

## Part B Insider (Multispecialty) Coding Alert

### Physician Notes: CMS Official: 'Welcome to Medicare' Not A Problem For Most Docs

While many physician groups have become vocal in their belief that a level-three office visit won't begin to cover the battery of tests included in the 'Welcome to Medicare' physical, the **Centers for Medicare & Medicaid Services** isn't yet listening.

"I've probably spoken to several tens of thousands of physicians and office managers since the number became pretty well understood," says a CMS official. "I have not had anybody say to me that they think the payment is too low." While physicians won't "get rich" doing the initial physical exam, it should be affordable to provide them, the official insists.

Separately, don't hold your breath for the final physician [Fee Schedule](#) rule to remove the requirement for face-to-face physician visits before prescribing durable medical equipment. In the wake of the massive power wheelchair fraud in Texas and elsewhere, there's a major impetus to crack down on the dishonest docs and vendors. But the policy may change in 2006 if it seems too onerous and some items turn out not to need face-to-face visits.

1. The American College of Cardiology asked the Physician Regulatory Issues Taskforce on Sept. 13 to clarify that Medicare will cover a consultation between two physicians who are technically in the same specialty. Some carriers have denied claims for consults between gastroenterologists and cardiologists, because both types of doctors appear in their systems simply as internists because the doctors applied for billing numbers before they completed their fellowships.

The CMS official confirmed that Medicare has always paid for consults between members of the same specialty, as long as circumstances warrant. Besides the case of the gastroenterologist-cardiologist consult, there may be one doctor in a rural area who has a particular expertise from which a patient may benefit. Two doctors may share the same specialty, but a patient may have been admitted by the doctor who is less qualified to treat a particular problem.

"We're trusting physicians not to abuse this capability," the CMS official adds, stressing that the circumstances of covering same-specialty consults should be rare.

Separately, a regulation allowing all physicians, instead of a few specialties, to order power operated vehicles for their patients is in the final approval process and should be out soon, the official says.

2. CMS has decided to cover continuous subcutaneous insulin infusion (CSII) for diabetic patients who either meet its updated fasting C-peptide testing requirement or are beta cell autoantibody positive, and also meet other criteria for insulin pump therapy. The updated C-peptide requirement include a fasting glucose of less than or equal to 225 mg/dL.