

## Part B Insider (Multispecialty) Coding Alert

### REIMBURSEMENT: CMS Puts Bundling Of Casting Supplies On Hold

#### PE-RVU changes delayed until 2007

Oncology practices that have been depending on the \$300 million chemotherapy demonstration project to stay afloat can breathe easier.

That demonstration project--where you answer questions about pain, nausea and fatigue--expires at the end of the year. But the **Centers for Medicare & Medicaid Services** will create a new project for 2006, in which you'll collect data about how you treat any of 13 different cancers.

You'll supply information to CMS about coordination of care, treatment design, and patient monitoring. CMS wants to see whether you're meeting evidence-based guidelines in treating cancer patients, and if not, why not. CMS will establish new G-codes, CMS official **Terrence Kay** told the Nov. 3 physician Open Door Forum.

CMS is still analyzing the information you provided this year, but "we know from what we've learned already that there's more to do," CMS Administrator **Mark McClellan** told reporters. He added that the evidence-based guidelines won't limit well-established off-label use of chemotherapy drugs.

Other good news in the final fee schedule rule includes:

- **CAP Revisions:** CMS is refining the much-maligned Competitive Acquisition Program for Part B drugs, to make it more attractive to you as well as to vendors. The changes will make it easier for vendors to supply extra drugs and newly approved drugs. Also, the CAP rule on unused drugs will be closer to the rule you're used to. And CMS will set up a framework for vendors to work with you on collecting copayments or issuing Advance Beneficiary Notices. CMS clarified that it won't include the prices CAP vendors pay when calculating the prices you'll pay for your own drugs.
- **Casting:** CMS didn't go ahead with a proposal to bundle casting and strapping supply codes with surgical codes. Orthopedic practices stood to lose up to \$1,000 per week if Medi-care had stopped paying separately for Q4001-Q4051 and instead reimbursed these supplies as part of surgical codes. (See PBI, Vol. 6, No. 33.)
- **PE-RVU Changes:** CMS had proposed to start paying for your practice expenses based on survey data it collected from industry groups, but you complained that this would unfairly hurt some specialties that had less accurate data. CMS agreed to delay this provision until 2007, to allow it to collect more data.
- **Glaucoma Screening:** CMS is expanding this benefit to include Hispanic-Americans aged 65 and over, a major risk group.
- **IVIG Supplies:** CMS is setting up a temporary add-on payment for the extra work you're doing to locate and acquire an adequate intravenous immune globulin (IVIG) product, thanks to temporary shortages caused by increasing demand.
- **Telehealth:** Starting next year, telehealth services include some medical nutrition therapy services.