Part B Insider (Multispecialty) Coding Alert

Physical Exams: Will 'Welcome To Medicare' Exams Be A Welcome Addition?

Split codes mean you can outsource EKG tests

If you're worried about having to perform a vast battery of tests on new Medicare patients for a low reimbursement next year, you're not alone. Here's what your colleagues and CMS have to say about the situation.

Many doctors complained that the "Welcome to Medicare" exam doesn't reimburse enough to cover the laundry list of services the exam includes. The **Centers for Medicare & Medicaid Services** didn't offer much to set physicians' minds at ease in its final physician fee schedule, due to be published in the Federal Register Nov. 15.

Many doctors had asked CMS to use the existing preventive medicine services codes (**CPT 99381** -**99387**) instead of creating a new G-code with 1.51 RVUs for the WTM exam. The preventive medicine codes allow more specificity as to the length of time spent with the patient, and may reimburse more than 1.51 RVUs.

But CMS insisted that the new initial physical exam would only take 53 physician minutes and 51 minutes of staff time, roughly equivalent to a level three new patient office visit plus EKG. The agency promised to keep looking at the data to see whether the benefit takes more time or work. Also, CMS agreed not to restrict medically necessary evaluation and management services on the same date as the physical exam to a level two or lower, as the agency had proposed.

To allow physicians and non-physician practitioners to make arrangements to have an outside provider perform the EKG, CMS split the initial physical exam into two codes: G0344 for the exam and G0366 for the EKG. CMS also added two more EKG codes as part of the exam, G0367, for tracing only, and G0368, for interpretation and report only.

CMS insisted that Congress had authorized the regulators to load more tests into the WTM exam than Congress called for in the Medicare Modernization Act.

Providers have complained that the new WTM exam will boost physician spending and lead to steep cuts in payment. But CMS Administrator **Mark McClellan** insisted in a conference call that the agency expects the exam to reduce spending overall by identifying costly problems earlier.