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SENATE PASSES BILL TO POSTPONE PHYSICIAN PAY CUT

The Senate has passed legislation that prevents a 24.9 percent cut in Medicare physician payments. This bill averts a 25 percent Medicare payment cut that was scheduled to take effect January 1, 2011. The Medicare and Medicaid Extenders Act of 2010 extends the current Medicare payment rates through December 31, 2011.

AMA Has Released the Errata for the 2011 CPT Coding Books

The American Medical Association (AMA) has released the first errata for the 2011 CPT coding books. There are several changes, including parenthetical notes for Prolonged Service (Evaluation and Management Section), Bone Marrow or Stem Cell Services (Surgery Section), and Digestive System, Biliary Tract (Surgery Section). For more information go to http://www.ama-assn.org/ama/pub/physician-resources/solutions-managing-your-practice/coding-billing-insurance/cpt/about-cpt/errata.shtml

NEW EVALUATION AND MANAGEMENT CARE CODES FOR 2011

Subsequent Observation Care - 99224 - 99226

Three new codes are being added to report subsequent observation care per day. The new codes are similar to the inpatient care codes and the requirements for the new observations codes match the requirements for the subsequent hospital care codes. According to the CPT Changes Insider’s View 2011, “…subsequent observation codes will allow extended observation care services to be reported. All levels of subsequent observation care include reviewing the medical record and reviewing the results of diagnostic studies and changes in the patient’s status (i.e., changes in history, physical condition, and response to management) since the last assessment by the physician.”

Wishing Everyone a Safe and Happy New Year !!!

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2011 CPT CHANGES

Influenza Pandemic Vaccine Codes- CPT released four new codes to report the pandemic formulation of the combination flu vaccine

90664 Influenza virus vaccine, pandemic formulation, live, preservative free, for intranasal use
90666 Influenza virus vaccine, pandemic formulation, split virus, preservative free, for intramuscular use
90667 Influenza virus vaccine, pandemic formulation, split virus, adjuvanted, for intramuscular use
90668 Influenza virus vaccine, pandemic formulation, split virus, for intramuscular use

Integumentary Codes- wound debridement codes (11042-11047) have been revised and new add-on codes have been established.

Intraperitoneal Catheters - Revisions and new codes have been added to the intraperitoneal catheter section to describe more specific identification of placement procedures

New Code: 49418 Insertion of tunneled intraperitoneal catheter (eg, dialysis, intraperitoneal chemotherapy instillation, management of ascites), complete procedure, including imaging guidance, catheter placement, contrast injection when performed, and radiological supervision and interpretation, percutaneous

Revised Codes: 49419 Insertion of a tunneled intraperitoneal catheter with subcutaneous port
49422 Removal of a tunneled intraperitoneal catheter

Intraperitoneal Chemotherapy Administration: New Code

96446 Chemotherapy administration into the peritoneal cavity via indwelling port or catheter

Brachytherapy- Introduction Revision and additions have been made to Brachytherapy codes.

New Code: 57156 Insertion of vaginal radiation afterloading apparatus for clinical brachytherapy

Revised Code: 57155 Insertion of uterine tandem and/or vaginal ovoids for clinical brachytherapy

Anatomic Pathology/Cytopathology - Three new codes and a revision have been added to the cytopathology section.

New Codes: 88120 Cytopathology, in situ hybridization (eg, FISH), urinary tract specimen with morphometric analysis, 3-5 molecular probes, each specimen; manual
88121 Cytopathology, in situ hybridization (eg, FISH), urinary tract specimen with morphometric analysis, 3-5 molecular probes, each specimen; using computer-assisted technology
88177 (add-on code) Cytopathology, evaluation of fine needle aspirate; immediate cytohistologic study to determine adequacy for diagnosis, each separate additional evaluation episode, same site

Revised Code: 88172 Cytopathology, evaluation of fine needle aspirate; immediate cytohistologic study to determine adequacy for diagnosis, first evaluation episode, each site

Pathology and Laboratory/Chemistry - New code 84112 has been added to report placental alpha microglobulin-1 (PAMG-1), through cervicovaginal secretion.

Sinus Endoscopy - Three new nasal/sinus endoscopy codes are introduced effective January 1, 2011.

31295 Nasal/sinus endoscopy, surgical; with dilation of maxillary sinus ostium (eg, balloon dilation), transnasal or via canine fossa
31295 with dilation of frontal sinus ostium
31297 with dilation of sphenoid sinus ostium (eg, balloon dilation)

Modifiers Description Revised

Modifier 50 (Bilateral procedure) has been revised and the term “operative” has been deleted from the description.

