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Have you reviewed your fee schedule this year?

If you have been watching the news regarding Medicare's fee schedule for the past couple years, you already know it is not slated for much of an increase anytime soon. The plan has been for about a 0.5% increase per year. The only way to get more than that is if you are an eligible provider for MIPS and you perform well in that program.

For those doctors and offices, who are not eligible, you have likely been feeling good about the fact that you did not have to worry about MIPS, and that you would be seeing at least a slight increase in your Medicare reimbursements. Unfortunately, you may not be seeing the 0.5% increase you have anticipated. As a whole, Medicare's fee schedule did go up slightly, but not every code increased; in fact, some went down. Every Medicare Administrative Contractor (MAC) area will have its own fee schedule, so you will want to look up your area's reimbursement on CMS.gov to know exactly how your payments will be affected.

The degree at which these changes will affect you is dependent upon which codes you use the most in your practice. For example, the 92000 codes all went up 2-3%, while most of the 99000 E&M codes went up less than 1%. Remember, this is all dependent upon your MAC. For example, in Wisconsin, most of the E&M codes actually dropped a little.

One code that will affect eye doctors across the country is 92250 -- fundus photography with interpretation and report. Medicare identified CPT codes across medicine that they felt may have had a mis-valued reimbursement. This list contained everything from skin biopsies to gait training therapy. Besides 92250, the other eye related code was 92136 -- ophthalmic biometry. After they reassessed fundus photography, we ended up with a ~13% reduction in reimbursement.

We know the most common code used in optometry is 920x4 (comprehensive ophthalmological service). Luckily for us, this code ended up with a ~2% increase. Therefore, even with some codes decreasing, we should see an overall increase in reimbursement from Medicare in 2018.

We have had a few articles encouraging doctors to utilize both code sets when billing medical office visits. Many optometrist have gotten in the habit of billing all medical visits with the 99000 codes, even if the visit also qualified as a 92000 code. Often when a visit earns 99213, it also earns 92012. Considering 92012 reimburses more, why not bill it? This is even more important in the 2018 Medicare fee schedule. With 99213 staying nearly unchanged and 920x2 (intermediate) increasing by ~3%, the difference between these codes is now about \$15! If a visit earns either code, it only makes sense to choose the one that reimburses more.

Being aware of how your reimbursements are changing is critical to setting your fee schedule. When reimbursements are the same, or even decreasing, business as usual is not going to work. You must identify ways you can improve your revenue despite stagnant reimbursements. The lowest hanging fruit is proper coding. We know at least 30% of office visits billed by optometrists are under-coded. And we also know very few doctors are strategically selecting which code set to bill based on reimbursements. If you choose to pay attention to proper coding and begin strategic coding, you can still make 2018 a great year!