

Part B Insider (Multispecialty) Coding Alert

PART B PAYMENT: 2010 Fee Schedule Slices Pay for Cardiology, Nuclear Medicine, Audiology, and Other Specialties

But some specialties will benefit from pay boosts.

As if a 21.2 percent payment cut wasn't enough, CMS targets several specialties that will suffer considerably in 2010, according to the new Physician Fee Schedule Final Rule, published early online in the Federal Register.

To lessen the impact to the specialties, CMS will transition the RVU changes over a four-year period, and estimates that specialists in the cardiology, nuclear medicine, and audiology fields will absorb the most pain over those four years.

For instance, nuclear medicine specialists will see their reimbursement drop by 18 percent in 2010, and by 23 percent over the four-year period. The new nuclear CPT codes are now reflecting a "combined code" for Spect, Wall Motion and Ejection Fraction. "This will no longer be billed with a code set of three codes in 2010," says **Terry A. Fletcher, BS, CPC, CPC-Cardio, CPC-E/M, CMSCS, CMC, CCS-P, CCS**, a healthcare coding consultant in Laguna Beach, Calif. Cardiologists will be watching their payments drop by 8 percent in 2010 (and by 13 percent over the next four years).

The cuts are due in part to changes that will impact specific CPT codes. For instance, the American College of Cardiology notes on its Web site that payment reductions will hit the following services:

- SPECT myocardial perfusion imaging (new code 78452) -- 36 percent cut (78465, 78478, and 78480 have been deleted for 2010)
- Coronary stent (92980) -- 4 percent cut
- Transthoracic echo with spectral and color flow Doppler (93306) -- 10 percent cut

"This is definitely going to be a problem," Fletcher says. "Cardiologists are going to try and find other revenue opportunities come 2010. The main thing is not to panic." Fletcher says that although the changes will be challenging for cardiology practices, there are usually other ways to improve reimbursement.

"From the onsite audits that I have been performing over the past couple of years, there are many services that are not being captured by this specialty, so they need to focus on that," she advises.

Not All Specialties Face Cuts:

CMS attempted to boost payment to primary care physicians, offering family practice specialists a 4 percent boost in 2010 and a 7 percent increase over the next four years. Likewise, geriatrics will see a 3 percent raise in 2010, and internal medicine specialists will benefit from a 2 percent boost.

Other big winners will be ophthalmologists, who will experience a five percent raise in 2010 and a 13 percent raise over the four-year period, and nurse practitioners, who will get a 3 percent boost next year and 6 percent overall during the next four years.

Even the specialties that aren't the worst off appear to be worried. Oncology practices, which will face a 1 percent cut in 2010 and a 6 percent cut over the next four years, are troubled over the [fee schedule](#). "We are deeply concerned that these cuts will continue to erode access to cancer care in the United States," said **Allen S. Lichter, MD**, CEO of the American Society of Clinical Oncology, in an Oct. 31 statement.

"The cumulative effect of previous cuts has already caused oncologists to close practices, consolidate locations, and turn

away Medicare patients," Lichter noted. "Further reductions will jeopardize access to care for more people with cancer across the country. Oncology cannot sustain additional cuts at a time when the number of people with cancer is increasing, practice expenses continue to rise, and the oncology workforce is dwindling."

CMS is accepting comments on designated provisions of the final rule until Dec. 29, 2009.

To read the complete **Medicare Physician fee schedule** Final Rule with instructions on how to comment, visit http://federalregister.gov/OFRUpload/OFRData/2009-26502_PI.pdf.