

## Congress Raises Medicare Doctor Pay by 2.2% Through November

By June 24, both the Senate and House approved a 2.2% Medicare physician pay increase, temporarily reversing a 21% cut that Medicare contractors began applying to claims a week earlier. On June 25, 2010, President Obama signed it into law. The "Preservation of Access to Care for Medicare Beneficiaries and Pension Relief Act of 2010" establishes the 2.2% update to the Medicare Physician Fee Schedule (MPFS) payment rates retroactive from June 1 through November 30, 2010. The Centers for Medicare & Medicaid Services (CMS) has directed Medicare claims administration contractors to discontinue processing claims at the negative update rates and to temporarily hold all claims for services rendered June 1, 2010, and later, until the new 2.2% update rates are tested and loaded into the Medicare contractors' claims processing systems. Effective testing of the new 2.2% update will

ensure that claims are correctly paid at the new rates. CMS expects to begin processing claims at the new rates no later than July 1, 2010. Claims for services rendered prior to June 1, 2010, will continue to be processed and paid as usual.

June 2010 dates of service which have been paid at the negative update rates will be reprocessed as soon as possible. Under current law, Medicare payments to physicians and other providers paid under the MPFS are based upon the lesser of the submitted charge on the claim or the MPFS amount. Claims containing June dates of service that were submitted with charges greater than or equal to the new 2.2% update rates will be automatically reprocessed. Physicians/providers should not resubmit claims already submitted to their Medicare contractor. ■

### Inside this Issue:

*Congress Raises Medicare Doctor Pay by 2.2% Through November* 1

*Physician Quality Reporting Initiative* 1

*Burn Care* 2

## Physician Quality Reporting Initiative

Providers are reminded that the 2009 incentive payments for both PQRI and e-prescribing won't be made un-

til late summer/early fall. Reports will be available when the contractors begin sending payments. ■

## Burn Care

When ED coding for burn treatment services and repairs, pay attention to how many layers of skin the burn penetrates.

In some situations, treating a burn may not qualify for CPT 16000-16030 services. Include burn treatment in the ED E/M code if the burn was minor and had no real treatment provided, such as dressing, debridement, or local treatment.

The ED physician or nonphysician practitioner will determine the severity of the burn and then report a burn treatment or an E/M code according to the specifics of the service.

Burn treatment coding **CPT 16000** (*Initial treatment, first degree burn, when no more than local treatment is required, i.e. topical medication application with substances such as Silvadene.*) would be used if local treatment of a first degree burn is required.

The physician might also treat patients with partial-

thickness burns. With a partial-thickness burn, blistering or loss of skin may occur. The provider would most likely debride the skin and apply a dressing. This service can be reported with the following codes:

**16020:** *Dressings and/or debridement of partial-thickness burns, initial or subsequent; small (less than 5% of total body surface area).*

**16025:** *...medium (e.g. whole face or whole extremity, or 5% to 10% total body surface area).*

**16030:** *...large (e.g. more than 1 extremity or greater than 10% total body surface area).*

ICD 9 diagnosis codes for burn patients are 940.xx through 949.xx to represent the location and severity of the burn. Additionally, documentation should include a code from the 948.xx set to represent the extent of total body surface area (TBSA) burned. ■