

Part B Insider (Multispecialty) Coding Alert

PHYSICIAN NOTES: Take Note: CMS Issues Corrections to 2009 Physician Fee Schedule Final Rule

Plus: One RAC reveals information about how it will evaluate claims during its review process.

It's that time of year again -- time to get out your red pen and make some changes to the information in the Medicare Physician Fee Schedule.

CMS released Transmittal 1691, with an April 6 implementation date, alerting MACs and practices of several changes that you should make to the 2009 [fee schedule](#).

Among the changes are procedure status and RVU changes. For instance, the transmittal notes that the work RVU for code G0270 (Medical nutrition therapy...) should now be 0.45 for 2009.

The transmittal also changes several codes' long descriptors. For instance, you'll find a new descriptor for home INR monitoring codes G0248-G0250, which more specifically outline the criteria for billing these HCPCS Codes.

CMS also changes the procedure status for code 0085T (Heartsbreath test) to "N" because the procedure is now considered a non-payable code by Medicare.

To read the entire transmittal, visit the CMS Web site at www.cms.hhs.gov/transmittals/downloads/R1691CP.pdf.