

## CMS Limits RAC Documentation Requests

In response to advocacy by the AMA and other medical societies, RACs (Medicare Recovery Audit Contractors) are now limited to requesting 10 records in 45 days from offices with 5 or fewer physicians and non-physician practitioners.

This is a significant improvement over prior CMS proposals to base Additional Documentation Request (ADR) limits on a percentage of annual claims submitted, a methodology the AMA strongly and successfully opposed. The new ADR limits will be based on the physician or non-physician practitioner's billing Tax Identification Number (TIN) as well as location. Examples and additional information are available from CMS at <https://www.cms.gov/RAC/Downloads/PhyADR.pdf>. ❖

## RIMS leadership attends AMA National Advocacy Conference



[L-R] AMA Delegate Michael Migliori, MD; Representative David Cicilline; RIMS President-elect, Nitin Damle, MD; and RIMS President Gary Bubly, MD; met in Washington, DC during the AMA National Advocacy Conference on February 8 to discuss SGR, liability reform, free contracting, and truth in advertising.

## 2011 Medicare benefits for preventive services

Effective in 2011 as part of the new federal health care reforms, Medicare patients no longer pay out-of-pocket deductibles or copayments for most preventive health services.

Beneficiaries covered through a Medicare Advantage plan may have a different mix of benefits, depending upon the plan. Most Medicare Advantage plans already offer Medicare-covered preventive services without cost-sharing.

In addition to the new annual wellness visit benefit (distinct from the one-time "welcome to Medicare physical," which is only available to beneficiaries in the first year of their enrollment in Part B), the following preventive services now entail no out-of-pocket cost:

- **Breast cancer screening:** Yearly mammograms for women age 40 and older with Medicare.
- **Colorectal cancer screening:** This includes a flexible sigmoidoscopy or colonoscopy for all beneficiaries age 50 or older.
- **Cervical cancer screening:** Pap smear and pelvic exams are available every two years, or annually for those at high risk.
- **Cardiovascular screenings:** Free blood test to check cholesterol, lipid and triglyceride levels offered every five years to all Medicare beneficiaries.
- **Diabetes:** Twice-a-year screening for those at risk.
- **Medical Nutrition therapy:** Available to help people manage diabetes or kidney disease.
- **Prostate cancer screening:** An annual digital rectal exam and PSA test for all male beneficiaries age 50 or older.
- **Bone mass measurements:** Available every two years to those at risk, or more often if medically necessary.
- **Abdominal aortic aneurysm screening:** Available to men ages 65 to 75 who have ever smoked.
- **HIV screening:** Available to those Medicare beneficiaries who are at increased risk or who ask for the test.
- **Vaccinations:** Annual flu shot, and vaccinations against pneumococcal pneumonia and hepatitis B. ❖