

1) 2010 Medicare Conversion Factor

Unless there is a legislative fix, the 2010 Medicare conversion factor will be \$28.4061, which represents a 21.2% reduction.

2) H1N1 Immunization Administration

In the comment section of the final rule, CMS notes that the RUC recommended work RVUs of 0.20 for the new H1N1 immunization administration CPT code, 90470.

CMS goes on to state that while it will *not* recognize this code in the Medicare program (it will continue to use its G code [G9141] instead), it *will* publish the RUC-recommended values for code 90470 on the actual fee schedule (Addendum B) with status indicator "N" (non-covered service).

This is an entirely acceptable alternative since it will still allow non-Medicare payers to utilize the RUC-recommended (and CMS-accepted) values to pay for code 90470. The "N" status simply indicates that the code is not covered by the Medicare program. As you know, this is how the codes for Preventive Medicine Services, vision screening, and hearing screening are listed on the RBRVS fee schedule.

Even though CMS states that it intends to publish the RUC-recommended values for code 90470 on Addendum B, it did not do so. The code appears on Addendum B as status "N," albeit with 0.00 RVUs.

We are not certain at this point if it was simply an oversight. Sherry Smith at the AMA has already contacted CMS to obtain clarification. That being said, nothing is yet "official" since the values are not published on the actual fee schedule. Stay tuned!

3) Medicare Consultation Policy

We worked with our Section on Developmental & Behavioral Pediatrics, Section on Dermatology, and Section on Cardiology & Cardiac Surgery to draft comments on CMS' proposal to eliminate payment for consultation codes in the Medicare program.

CMS has decided that starting 1/1/10, it will eliminate use of the consultation codes in the Medicare program on a budget neutral basis by increasing the work RVUs for the new and established office visits, increasing the work RVUs for initial hospital and initial nursing facility visits, and incorporating the increased use of these visits into the PE and PLI RVU calculations. Please note the CMS will also increase the incremental work RVUs for the E/M codes that are built into the 10-day and 90-day Medicare global periods for surgical codes.

Since CMS is required to include "professional consultations" in the Medicare definition of telehealth services, the consultation codes will not be eliminated in the telehealth context. CMS will develop G codes for Medicare telehealth consultations accordingly.

Outside the context of Medicare telehealth services, Medicare physicians will report an initial hospital care or initial nursing facility care code in lieu of a consultation code for a patient's first visit during an admission. A modifier will be created to designate that they are the admitting physician and can, therefore, report an "initial" code. All other physicians who see the patient during the course of that same admission will need to report subsequent codes.

Please note that:

- 1) The CPT codes for consultations are not being deleted from the CPT nomenclature
- 2) The consultation codes will remain on the RBRVS fee schedule along with their established values and status indicator "I" ("Not valid for Medicare purposes")
- 3) This is a *Medicare* payment policy

4) Use of AMA Physician Practice Information (PPI) Survey Data

CMS came out strongly in favor of accepting the PPI survey results, dismissing the arguments against implementation made by several specialty societies. CMS will transition the changes over 4 years, starting in 2010.

Pediatrics as a whole will benefit since the previous indirect practice expense (PE) per hour of \$51.52 will be replaced with the new AMA PPI Survey figure of \$76.27/hour.

Indirect PE figures are utilized in calculating codes' PE RVUs.

5) Pediatric Echocardiography

We worked with our Section on Cardiology & Cardiac Surgery to include a request in our proposed rule comment letter that some of the pediatric echo codes (93303, 93304, 93306, 93320, 93321, & 93325) be excluded from the application of the new AMA PPI Survey data since there was not a robust sample of pediatric cardiologists included in the survey sample.

CMS did not address our comments in the final rule. Following is the change in the non-facility PE RVUs for the involved pediatric echo codes:

93303

2009 NF PE RVUs = 4.48

2010 NF PE RVUs = 4.32

93304

2009 NF PE RVUs = 2.84

2010 NF PE RVUs = 2.79

93306

2009 NF PE RVUs = 5.75

2010 NF PE RVUs = 5.27

93320

2009 NF PE RVUs = 1.66

2010 NF PE RVUs = 1.46

93321

2009 NF PE RVUs = 0.73

2010 NF PE RVUs = 0.67

93325

2009 NF PE RVUs = 1.21

2010 NF PE RVUs = 1.03

6) Infant Pulmonary Function Testing Codes (94011-94013)

CMS agreed with the RUC recommendations for the new CPT 2010 codes for infant pulmonary function testing (94011-94013):

94011

Measurement of spirometric forced expiratory flows in an infant or child through 2 years of age (includes moderate sedation, if required)

Work RVUs = 2.00

Total NF RVUs = 2.67

Total F RVUs = 2.67

94012

Bronchodilation (before and after bronchodilator) measurement of spirometric forced expiratory flows before and after bronchodilator in an infant or child through 2 years of age (includes moderate sedation, if required)

Work RVUs = 3.10

Total NF RVUs = 4.12

Total F RVUs = 4.12

94013

Measurement of lung volumes (ie, functional residual capacity, forced vital capacity, and expiratory reserve volume) in an infant or child through 2 years of age (includes moderate sedation, if required)

Work RVUs = 0.66

Total NF RVUs = 0.87

Total F RVUs = 0.87

7) Moderate Sedation

Despite our repeated comments and multispecialty advocacy efforts, moderate sedation codes 99143-99150 continue to be listed with status indicator "C" (carrier priced) with 0.00 total RVUs, even though the RUC sent recommendations to CMS back in 2005.