Part B Insider (Multispecialty) Coding Alert

PHYSICIANS NOTES: CMS Finally Junks "G" Codes For PET Scans

The **Centers for Medicare and Medicaid Services** finally bowed to provider pressure and replaced the tired old "G" codes for positron emission tomography with 11 **CPT Codes** .

Retroactive to Jan. 30, CMS will recognize PET scan codes 78459, 78491-78492 (heart), 78608-78609 (brain) and 78811-78816 (tumor) instead of the dozens of HCPCS codes that providers had to bill previously, according to Transmittal 475, issued Feb. 11. CPT 2005 deleted tumor PET code 78810 and replaced it with 78811-78816.

The new transmittal changes the status codes for the CPT codes to "A" or "C," meaning carrier-priced, and adds RVUs for some of them. The transmittal changes all the "G" codes to status code "I". Non-Medicare payers have been accepting **CPT codes for** PET scans for years, and providers have been waiting for CMS to catch up.

The transmittal also makes changes to the bilateral status, global period and RVUs of dozens of other codes.

In Other News:

1. **Transmittal 476, issued Feb. 18, corrects the "type of service" indicator for dozens of HCPCS codes.** CMS clarifies that if a physician submits a code with an ambulatory surgery center service modifier SG, the type of service should automatically become "F".

2. **CMS issued a fact sheet on its reform to replace Part A** fiscal intermediaries and Part B carriers with Medicare Administrative Contractors. Between 2005 and 2011, CMS must hold competitions to replace existing contractors. CMS also submitted a report to Congress Feb. 8 describing its progress with the reform and its likely benefits.

   Under the plan, CMS would integrate Part A and Part B into one, allowing a "single point of contact" for all of your claims-related business, CMS says. The reform also promises a "modernized administrative IT platform" that would store and manage all Medicare data in one centralized location.

3. **The HHS Office of Inspector General smiled on a plan to let a** hospital share the savings from cost-cutting with doctors, in a Feb. 4 Advisory Opinion (No. 05-01).

   The plan: Over a one-year period, a hospital paid a cardiac surgeon group 50 percent of the savings achieved by curbing the inappropriate use or waste of specific medical supplies during designated surgery procedures. Examples include performing blood cross matching only when a transfusion is required, or substituting less expensive catheters for more commonly used ones.

   The OIG approved of the plan because the hospital identified specific cost-saving actions, allowed for public comment, capped savings from procedures on Medicare beneficiaries and didn't reward individual surgeons for generating extra savings. A committee also assessed the plan's impact on clinical care from time to time.

   To read the opinion, go to www.oig.hhs.gov/fraud/docs/advisoryopinions/2005/ao0501.pdf.