

Part B Insider (Multispecialty) Coding Alert

Part B Payment: Proposed 2013 Fee Schedule Targets Cardiologists, Ophthalmologists

Plus: CMS projects 27 percent cut to overall pay, based on sustainable growth rate.

CMS is offering an innovative new approach to medicine that offers some good news for primary care doctors--but the agency's proposed 2013 [Fee Schedule](#) also has some disappointing news for cardiologists and ophthalmologists.

On July 6, CMS released its proposed Medicare [Physician Fee Schedule](#) for 2013. The 760-page document, which will be published in the July 30 Federal Register, offers a look into how the agency configures its RVU assignments, and shows just which specialties will escape drastic cuts to their reimbursement.

Proposal Would Pay for Hospital Transitions

If your physician spends a significant amount of time providing care for patients transitioning back to the community following a hospital or nursing facility discharge, you might see extra Medicare pay for that service in 2013 if the proposal is finalized.

"The proposal calls for CMS to make a separate payment to a patient's community physician or practitioner to coordinate the patient's care in the 30 days following a hospital or skilled nursing facility stay," CMS says. "The proposed rule also asks for public comment on how Medicare can better recognize the range of services community physicians and practitioners provide as part of treating patients either through face-to-face services in the office or coordinating care outside the office when the patient does not see the physician."

Multiple Procedure Cuts Could Hurt Cardiologists, Ophthalmologists

When CMS rolled out its multiple procedure payment reduction (MPPR) for imaging procedures over the last several years, radiology practices and imaging centers were hit hard, due to steep cuts when more than one procedure was performed during the same session. Now CMS aims that same type of payment reduction at cardiovascular and ophthalmology diagnostic services furnished by the same physician to the same patient on the same date of service.

Under the proposal, these physicians would face a 25 percent reduction off the technical component (TC) of the lower-priced service. "We propose to make full payment for the TC of the highest priced procedure and payment at 75 percent of the TC for each additional procedure furnished by the same physician (or physicians in the same group practice, that is, the same group practice NPI) to the same patient on the same day," CMS says in the proposal. CMS lists the diagnostic codes applicable to the reduction over several pages of the proposal (see pages 103 to 107 of the Fee Schedule proposal for more information).

More Steep Cuts Will Hit

As most practices are aware, Congress voted earlier this year to eliminate a 27 percent Medicare payment cut that was supposed to kick in for 2012. Unfortunately, practices will have to play a waiting game once more next year and hope that legislators once again halt such cuts, because the 2013 Fee Schedule projects that they will be just as steep.

"For 2013, CMS projects a reduction of 27 percent and is required by law to include this reduction in these calculations," CMS noted in a July 6 news release regarding the cuts. "However, Congress has acted to avert the cuts every year since 2003. The Administration is committed to fixing the SGR formula in a fiscally responsible way."

Further cuts for some specialties: The full extent of the proposed changes to the Fee Schedule mean that radiation



oncologists could see a startling 14 percent cut to their total Medicare reimbursement in 2013. Worse yet, radiation therapy centers could face 19 percent cuts.

Here's why: "Under our potentially misvalued codes initiative, we propose to adjust the payment rates for two common radiation oncology treatment delivery methods, intensity-modulated radiation treatment (IMRT), and stereotactic body radiation therapy (SBRT) to reflect more realistic time projections based upon publicly available data," CMS says in the proposal. "The combined effect of the PPIS transition and the latter two proposals would be a reduction in payments to radiation therapy centers and radiation oncology."

Primary care bonus: Other specialists will see pay raises under the proposal, rather than cuts. CMS is proposing a seven percent increase for family practitioners, a five percent boost for internal medicine physicians and pediatricians, and a four percent raise for geriatricians. "Helping primary care doctors will help improve patient care and lower health care costs long term," said CMS Acting Administrator, **Marilyn B. Tavenner** in a July 6 statement.

The proposal will be published in the July 30 Federal Register, and is viewable until that time at www.ofr.gov/%28X%281%29S%284r2fvkvw0smg0be3dnhpen3p%29%29/OFRUpload/OFRData/2012-16814_PI.pdf. For a copy of the proposal via email, contact editor Torrey Kim, CPC, CGSC at torreyk@codinginstitute.com.