

Part B Insider (Multispecialty) Coding Alert

Orthopedics: Practices Could Lose \$1000 Per Week Under New Rule

CMS wants to stop paying separately for casting supplies

If your office provides a lot of casts or splints, you could be casting away money next year.

The **Centers for Medicare & Medicaid Services** wants to stop paying separately for casting and splint supplies ([Q4001](#)-Q4051) in 2006, according to the physician fee schedule proposed rule. Instead, CMS will make the supplies part of the practice expense RVUs for a laundry list of surgical codes.

Provider perspective: The change will have minimal impact if CMS increases the RVUs for the surgical codes to accommodate the cost of the casting and splint supplies, notes **Wendy Snyder**, a coder with **Orthopedic Associates** in Concord, OH. But if CMS fails to account for the true cost of the casting and splint supplies, it could mean a "big hit."

Already, experts are warning that a surgical practice that applies 10 casts per week will lose \$1,000 per week.

CMS reasoning: CMS said it was concerned that it had inadvertently prohibited physicians from billing for casting or splint supplies incident to a physician's services instead of when they're used for reduction of a fracture or dislocation.

Resource: CMS encourages medical societies to review the practice expense inputs it is using to include costs for casting and splint supplies. The data is available at www.cms.hhs.gov/physicians/pfs under "Supporting Documents." CMS is asking for information about the amount of casting supplies needed for 10-day and 90-day global periods, since patients may not need a cast change at every follow-up visit.

"Offices are going to lose a dramatic amount of money," predicts coder **Mary Brown** with **OrthoWest** in Omaha, NE. She doubts that CMS will increase the RVUs for the surgical codes enough to compensate. "We don't get enough to cover our expenses with the Q codes as it is," she notes.

Billing options: Currently, offices have a choice between billing global fracture care and billing separately for each visit on an itemized basis (See PBI, Vol. 5, no. 17). Often, the difference between the two methods isn't dramatic, say experts. But if this change goes through, practices will be much more likely to bill for fracture care on an itemized basis, including separate evaluation and management services, Brown predicts.

Casting and splint supplies were included in the surgical codes until 2000, but CMS removed them because practices couldn't afford the supplies, Brown recalls. Now, if a practice has a case that requires more than the average number of casts, there'll be no way to avoid losing money.