

Part B Insider (Multispecialty) Coding Alert

PHYSICIAN FEE SCHEDULE: Fee Schedule Proposes Raising Pay for IPPE Visits

Plus: Look for changes to e-prescribing eligibility.

CMS's proposed 21.5 percent pay cut for 2010 and discontinuance of consult pay are just a few of the major points in the proposed Medicare [Physician fee schedule](#). Read on for more highlights from the schedule, along with the corresponding page numbers from the document, which you can view in its entirety at www.federalregister.gov/OFRUpload/OFRData/2009-15835_PI.pdf.

- The proposed conversion factor for 2010 is \$28.3208, which results in the -21.5 percent payment update (page 663 of the proposed rule).
- CMS has proposed removing physician-administered drugs from the definition of "physicians' services" (page 660).
- You'll find that CMS proposes a payment boost for the initial preventive physical exam (IPPE), also known as the "Welcome to Medicare Exam" (G0402).

CMS proposes making payment rates for G0402 equivalent to CPT code 99204; therefore, the work RVUs for G0402 would rise to 2.30 as of Jan 1, 2010. The current work RVU for G0402 is 1.34 (page 155).

- CMS has proposed changing eligibility for the e-prescribing bonus in 2010. Currently, to successfully report the e-prescribing measure, you must report it for at least 50 percent of applicable cases.

But next year, CMS proposes that you'd only have to report the e-prescribing measure "at least 25 times during the 2010 reporting period," the fee schedule indicates. On average, this would require a physician to e-prescribe "for approximately two Medicare Part B Fee for Service patient encounters per month" during the reporting period. The proposal takes into account that some prescriptions (such as narcotics) cannot be e-prescribed (page 370).

- CMS is proposing that it will use data taken from the AMA's Physician Practice Information Survey (PPIS) to update the specialty-specific data used to develop practice expense RVUs.

The PPIS data would not be used to determine payment rates for reproductive endocrinology, sleep medicine, or spine surgery "since these specialties are not separately recognized by Medicare and we do not know how to blend this data with the Medicare-recognized specialty data," the proposal states (pages 54 and 59).

CMS is accepting comments regarding the proposed [fee schedule](#) until August 31. Information on how to comment can be found on page 2 of the Federal Register document through the link at the beginning of this article.