

Part B Insider (Multispecialty) Coding Alert

Part B Payment: CMS Changes Conversion Factor Yet Again

Plus: Look for an increase in your DEXA scan reimbursement.

The bad news: Your carrier won't be paying your claims using the conversion factor of \$36.0846 anymore.

The good news: CMS is only changing the conversion factor by less than a penny, making it \$36.0791, according to CMS Transmittal 700, issued on May 10. MACs will use this 2010 conversion factor to calculate your payments, but keep in mind that after May 31, you're still due to face a 21 percent pay cut unless Congress intervenes. Keep an eye on the Insider for more information on whether Congress steps in to avert that reimbursement drop.

The CMS transmittal also announces increased payment for dual-energy x-ray absorptiometry (DEXA) scan imaging, making the new non-facility total RVU 2.70, whereas the original 2010 fee schedule listed the transitioned non-facility total RVU for this code as 1.71.

When combined with the conversion factor of \$36.0791, that makes DEXA pay about \$97.00, a \$36.00 increase over the previous payment of approximately \$61.00.

Keep in mind: DEXA payment is subject to frequency rules. In some cases, you may not know when the patient last had a DEXA scan. In these cases, "I would, along with the patient, make the call to Medicare to see if we could find out if or when there was a previous DEXA," says **Kim French, CIRCC**, with Crouse Radiology Associates in Syracuse, N.Y.

"It's worth the extra effort for good patient care (you can then obtain the previous results for comparison) and public relations. These days, there is a lot of competition and with reimbursement decreasing, little things like this are critical for survival."

If you cannot locate the date of the previous DEXA scan, you'll want to ask the patient to sign an advance beneficiary notice (ABN), says **Barbara J. Cobuzzi, MBA, CPC, CPCH, CPC-P, CENTC, CHCC**, with CRN Healthcare Solutions in Tinton Falls, NJ.

Plus: CMS corrected several "technical errors" published in the 2010 Fee Schedule, and thanks to these corrections, Medicare will increase payment for several cardiology-related testing codes, including codes 75571-75574 (Heart CT) and 78451-78454 (Heart muscle SPECT imaging).

For instance, you'll find a 28 percent increase in pay for code 78451 (SPECT image, heart muscle), from \$222 to \$312, based on an analysis featured on the American College of Cardiology's Web site.

For more information on DEXA payment and the conversion factor, visit www.cms.gov/transmittals/downloads/R700OTN.pdf. For additional details on the perfusion imaging reimbursement changes, visit <http://frwebgate3.access.gpo.gov/cgi-bin/TEXTgate.cgi?WAIIdocID=60240224978+0+1+0&WAIAction=retrieve>.