Eli's Rehab Report

2003 Fee Schedule Update: CMS Announces Pay Cut for Trigger Point Injections

To many physiatrists, CMS'2003 Physician Fee Schedule contained alarming news: The 4.4 percent conversion factor reduction means that Medicare payment for most PM&R services will not increase. In fact, many practices may collect less reimbursement this year than last.

Although the relative value units (RVUs) for many procedures, such as joint injections (20600-20610), remain unchanged for 2003, other codes, such as trigger point injections, suffered a drop in reimbursement. The RVU for 20552 (Injection[s]; single or multiple trigger point[s], one or two muscle[s]), for instance, dropped from 0.86 to 0.66. Code 20553 (... three or more muscles), which was also worth 0.86 work RVUs in 2002, is now worth only 0.75 work RVUs.

"We were surprised last year that both codes had identical RVUs," says **Candace Shein,** an independent coding consultant in Baton Rouge, La. "But looking back, that probably wasn't so bad, considering that now practices will get paid about $26 for injecting four muscles (one unit of 20553), whereas last year, they collected about $30 for just one muscle injection (one unit of 20552)."

CMS attributed the conversion-factor reduction to a flaw in the Medicare law that only Congress has the power to change. "CMS recognizes that this will be the second year in a row in which physician fees will be affected by a negative update for the conversion factor," CMS administrator **Tom Scully** says. "Fixing the formula to provide an accurate update (which we think should be 1.6 percent for calendar year 2003) is essential to restoring trust" between CMS and physicians and patients.

New Code RVUs Are As Expected

On the brighter side, CMS assigned 1.5 RVUs to the new code 64447 (Injection, anesthetic agent; femoral nerve, single), whereas the "other peripheral nerve or branch" code, 64450*, which practices previously used for femoral nerve blocks, is worth only 1.27 RVUs.

CMS assigned the new fiberoptic endoscopic swallowing evaluation codes 92612 (Flexible fiberoptic endoscopic evaluation of swallowing by cine or video recording) and 92614 (Flexible fiberoptic endoscopic evaluation, laryngeal sensory testing by cine or video recording) each 1.27 RVUs and allotted 1.88 RVUs to the more involved 92616 (Flexible fiberoptic endoscopic evaluation of swallowing and laryngeal sensory testing by cine or video recording). The physician interpretation and report codes (92613, 92615, 92617) that accompany these services, however, were not assigned any RVUs, based on CMS'rationale that E/M services include the physician's interpretation and report.

Therapy Cap May Be Reinstituted

As many PM&R practices are aware, the moratorium that barred Medicare from applying a $1,500 limit to outpatient therapy services expired on Dec. 31, 2002, and according to the 2003 Physician **Fee Schedule** , Congress has not extended the moratorium. Therefore, CMS has the authority to implement a $1,500 limit on outpatient physical therapy (including speech-language pathology services), with a separate $1,500 limit on occupational therapy treatments. Although CMS has not yet officially reinstated the cap, it may issue program memoranda to that effect at any time unless Congress repeals the $1,500 limit.

For more information on the 2003 **Physician Fee Schedule** , which takes effect on March 1, visit the CMS Web site at www.cms.gov.

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