Modifiers 76-78 (repeat procedures and unplanned return to the operating/procedure room) have been revised to include “other qualified healthcare professional” in the description. CPT has also noted that modifiers 76 and 77 should not be appended to an evaluation and management service.
The Centers for Medicare & Medicaid Services (CMS) has created specific HCPCS codes and payment rates for Medicare billing purposes for the 2010-2011 influenza season. Effective for claims with dates of service on or after January 1, 2011, CPT code 90658 will no longer be payable by Medicare. Effective for dates of service on or after October 1, 2010, the following new influenza Q codes will be payable by Medicare:

- Q2035 (Afluria)
- Q2036 (Flulaval)
- Q2037 (Fluvirin)
- Q2038 (Fluzone)
- Q2039 (Not Otherwise Specified flu vaccine)

Medicare contractors have been instructed to hold all claims containing the influenza Q codes with dates of service on or after October 1, 2010, until they are able to accept them for processing, which will be no later than February 7, 2011.

Institutional providers should not bill the new Influenza Q codes with dates of service on or after October 1, 2010, via roster billing. Medicare systems are unable to hold roster claims. Providers may submit their roster claims on an individual claim basis or hold their roster claims until February 7, 2011, and then submit as a roster bill at that time.

**CMS- Finalizes Multiple Procedure Payment Reduction (MPPR) for Imaging Procedures**

CMS finalized its MPPR plan to increase the reduction for multiple imaging procedures to 50% from 25% on the technical components. This applies to all ultrasound, CT, CTA, MRI and MRA services in which the current policies for modality-specific and contiguous body areas applies, regardless of the specific combinations of imaging services furnished in a single session. CMS has added procedure codes 72159, 73225, 74176-74178 and 75571-75574 to the MPPR.

**CMS- 2011 Multiple Procedure Payment Reduction (MPPR) for Therapy Services**

In 2011, reimbursement for therapy services will decrease when multiple therapy services are billed on the same date of service for the same patient by the same provider or facility. CMS will apply a 25% reduction to the practice expense value of “always therapy” codes instead of the original proposed amount of 50%.

**CMS – Phase 2 Claim Editing for Ordering/Referring Providers Delayed**

CMS announced that the automated edits scheduled to be turned on effective January 3, 2011 will be delayed. Previously, CMS announced that beginning January 3, 2011, if certain Part B billed items and services required an ordering/referring provider and the ordering/referring provider is not on the claim, is not a profession that is permitted to order/refer or does not have an enrollment record in PECOS, the claim will not be paid. CMS advises providers to verify and if necessary take action now to enroll in PECOS.
Minimally Invasive Lumbar Decompression (mild)
Highmark Medicare has released the following information on billing the mild procedure for treatment for pain caused by central lumbar stenosis. The mild procedure is performed under fluoroscopic guidance to resect bone and hypertrophic ligamentum flavum in order to increase the diameter of the spinal canal. Procedure code 64999, Unlisted procedure, nervous system should be used to report the procedure. Report 64999 with a unit of one and include the term “mild” in the Remarks section. Highmark Medicare states that procedure code 63030 should not be used to report the mild procedure, as it does not accurately describe the service performed.

Shaving of Epidermal or Dermal Lesions vs. Routine Foot Care
Highmark has uncovered a deviance in the reporting of CPT codes 11305-11308 (shaving of epidermal or dermal lesion, scalp, neck, hands, feet, genitalia). According to Highmark these codes are being reported in cases that are actually routine foot care. It is not appropriate to bill CPT codes 11305-11308 for the removal of corns and calluses of the feet. These lesions are considered routine foot care and should be reported with CPT codes 11055-11057 (paring or cutting of benign hyperkeratotic lesions).

It is reasonable to report shave epidermal or dermal lesions on the foot and/or ankle area when the procedure performed is covered under the Local Coverage Determination (LCD). The diagnosis code reported must reflect the reason the service was performed. For more information, go to: https://www.highmarkmedicareservices.com/bulletins/all/news-12082010a.html

BARIATRIC SURGERY IN ADOLESCENTS
Effective January 1, 2011 UHC has indicated the following bariatric surgeries are proven for the treatment of obesity in adolescents: Gastric bypass (Roux-en-Y; gastrojejunal anastomosis), and adjustable gastric banding (laparoscopic adjustable silicone gastric banding).

For more information go to: https://www.unitedhealthcareonline.com

Can You Code It ...
What new 2011 CPT add-on code would you use to report “Stereotactic computer-assisted (navigational) procedure; cranial, extradural”

LAST MONTHS ANSWER
Answer: 278.03

Medicare Part B Deductible 2011
Deductible: $162 a year
Coinsurance: 20%

Anthem Outpatient Lumbar Spine Surgeries Clinical Review
Effective February 1, 2011, Anthem will require pre-certification for all outpatient lumbar spine surgeries. Clinical review will be completed for lumbar discectomy, lumbar laminectomy and lumbar fusions.

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