# Part B Insider (Multispecialty) Coding Alert

## Health Care Reform and Medicare: Free Annual Physicals? You Bet! Health Care Reform Law Makes It Happen

**Plus: Timely filing rules will change, giving you less time to submit your claims.**

In March, the president signed the Patient Protection and Affordable Care Act (PPACA) into law to much fanfare. Although most of the law's 2,390 pages were not specifically related to Medicare, some of the bill does pertain to Part B.

Read on to find out three facts about the law that may apply to your practice.

1. You Now Have 1 Year to Submit Claims. In the past, Part B providers had 15 months or more to submit their claims to Medicare, but section 6404 of the new legislation requires you to submit your claims "one calendar year after the date of service" for services provided on or after Jan. 1, 2010.

Analysis: Medicare has a very good electronic filing system, and therefore, most practices don't have big problems with old claims unless they have inefficient billing operations or if their office had some type of crisis, coding consultants tell the Insider.

Caveat: The legislation states that "the Secretary may specify exceptions to the 1 calendar year period," but does not yet indicate what types of situations might qualify for exceptions.

2. Primary Care Practitioners Get 10 Percent Boost. Section 5501 of the new law indicates that effective Jan. 1, 2011, primary care practitioners "shall be paid (on a monthly or quarterly basis) an amount equal to 10 percent of the payment amount for the service," in addition to their normal fees.

Who qualifies? Doctors, nurse practitioners, clinical nurse specialists, or physician assistants with the primary specialty designation of family medicine, internal medicine, geriatric medicine, or pediatrics qualify for the bonus.

The catch: These practitioners will have to bill at least 60 percent of their allowed charges as 'primary care services,' which are defined by codes 99201-99215, 99304-99340, or 99341-99350.

Because many primary care practitioners may be performingother procedures in addition to their E/M services, the 60 percent threshold is "potentially problematic," says **Kent Moore,** manager of health care financing and delivery systems for the American Academy of Family Physicians (AAFP). "The AAFP has expressed its concern that the eligibility requirement of 60 percent is too high, especially for family physicians in rural and underserved areas who are called on to perform more procedures than other family medicine practices," Moore says.

3. Look for Covered Annual Preventive Visits. The PPACA includes a provision that offers annual "health risk assessments"  for Medicare patients. The visits are annual "unless the patient has their Welcome to Medicare exam that year. In those cases, the health risk assessments begin the subsequent year," says **Paul Precht,** director for policy and communications with the Medicare Rights Center in New York City.

The health reform bill indicates that the annual wellness examination (which will go into effect next year) is free to the patient -- no coinsurance or deductibles apply.