Part B Insider (Multispecialty) Coding Alert

REIMBURSEMENT: You Can Bill For Casting Supplies, Nutrition Therapy Next Year

More changes in the 2007 physician fee schedule

Your reimbursement for casting and splinting supplies is safe for another year.

Last year, the **Centers for Medicare & Medicaid Services** (CMS) said it wanted to include these supplies in the practice-expense payments, and stop paying for them separately. But CMS says it ended up delaying that proposal for one year because it didn't have enough data on the costs of these items.

Now, in its 2007 proposed fee schedule, CMS says it's canceling the proposal altogether, because you use casts and splints for procedures other than fracture care. Also, in the new fee schedule proposal, CMS tackles:

- **Medical nutrition therapy (MNT).** CMS has decided to add work RVUs to MNT codes 97802-97804, ranging from 0.25 RVUs to 0.45 RVUs. The **American Dietetic Association** had asked for RVUs based on 99203 and 99213, or 1.34 and 0.67 respectively. CMS also will create two new codes, G0270 and G0271, for MNT services after the second referral within the same year.

- **Osmolar Contrast Material (OCM).** Because you can bill separately for both high and low OCM, CMS is deleting both types from the practice expense database.

- **Geographic Adjustment Factor (GAF).** If you-re in Montana, North or South Dakota, or Wyoming, you could see your payments drop next year. Medicare uses a complex formula to adjust your payments based on local costs in your area. But Congress had imposed a -floor- that ensured that areas with below-average costs wouldn't lose money as a result. That -floor- is going away on January 1, and many rural areas will see their payments adjusted downward as a result.

- **Brachytherapy.** CMS will give brachytherapy codes 77781-77784 global periods of -XXX- to allow you to bill separately for each session of treatment. But CMS will lower the work RVUs for those codes to reflect that you can bill separately for a post-operative visit.

- **Screening tests.** Starting in January, Medicare will cover a one-time ultrasound screening for abdominal aortic aneurysms (AAA), along with the -Welcome to Medicare- exam. Patients should be male, between 65 and 75, and have a family history of AAA or a personal history of smoking. CMS will create a new -G- code with the same values as ultrasound code 76775. Separately, CMS announced the Part B deductible won't apply to colorectal screening tests. Right now, only about half the patients who are eligible for sigmoidoscopy or colonoscopy have those tests, and CMS will be making a big push to increase that number, administrator **Mark McClellan** told reporters.