

HCPCS	MOD	DESC	Non-Facility			Facility		
			Old	New	% Change	Old	New	% Change
99239		Hospital discharge day	N/A	N/A	N/A	\$ 93.80	\$ 89.51	-5%
99241		Office consultation	\$ 47.45	\$ 47.22	0%	\$ 33.11	\$ 31.72	-4%
99242		Office consultation	\$ 88.29	\$ 86.34	-2%	\$ 68.05	\$ 65.20	-4%
99243		Office consultation	\$116.61	\$114.18	-2%	\$ 90.49	\$ 86.34	-5%
99244		Office consultation	\$165.90	\$160.70	-3%	\$ 134.27	\$ 127.92	-5%
99245		Office consultation	\$215.20	\$207.57	-4%	\$ 177.67	\$ 169.86	-4%
99251		Initial inpatient consult	N/A	N/A	N/A	\$ 34.95	\$ 33.48	-4%
99252		Initial inpatient consult	N/A	N/A	N/A	\$ 70.26	\$ 67.31	-4%
99253		Initial inpatient consult	N/A	N/A	N/A	\$ 96.01	\$ 91.63	-5%
99254		Initial inpatient consult	N/A	N/A	N/A	\$ 137.95	\$ 131.80	-4%
99255		Initial inpatient consult	N/A	N/A	N/A	\$ 189.81	\$ 181.84	-4%
99261		Follow-up inpatient consult	N/A	N/A	N/A	\$ 22.07	\$ 20.79	-6%
99262		Follow-up inpatient consult	N/A	N/A	N/A	\$ 43.77	\$ 41.94	-4%
99263		Follow-up inpatient consult	N/A	N/A	N/A	\$ 65.11	\$ 62.38	-4%
99282		Emergency dept visit	N/A	N/A	N/A	\$ 26.85	\$ 25.73	-4%
99283		Emergency dept visit	N/A	N/A	N/A	\$ 60.33	\$ 57.44	-5%
99284		Emergency dept visit	N/A	N/A	N/A	\$ 94.17	\$ 89.86	-5%
99285		Emergency dept visit	N/A	N/A	N/A	\$ 146.77	\$ 140.26	-4%
99291		Critical care, first hour	\$210.05	\$230.12	10%	\$ 200.11	\$ 191.71	-4%
99292		Critical care, addl 30 min	\$107.78	\$101.85	-6%	\$ 100.06	\$ 95.85	-4%
99301		Nursing facility care	\$ 71.00	\$ 58.85	-17%	\$ 61.06	\$ 58.85	-4%
99302		Nursing facility care	\$ 96.75	\$ 79.29	-18%	\$ 81.30	\$ 79.29	-2%
99303		Nursing facility care	\$119.92	\$ 98.32	-18%	\$ 101.16	\$ 98.32	-3%
99311		Nursing fac care, subseq	\$ 40.83	\$ 32.07	-21%	\$ 30.53	\$ 32.07	5%
99312		Nursing fac care, subseq	\$ 62.54	\$ 52.86	-15%	\$ 50.40	\$ 52.86	5%
99313		Nursing fac care, subseq	\$ 85.71	\$ 72.95	-15%	\$ 71.73	\$ 72.95	2%
99348		Home visit, est patient	\$ 74.31	\$ 66.60	-10%	N/A	N/A	N/A
99350		Home visit, est patient	\$167.74	\$152.94	-9%	N/A	N/A	N/A
Gxx17		ESRD Services Age 20+, 4+ Visits/month	\$262.28	\$293.20	12%	\$ 262.28	\$ 293.20	12%
Gxx18		ESRD Services Age 20+, 2-3 Visits/month	N/A	\$109.95	N/A	N/A	\$ 109.95	N/A
Gxx19		ESRD Services Age 20+, 1 Visit/month	N/A	\$ 72.60	N/A	N/A	\$ 72.60	N/A

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B. Geographic Practice Cost Indices

As discussed in section II.B., we are proposing to revise the malpractice GPCIs based upon actual 2001 and 2002 malpractice premium data and projected 2003 malpractice premium data. Data collection is not yet complete therefore we were unable to include the proposed malpractice GPCIs in this proposed rule. The revised malpractice GPCIs in the final rule will be subject to public comment. Any changes in the GPCIs will redistribute payments among geographic areas and will not increase or decrease Medicare expenditures. Because the malpractice RVUs only represent 3.9 percent on total payments on average across all physician fee schedule services, we expect any payment impact to be modest. We will illustrate the change in the GPCIs from use of the new malpractice data in the final rule.

C. Tracking Codes

We are proposing a change in policy that will allow CMS to create national payment policy and determine national payment amounts for CPT tracking codes regardless of whether a national

coverage determination for a specific service has been made. This proposal will have no effect on Medicare expenditures but will allow for more flexibility in determining payment rates for new services.

D. Excision of Lesions

We are proposing to make the work RVUs the same for removal of benign and malignant skin lesions that have the same excised diameters that are from similar locations (for example, torso, arms, and legs). This would result in minor redistribution in payment of these services. Any impact on payment from this proposal is included in the specialty and code level impacts shown above.

E. G Codes for Monitoring Heart Rhythms

As discussed earlier, we are creating several HCPCS G codes and establishing national payment for new technology services that allow patients with cardiac arrhythmias to be monitored in a home setting. Currently, Medicare is making payment for these services under CPT code 93799, *Unlisted cardiovascular procedure or service*. Medicare carriers

make local payment determinations for unlisted procedure codes. Our proposal will have no impact on Medicare payment for these services since national payment will replace local carrier payment.

F. G Codes for Managing Dialysis Patients

As we previously discussed in section II.C., we have reviewed our current payment policy for the monthly dialysis capitation payment in response to concerns that have been raised over whether our payment policy is consistent with current medical practice. We are proposing new G codes for these services that would allow us to align the payment incentives to match the frequency of the physician personally evaluating the dialysis patient. We believe that this restructuring of payment will assist in assuring that beneficiaries with ESRD receive the highest quality dialysis care available as the proposed codes provide for reimbursement for physician involvement that is consistent with the needs of the patient in any specific month. Our proposal will not increase or decrease Medicare payments for