# Part B Insider (Multispecialty) Coding Alert

## PHYSICIAN FEE SCHEDULE: CMS Proposes $26 IPPE Raise in 2010, Despite Cuts in Other Areas

Plus: Consult pay change will save CMS $1 billion.

Your 'Welcome to Medicare' exam services will net you an extra $26 next year, if the proposed 2010 **Medicare Physician fee schedule** takes effect in January.

Although CMS proposed a conversion factor for 2010 of $28.3208, which results in a -21.5 percent payment update, not all reimbursements would be negatively affected. When it comes to the initial preventive physical exam (IPPE), CMS has proposed increasing the work RVUs "to the same level as a 99204, which requires a comprehensive history and examination, and moderate complexity medical decision-making," noted CMS's **Whitney May** during a July 9 CMS Open Door Forum. "In 2009, the payment for this service is about $92.69; for 2010 the payment for this service is projected to be about $118.95, assuming an update of -21.5 percent," May said.

Consults: As you read last week in the Insider, CMS has proposed halting payment for consult services in 2010, instead asking practices to report E/M codes for these services. This change would "result in a net decrease in allowed charges of approximately $1 billion, which we are proposing to bundle back into the initial hospital care visits and initial nursing facility care visits," May stated.

"Payment for these visits would also increase, depending on how we account for the practice expense associated with a consult."

One caller asked whether CPT will change its rules on initial hospital care. Currently, only the admitting physician can report codes 99221-99223, but if CMS halts consult pay, other physicians may need to report codes from this series, the caller indicated.

The CMS official noted that such changes have not yet been discussed with the CPT committee.

Injectibles: If you were wondering why CMS proposed removing injectible drugs from the sustainable growth rate (SGR) formula, CMS has some answers. "These types of drugs have grown very rapidly and for a number of years, people have suggested that we should take injectible drugs out of the SGR system and that would improve the prospects for a **fee schedule** update that would be positive," noted **Marc Hartstein,** deputy director of CMS' hospital ambulatory policy group, during the call. "We did, in fact, this year propose to remove injectible drugs from the target system."