

Part B Insider (Multispecialty) Coding Alert

Medicare News: January Brings Many Changes to Coding and Reimbursement

Pay hike is not the only improvement to the picture

The 1.5 percent pay hike that took effect at the start of this month isn't the only change coming down the pike from Medicare. Transmittal 34, issued Dec. 24, lists some other changes that take effect right away, including:

When a teaching anesthesiologist is involved in two concurrent anesthesia cases with residents, he may bill the usual base units and anesthesia time for the amount of time he's present with the resident. If he's present with the resident throughout pre- and postanesthesia care, he can bill base units and should use modifier -AA to report such cases.

A Medicare telehealth originating facility fee will increase by the percentage increase of the Medicare Economic Increase, or 2.9 percent for 2004. This raises this fee to a grand total of \$21.20.

Carriers will keep paying for the technical component of physician pathology services provided to hospital patients, a policy that was scheduled to expire at the end of 2003 but will continue for another three years.

Dentists, optometrists and podiatrists join other doctors on the list of providers allowed to enter into private contracts with beneficiaries.

The Centers for Medicare & Medicaid Services has created temporary G codes to describe diabetes patients visiting physicians, with separate codes for visits, or visits that take place monthly (G0319), two or three times per month (G0318), or four or more times per month (G0317). These codes will reimburse at roughly the same level as 90921. CMS also created new codes (G0320-G0327) to report daily management of home dialysis patients on non-hospital days.

CMS updated the list of services subject to the physician self-referral prohibition to account for new and revised CPT and HCPCS codes.

