

CODING & BILLING NEWS

FACET NERVE BLOCKS -2010

2010 Changes are here. Medicare is once again beginning to reimburse claims. The new fee schedule has been published. Fees are being slashed for each additional level. Fluoroscopy is now bundled into the facet procedure with the total number of levels allowed is 3. In addition, please remember, only 3 levels per "anatomic" region are accepted in a 6 month period. Coding correctly the first time is essential. Be very careful when choosing the diagnosis code. Medicare is monitoring the documentation of the procedure. The documentation should include:

- Patient Name, DOB, DOS and ID #
- Procedure: RT L4-L5 Facet therapeutic injection of Celestone & Marcaine
- Clinical Information: Patient's age, sex and brief pertinent clinical history justifying the procedure, e.g., "45 y/o man with chronic right lower back and right buttock pain worse with exercise; MRI reveals RT L4-5 facet and periarticular inflammation and hypertrophic osteoarthritis."
- Technical information including "informed consent signed along with description of the procedure describing medications, dosage needle placement into EACH level. Indicate pre-injection pain level compared with post-injection pain level.
- Interpretation & results; any abnormalities of spot radiographs; confirmation of needle placement. Indicate whether the needle was intra-articular and that joint space was opacified along with type, concentration and amount of injectate into joint(s). Report time of procedure and post procedure and discharge status and conclusion.

SYNVISIC BILLING CHANGE

Synvisic Billing

HCPCS J7322 was deleted in 2010 and replaced with J7325. The proper way to bill is for the injection

20610 – RT/ LT or 50

Diagnosis: 715.16
715.26
715.36
715.96

The NDC # is also mandatory when billing and many carriers require "EJ" modifier on the second and third subsequent injections. Therefore, it is ESSENTIAL that physicians communicate on their superbills, RT / LT or Bilateral as well as the # in the series of the injection.

If doing bilateral; best way:

J7325 RT
J7325 LT 59
(2nd inj) J7325 RTEJ
J7325 LT EJ 59

95921 (59)	\$78.09	\$ 90.78	\$150
95922 (59)	\$96.10	\$110.52	\$150

TOTAL BUSINESS CONSULTING

4899 Highway 17 Bypass S, Myrtle Beach, SC 29577

Phone: (843) 293-9966 Fax: (843) 293-9968 Email: trish@tbbilling.com

BILLING NECESSITIES

Each practice should do the following to ensure greater profitability and efficiency in THEIR practice regardless of in-house or outsourced.

- * Charges completed and Billed DAILY
- * Cross check against schedule to make sure no charges are missed
- * EOB's must be entered / sent to billing on a "DAILY" basis with an accompanying "deposit slip" or balanced sheet. When payments are sent or reconciled once / week month; it is difficult to "balance" payments and to get follow up done on a "routine" consistent basis. This has a NEGATIVE impact on the profitability of the practice.
- * Notes for WC and Auto claims
- * Legible and complete superbill with appropriate modifiers and diagnosis'
- * Co-pays and co-pay sheet balanced and collected daily
- * Communication between Registration and Billing regarding any change in patient's insurance information.
- * Physicians must document exact dosage of meds given in order for us to code the appropriate units and not lose \$\$\$ on medications.

(especially for high \$\$ items)

Worker's Compensation and Auto injury Claims MUST have:

***Date of Injury
Compensable diagnosis
Name and phone of caseworker
Employer information
Attorney if claim in litigation as well as LOP
(letter of protection) when appropriate***

***Notes and Proper Forms (C-4, LIBC 9...
Must be done at the time of service so billing is done the same day and claims are NOT held up. A large % of the practices A-R results from the inefficiencies of the offices getting this information timely and consistently.***

KEY HEALTH is a company that will "BUY" accounts that have a "lien" or "LOP" and will pay PROVIDERS up to 35% within 30 days of the date of service. This keeps the cash flow up and may be another "option" for practices that have a large auto/PIP percentage.

"Total Revenue Enhancements" for today's Physician.

