Make Mohs Measure Permanent?

Payment *from page 1*

said Dr. John Zitelli, a Mohs surgeon in Pittsburgh and chairman of the CPT rapid response committee for the American College of Mohs Micrographic Surgery and Cutaneous Oncology.

When Medicare began applying the multiple surgery cut in January, some dermatologists refused to do two or more Mohs procedures in 1 day. Dr. Zitelli explained that he was performing multiple procedures for patients who live far away but that he had to absorb a loss in payment in those particular cases.

The reduction in pay disrupted care for many patients, he said. Some patients became frustrated with the need for multiple appointments and would not come back, he said.

For physicians, the application of the multiple surgery reduction meant that reimbursement for multiple Mohs procedures is less than the cost, Dr. Zitelli said.

The cuts resulted in distortions in care, multiple trips by patients, and in some cases groups of physicians teaming up to perform the surgery in an effort to avoid the cut, said Dr. Brett Coldiron, a Cincinnati dermatologist and chairman of the health care finance committee for the American Academy of Dermatology.

"Mohs codes have been under attack for about 8 years by CMS," Dr. Coldiron said.

Last year, CMS refined the Mohs surgery codes by deleting CPT codes 17304-17310 and creating several new codes, which distinguish the site of surgery. The new first-stage Mohs codes include 17311 for head and neck areas and 17313 for the trunk and extremities.

Overall, dermatologists did well in the assessment of the new codes, Dr. Coldiron said. However, any increases to the codes were offset by the application of the multiple surgery reduction cuts when physicians performed multiple surgeries.

Earlier this year, a coalition of dermatology groups, including the American Academy of Dermatology and the American Society for Dermatologic Surgery, approached CMS about the multiple surgery reduction and sought an opportunity to make their case against the change.

The main argument in favor of exempting Mohs surgery from the multiple surgery reduction is that Mohs procedures have the most intraservice time associated with them, meaning that most of the work performed is for the procedures itself, Dr. Zitelli said. There is little overlap in effort when multiple procedures are performed.

"We think the whole thing was a misunderstanding," he said. ■

Simple Label Machine Subs For EMR System

If you're not ready to invest thousands of dollars in an electronic medical records system, a desktop label writer may be just what the doctor ordered.

"This is a very cost-effective alternative for anyone who doesn't have an EMR system," said Dr. Stephanie Lucas, who equipped her two-physician Detroit practice with several Dymo Twin Turbo label makers at a cost of about $150 apiece.

"I have all my prescriptions on the attached software, so all I have to do to print a label is go to the list on my computer, click on the prescription, and it comes out of the machine," said Dr. Lucas, who puts one label into the patient's chart and gives a signed copy to the patient for the pharmacy. "Or I stick the label or labels on a sheet of paper and fax it to the pharmacy."

Pharmacists like being able to read the prescriptions without having to call and ask me what I wrote.

DR. LUCAS

The internist and endocrinologist take an extra step to ensure that patients know what their medications are for. For example, in addition to printing "Statin 20 mg #90," the label also says "cholesterol med."

"Patients love it, and pharmacists appreciate being able to read the prescriptions without ever having to call and ask me what I wrote," said Dr. Lucas, whose bad handwriting in grammar school drew a few knuckle raps from a ruler-wielding teacher.

The labeling system also integrates with software programs like Outlook and Quickbooks to make individual labels. "It's nice because it has an optional mailing bar code to facilitate mailing," she added.

—Bruce K. Dixon