

Medicare 2008 vs. 2007 Fees

Effective January 1, 2008, Medicare fees for 2008 are lower in some cases despite the 0.5% increase. The 0.5% pay boost is set to expire June 30th. The reduction is due to the relative value units (RVUs) used to calculate payment. This year there was a cut in the work RVU budget adjuster to 0.8806 from 0.8994. It is essential to streamline your billing as much as possible and make sure every payer

is paying correctly, and if not, following up on the payment. In addition to being aware of your Medicare reimbursement, your commercial contracts should be reviewed for payment.

The following grid represents the changes that have occurred in the Medicare 2007/2008 ED practice reimbursement:

CPT Code	Description	2007 Fees	2008 Fees
99281	Problem Focused Straightforward	\$18.89	\$18.84
99282	Expanded Focus Low complexity	\$36.35	\$35.48
99283	Expanded Focus Moderate complexity	\$58.97	\$56.78
99284	Detailed Moderate complexity	\$107.67	\$105.32
99285	Comprehensive High complexity	\$161.14	\$156.96
99291	Critical Care First hour	\$203.25	\$197.26
99292	Critical Care @ Additional 30 minutes	\$101.76	\$98.92
93042	Rhythm ECG, 1-3 leads Interpretation and report only	\$7.34	\$7.31

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Critical Care

Are you documenting total care time given to patients who are unstable, critically ill or critically injured requiring your constant care? The time documented excludes services that can be separately

billed. Report the total time in attendance even if the time spent by the physician on that date is not continuous. Below is a list of services that are included in Critical Care payments:

CPT Codes	Description
CPT 93561, 93562	Interpretation of cardiac output measurements
CPT 71010, 71020	Chest x-rays
CPT 99090	Blood gases and information data stored in computers, eg. ECGs, blood pressures, hematologic data
CPT 91105	Gastric Intubation
CPT 92953	Temporary transcutaneous pacing
CPT 94002-94005, 94660, 94662	Ventilation management
CPT 36000, 36415, 36600	Vascular access procedures

Some examples of possible Critical Care situations are: Cardiac arrest, shock, bleeding, respiratory fail-

ure, and post op complications. Only one physician may bill for Critical Care at that specific time. ■