UDS 80101 OR G0431?

What does Medicare really want?

- 2010 brought new codes to the Urine Drug Screening POTC. Currently many practices are billing for only 9 units (as recommended by other consultants) while others are billing for 12 units when screening for each separate drug class as per CPT guidelines. This alone has resulted in confusion over the years.
- 2010 Medicare is now adding two new codes- G0430 and G0431. There is even more controversy over this. Will it only be one unit? Do we need a modifier? When should it start to be billed? Medicare's last information is:

“New test code G0431 is a direct replacement for CPT Code 80101.

However, CMS is delaying this replacement until April 1, 2010.

Similarly, from January 1, 2010 through March 31, 2010, when performing a qualitative drug screening test for a single class of drugs, regardless of the testing methodology, those clinical laboratories that do not require a CLIA certificate of waiver should bill new test code G0431. Those clinical laboratories that do require a CLIA certificate of waiver should continue to utilize CPT Code 80101QW.

Further direction on this matter will be provided by April 1, 2010.”

MLN Matters® Number:

SE1001 Related Change Request Number: 6657

Note the verbiage, “that do NOT require a CLIA waiver” Therefore, it is NOT necessary to append the QW modifier with G0431.

Best advice? Expect the best, but prepare for the WORST! Get ready to implement other changes to keep that needed revenue stream. AND.... Until there is a definite policy, keep billing 80101 QW and keep watching those EOB's closely.

CONSULTATIONS

Medicare is NOT paying for Consultation codes in 2010. Inpatient or Outpatient Consults.

This is another type of revenue loss for the “specialists” as consultation codes usually yield approximately 33% higher revenue.

- ***CPT still has “consultations” listed; therefore for Commercials, WC and other carriers it is still appropriate to bill for consultations until they beginning implementing “Medicare’s rules”. However, as Cigna, Empire etc., are also Medicare intermediaries; expect the limit for payment to be minimal.***
- ***Inpatient admitting physicians need to bill with an AI modifier and all others should bill new or subsequent inpatient codes.***

Other News:

For those of you using ANSAR (autonomic nerve testing) please know that for the 7th consecutive year Medicare has increased reimbursement. It wasn't a large increase but it does prove that Medicare and the medical industry realize that this is a valuable service for patients. So keep doing those tests on any patients that have

- Hypertension
- Syncope
- Diabetes
- Neuropathy
- Pain changes
- Insomnia
- CHF
- Neuralgia
- Myofascial Pain.....

For more information on this contact: Scott @ Haltco & Associates, Inc. - (843) 293-6855 or (703) 622-8556

95921	183.09	78.09	90.78
95922	101.16	06.10	110.52

CHANGES FOR TBC / TRES

TB CONSULTING & BILLING has hired a new Administrator, Angie Hannum. Angie has pain management billing & coding experience and comes to us from Horry Georgetown College. She is a “native” of Myrtle Beach where she resides with her husband, Rick and two year old twins; Ryder and Skylar. A previous business entrepreneur herself, Angie recognizes the need for continued, open communication with our clients and is always available to answer and meet your needs. With Angie’s assistance, we will be able to provide ongoing training and education to all of you and strive to keep you informed on any and all industry changes. Help us by also monitoring your EOB’s. All of you that don’t have access to Zirmed clearinghouse or still need training on navigating YOUR account; please call and schedule training. We need to work together in tracking and getting paid for each service provided.

Also, those of you having any questions, billing, coding compliance or would like to see something specific in next month’s newsletter shoot me an email. Always looking for new articles of interest.

Total Business Consulting

4899 Highway 17 Bypass S
Myrtle Beach, SC 29577
Phone: 843.293.9966 or Fax: 843.293.9968

Total Revenue Enhancement Specialists, Inc.

186 Valencia Circle
ST Petersburg, FL 33716
Phone: 727.475-9993 or Fax: 727. 346-5082

Thanks again and please let me know if any of you have any questions or need more information.

Trish Halterman, CMM, CPC, CMSCS, CMPE