

# Part B Insider (Multispecialty) Coding Alert

# 2009 Fee Schedule: Emergency Medicine, Infectious Disease Practices Benefit From New Fee Schedule

But audiologists, radiation oncologists, and diagnostic testing facilities could lose out on reimbursement in 2009.

The 2009 Medicare Physician Fee Schedule offers a bleak outlook for audiologists in the form of a 10-percent reimbursement cut.

Audiologists may be taking it on the chin as of Jan. 1, but emergency medicine specialists will see a distinct boost in reimbursement next year, with a 4-percent scheduled increase to their pay.

The specialty information, which comes from Table 48 in the Fee Schedule Final Rule, shows how the new RVU changes will affect each specialty.

**Audiology:** "A 10-percent hit on our core codes is huge," says **Debbie Abel, Au.D.**, director of reimbursement with the American Academy of Audiology. "An additionally devastating part is that so many other third party payers look to the Medicare **fee schedule** to set their fees," which means audiology reimbursements could drop across the board.

"I had a private practice for 13 years in an economically-depressed area -- for a practice like that, the payment cut is going to be very difficult," Abel says. "I expect providers to implement one of two options -- going to limiting charges if they can do that in an economically depressed time where people are not used to paying up front -- or I see them opting out, especially since it's Novem-ber and people are deciding whether to participate with Medicare or not."

**Other cuts:** The fee schedule indicates that diagnostic testing facilities will see a 6-percent cut in their pay as of Jan. 1, while radiation oncologists will see a 3-percent drop. Cardiology will be the next most affected, losing two percent in reimbursement in 2009.

## **Infectious Disease Benefits**

Other medical specialties may be in the money in 2009, the fee schedule indicates.

Both emergency medicine and infectious disease specialists will enjoy four-percent pay boosts starting in 2009.

"Some emergency department coders may not see this as a huge reason to celebrate," says retired emergency department coder **Andrea Shine** in Chicago, Ill. "We've faced so many cuts in the past few years, we really deserved an increase."

### 99213 Gets Boost

While the RVUs for several procedures went down, your reimbursement for the most commonly-reported code, 99213 (Office or other outpatient visit) rose. Whereas you currently collect \$58.90 for 99213 (not including geographic adjustment), you'll bring in \$61.31 for this service in 2009.

Payments for 99214 (Office or other outpatient visit...) will rise from the current rate of \$89.89 to \$92.33 next year, while payment for 17000 (Destruction [eg, laser surgery, electrosurgery, cryosurgery, chemosurgery, surgical curettement], premalignant lesions [eg, actinic keratoses]; first lesion) will increase from \$67.41 to \$69.97.

### Some Cardio Code RVUs Drop



You will see cuts in several cardiology and radiology codes effective Jan. 1. For instance, you'll face a 10 percent cut in payment for 93000 (Electrocardiogram, routine ECG with at least 12 leads) and a four-percent drop in payment for stress test code 93015.

You'll also see a cut in payment for commonly-billed code 71010 (Radiologic examination, chest; single view, frontal), for which reimbursement will drop by five percent.

To read the fee schedule, visit <a href="https://www.cms.hhs.gov/physicianfeesched/downloads/CMS-1403-FC.pdf?agree=yes&next=Accept">www.cms.hhs.gov/physicianfeesched/downloads/CMS-1403-FC.pdf?agree=yes&next=Accept</a>.