

Part B Insider (Multispecialty) Coding Alert

Two Scans May Mean Less Reimbursement

The PE-RVU proposal was just one of the issues you commented to CMS about in the 2006 physician [Fee Schedule](#) proposed rule. Physicians and associations mounted letter-writing campaigns on a number of issues.

- **Cuts:** Doctors will go out of business or quit Medicare if next year's 4.3-percent cut takes effect. "Thank God for credit cards, or I would already be bankrupt," writes physician **John DiGioia**. "Thank God the IRS will let me file late."
- **Discounts:** When you perform two imaging scans on the same day, Medicare could reduce the payment for the technical component of the second scan by 50 percent, if a proposal becomes final. Multiple images require multiple films and processing costs, more staff time, and reduce the life of machines through wear and tear, noted Anchorage, AK orthopedist **Beth Balen**.

The **American College of Radiology** requests that CMS delay this proposal for a while, to clarify some issues. The ACR points out that sometimes physicians may perform two different scans on the same day but in different sessions. CMS' proposal could hurt physicians who haven't achieved any cost savings at all, ACR says.

- **Demonstration:** Unless CMS decides to extend the \$300 million chemotherapy demonstration project on reporting pain, nausea and fatigue, oncologists will lose an additional 15 percent of their reimbursement next year.
- **Anesthesia:** Your anesthesiologist could reap a reimbursement bonanza if CMS changes its current policy. Right now, she will only receive 50 percent of the payment for each case if she supervises two residents simultaneously. CMS asked for comments on whether it should pay 100 percent for each case, as it does when a surgeon supervises two residents. Not surprisingly, hundreds of anesthesiologists wrote to support a change in the rules.
- **Casting:** You could lose out on casting and strapping supplies if CMS goes ahead with a plan to bundle them with surgical codes (see PBI, Vol. 6, No. 33). The change "may result in more surgery, more ER visits and poorer results," wrote Bronx, NY orthopedic surgeon **Glenn Jonas**. You may not be able to afford to provide fracture care in the office any longer, warn others.
- **Telehealth:** You could receive payment for telehealth services using one-way video as well as two-way video, if CMS' proposal goes through. Even if the patient can't see the physician, the physician can use the video screen to diagnose the patient's condition, argues the **American Academy of Family Physicians**.