CMS Issues Reversal in Reimbursement Cuts to Nuclear Imaging Services

The Centers for Medicare and Medicaid Services (CMS) released a technical correction to the 2010 Medicare Physician Fee Schedule final rule on May 11, 2010, which specified significant increases in reimbursement regarding several nuclear imaging codes for myocardial perfusion imaging (MPI), cardiac computed tomography (CT), and cardiac catheterization, e.g., CPT codes 14301, 51728-51729, 64490-64495, 75571-75574, 78451-78454. These changes were made in response to perceived errors made in addressing direct practice expenses (PE) based on the American Medical Association Relative Value Scale Update Committee (AMA RUC) recommendations. It is estimated that these changes will increase reimbursement for the specified procedures by an average of 16%. The corrected PE RVUs are retroactively effective for all affected services (suffering average cuts of approximately 36%) since the implementation of initial Medicare physician fee schedule reimbursement cuts on January 1, 2010.


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