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CHAPTER 6: FAMILY PRACTICE

2013 AMA Symposium Update: Get the Scoop on Transition Codes, PCIP Pay Requirements for FPs

Family practitioners can look forward to a continued cash flow from the primary care incentive program, more inclusive language in CPT® codes, and new codes for transitional care.

So said speakers at the American Medical Association's (AMA) annual CPT® and RBRVS Symposium, held Nov. 14-16 in Chicago, with presenters sharing the latest news on fee schedules, new codes for 2013, and more.

Don't Fret Over Far-Reaching Terminology Change

The most widespread changes throughout CPT® 2013 -- the switch to more inclusive or provider-neutral language -- shouldn't be difficult for physician practices to put into place.

"The concepts are pretty straightforward," expert says. "There's been an evolution in CPT® for how codes report services by non-physicians."

Result: Hundreds of codes were revised for 2013 to include "provider neutral language." Codes throughout the book have replaced designations of "physician" with "individual" or "qualified health care provider."

Exception: A few codes retained the "physician" language, such as those related to skilled nursing facility admissions, because regulations require that a physician admit the patient.

"CPT® is not the turf police," expert said. "We're focusing on the services provided and recognize that sometimes professionals other than physicians are qualified to provide some services. As a nationally recognized reporting system, it's important for CPT® to maintain provider neutrality."

Watch Your Mail for PCIP Checks

CMS will continue the primary care incentive program (PCIP) through 2015. The agency distributed approximately \$560 million to providers in 2011 through PCIP, according to Experts.

Bonus: Providers don't need to apply for participation. CMS reviews providers' records and automatically sends payments to those who qualify.