

Part B Insider (Multispecialty) Coding Alert

PE-RVUS: Your Female Patients Could Suffer From New PE-RVU Cuts

Some specialties reap massive pay increases, others suffer

Brace yourself: Some services will see drastic reductions in their practice-expense relative value units (RVUs) according to the final regulation from the **Centers for Medicare & Medicaid Services (CMS)**.

Controversy: Many critics charged CMS undervalued several essential services for women's health, including osteoporosis-detection techniques like bone density scanning (76075-76076). CMS based the costs for 76075-76076 on pencil beam technology, which costs only around \$41,000 instead of the \$85,000 fan beam technology, which is more commonly used. CMS agreed to revise its estimates based on the cost of fan beam technology.

But CMS refused to reverse practice-expense cuts to several other services for women, including computer-aided detection (CAD) services 76082-76083 (for mammographies), radiation therapy codes involved in breast brachytherapies, breast balloon catheter placement code 19296 and surgical hysteroscopy code 58565. CMS noted some other mammography codes were rising in payments, and offered to ask the **Relative Value Update Committee (RUC)** to review the bone-density and CAD values.

Commenters also complained that practice-expense cuts could reduce patients- access to cardiac care, and that interventional radiologists would also suffer disproportionately.

Weak Data Hurts Doctors

A lot of physician groups expressed concern about the quality of the data CMS used in devising the new -bottom-up- practice expense rates.

In particular, some groups complained that specialties that had submitted their own -supplemental survey data- saw stark increases in their reimbursement as compared to other specialties. This threw the balance of Medicare payments out of whack, they argued. But CMS responded that the law required it to accept supplemental surveys from specialty societies.

No freeze: Some specialties asked to have their practice-expense payments -frozen- over the next few years, but CMS refused.

The **American Medical Association (AMA)** is devising a multi-specialty cost survey to help replace the single-specialty supplemental surveys, and CMS supports this effort. So far, 40 specialties have agreed to take part, CMS says.

The practice expense data does not include any accounting for uncompensated care, which drives up the costs of practicing medicine. CMS says it's including a special adjustment to emergency medicine PE-RVUs for uncompensated care and that the AMA multi-specialty survey may include a question on this issue.

Oncologists win out: The **Association of Freestanding Radiation Oncology Centers (AFROC)** took issue with calculations that gave a higher weight to costs for hospital-based radiation oncologists than for freestanding radiation oncologists, resulting in a much lower overall payment level. CMS agreed with AFROC's comment and boosted radiation oncologists- practice expense per hour from \$161.13 to around \$209.

Specialties lose out: Some specific services were especially hard hit by the new PE changes, including cardiac event monitoring, which CMS agreed to base on cardiology costs instead of independent diagnostic testing facility (IDTF) costs.



Physicians wanted direct PE inputs for some arthroscopy codes, including 29870, 29805, 29830, 29840 and 29900, but CMS said those procedures weren't safe to perform in the physician's office.

Some providers argued that CMS undercounted hourly wages for audiologists and medical physicists, but CMS only boosted wages for medical physicists. CMS wouldn't boost costs for extracorporeal shock wave therapy (ESWT) because it didn't believe physicians needed extra staff for this procedure.