RVUs for most other codes, in a June 29 Federal Register notice. But in fact, only higher-level E/M codes will see real increases.

New office visit codes 99201-99203 will stay the same, and so will established visit codes 99211-99212. You'll only see a boost next year for a level-four or higher new visit, or a level-three or higher established visit.

All of the initial and subsequent hospital visit codes will see significant increases, but you won't see any boost if the physician bills for day discharge code 99238. Only day discharge code 99239 sees any increase.

All of the office consult codes see increases except for the lowest level code, 99241. All of the inpatient consult codes see increases, and so do emergency department care and critical care. Instead of changing work RVUs for nursing home or rest home visit codes, CMS referred those codes to the CPT Editorial Panel for changes to their descriptors.

10-percent cut: To cover the cost of increasing work RVUs for E/M codes (and some procedures), CMS plans to cut all work RVUs by 10 percent across the board. This "budget neutrality adjustment" will affect every code that has physician work RVUs. And CMS says there may be further "adjustments" announced later this year.

Practice expense RVUs: Mean-while, the change from a "top down" to a "bottom up" method of calculating practice expense RVUs will mean sharp decreases for some procedures as well, says **Dori Rodriguez**, business office manager with the **Nebraska Heart Institute** in Lincoln, NE. "The PE-RVU changes are very scary to us," Rodriguez says.