

## Part B Insider (Multispecialty) Coding Alert

## Part B Payment: Ire Toward Medicare Grows With Elimination of Consults, Cuts in Pay for Some Specialties

Plus: Know these facts if you're considering opting out of Medicare.

You might feel like you're in payment limbo this year, with Medicare vowing to deny all claims featuring the 99241-99255 consult series and slashing pay for some specialties. But some practices and associations are so angry that they're taking action.

The American College of Cardiology (ACC), for example, filed suit against HHS Secretary Kathleen Sebelius last week, asking a court to rule the 2010 Medicare Physician Fee Schedule invalid, according to the ACC's Web site (www.acc.org).

Not only is the ACC frustrated about the 2010 payment cuts affecting cardiologists and nuclear medicine specialists, but the association also fears that the cuts will alter patients' access to specialists.

"Many many practices, probably 20 percent of our membership, have already sold their practices to hospitals," says **Jack Lewin, MD,** CEO of the ACC, in a video on the association's Web site. The pay cuts affect not only physicians, Lewin says, but also radiology techs who perform testing and nurses who work with the patients.

And cardiologists aren't the only specialists that are frustrated with the 2010 fee schedule, which went into effect on Jan. 1. Not only are pay cuts gnawing at the specialist's minds, but the elimination of payment for consult codes has sparked outrage as well.

"I'm already hearing from pain management specialists and other referral specialties that it's insulting for them to be a consultant and be told that they can't get paid like one," says **Robert B. Burleigh, CHBME,** president of Brandywine Healthcare Consulting in West Chester, Penn.

"For some practices and clinics, this is just the piling on of more aggravation issues that they have to face just because they accept Medicare patients," Burleigh says. As a result, some physicians are drastically reducing their Medicare patient populations.

**For example:** The Mayo Clinic's Glendale, Ariz. location stopped accepting Medicare patients effective Jan. 1. A Mayo spokesperson described the move as part of a two-year pilot project to determine whether dropping Medicare turns out to be a positive or negative for the Glendale clinic, according to a Dec. 31 Bloomberg article.

## **Know This Before You Drop MC**

If your frustration level has reached a boiling point, you may be considering cutting down your Medicare patients [] or dropping Medicare as well. But consider these issues before you take Medicare patients off of your roster:

- **1. Opting out of Medicare is a two-year commitment.** If you decide to opt out of Medicare, you cannot reverse your decision for at least two years. You also cannot be opted out of Medicare for one subset of patients and in Medicare for another subset of patients. The two-year period begins on the date of the affidavit you file with CMS and your local Medicare carrier.
- 2. Analyze your Medicare patients, the other insurers you contract with, and the type of care you're



## providing.

If your practice is comprised mainly of Medicare patients, consider the fact that you will lose most of your patient base if you opt out of Medicare. Such a move would not be financially feasible for most practices with heavy Medicare populations.

**Plus:** Watch out for Medicare patients who may have secondary or supplemental insurance with a provision that guarantees coverage only if your practice bills Medicare first. Ensure that you will still be able to receive payments from secondary or supplemental insurances by checking to see if your payers have certain filing requirements for providers who don't contract with Medicare.

For tips on how to bill now that Medicare will no longer recognize consults, register for the live Jan. 29 audioconference, "Consultations: Changes for Your Practice in 2010," at www.audioeducator.com/conference -Consultations-Changes-Your-Practice -2010-290110.