

Part B Insider (Multispecialty) Coding Alert

Physician Notes: Welcome To Medicare' Wins Warm Welcome In Congress

Medicare should cover preventive services such as smoking cessation and weight loss counseling even if it means higher premiums, Republican and Democratic lawmakers agreed in a Sept. 21 hearing of the **House Energy and Commerce Health Subcommittee**.

And the legislators were full of praise for the "Welcome to Medicare" benefit that starts next year, in spite of complaints that it includes too many services for its modest reimbursement. The screening physical exam will save the Medicare program down the road, Congressmen said according to **AFX News**.

"It's high time we got into preventative health care with Medicare," said Rep. **Charlie Norwood** (R-GA). Only Rep. **Gene Green** (D-TX) criticized the measure as inadequate without better drug coverage and advocated better diabetes screening and other secondary screenings.

An independent task force of the **Agency for Healthcare Research and Quality** on preventive services has examined about 70 services so far, and is considering which Medicare should cover, AHRQ Director **Carolyn Clancy** testified.

The Welcome to Medicare exam shouldn't become "yet another physical," loaded down with tests, argued **Steven Woolf** with **Partnership for Prevention**. Instead, the exam should have more emphasis on preventive strategies. Woolf also asked Congress to give Medicare more power to decide which preventive services to cover.

1. The Centers for Medicare & Medicaid Services decided to reaffirm its non-coverage policy for magnetic resonance spectrography for diagnosing brain tumors. Providers had asked CMS to reconsider covering MRS for distinguishing indeterminate brain lesions and as an aid in conducting brain biopsies. But CMS decided these uses weren't reasonable or necessary, the agency says in Change Request 3425.
2. CMS also provided more guidance on billing for dialysis management for end-stage renal disease patients in some ambiguous situations, in Change Request 3414. For patients prior to Dec. 31 who receive ESRD-related visits while they're under hospital observation status, you should bill using the unlisted dialysis procedure code 90999. You should also use this code for "partial month scenarios."

When a home dialysis patient receives dialysis in an outpatient center or other facility during the month, you should bill dialysis codes G0320-G0323 instead of home dialysis management codes G0308-G0319.

3. CMS moved to implement a Medicare Modernization Act requirement for carriers to set up Provider Customer Service Programs, in Change Request 3376. These programs have three main components: provider self-service technology, provider contact centers and provider outreach and education. These include interactive voice response units on the phones, Web site improvements, and triage for provider calls.