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## Incentive Payments Available for Geriatric Medicine Services

By: [Donna J. Senft](#)

Geriatric medicine is among the delineated services for which the rendering physician or non-physician practitioner (NPP) is eligible to seek up to a 10 percent incentive bonus from Medicare, paid on a quarterly basis, for service provided from January 1, 2011 through January 1, 2016. "Incentive Payments for Primary Care Services" were added to the Medicare law through Section 5501(a)(2)(A) of the health care reform legislation, the Patient Protection Affordable Care Act or PPACA, to encourage a shift from specialist to primary care physician (and non-physician practitioners or NPPs including nurse practitioners, certain clinical nurse specialists, and physician assistants) services. Primary care services that qualify for the incentive payment calculation are services billed under the following codes:

- 99201 through 99215 for new and established patient office or other outpatient Evaluation and Management (E/M) visits;
- 99304 through 99340 for initial, subsequent, discharge, and other nursing facility E/M services; new and established patient domiciliary, rest home (e.g., boarding home), or custodial care E/M services; and domiciliary, rest home (e.g., assisted living facility), or home care plan oversight services; and
- 99341 through 99350 for new and established patient home E/M visits.

In order for the physician or NPP to be eligible to receive the "Primary Care Services" incentive bonus the:

- Physician must have designated family medicine, internal medicine, geriatric medicine or pediatric medicine as the physician's primary specialty on the CMS 855I Medicare enrollment form, or
- The NPP must have services billed under the NPP's individual NPI number (not incident to services); and
- Primary Care Services must account for at least 60 percent of the allowable charges on Medicare claims for the two years prior to the bonus payment year.

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CMS will announce the method for calculating the 60 percent for newly enrolled providers at a later date.

Additional information is available in the MLN Matters MM7060 publication "[Incentive Payment Program for Primary Care Services, Section 5501\(a\) of The Affordable Care Act.](#)"

#### **Ober|Kaler's Comments**

Physicians should review the enrollment data on file with CMS to ensure that the appropriate primary specialty was noted on the CMS 855I form. NPPs should review claims submitted for services provided to ensure that your individual NPI number is included on the claim form as the rendering provider for all non-incident to services. On March 9, 2011, CMS issued "[The Importance of Correctly Coding the Place of Service by Physicians and Their Billing Agents](#)" reflecting agency concern that physicians are not properly coding using the site of service modifier. Given the potential availability of this incentive, accurate site of service modifiers are essential.