

# Internal Medicine Coding Alert

## Get the Lowdown On Reporting Special Services

### New and revised codes may result in greater coverage

Although Medicare doesn't reimburse codes for special services, using 99050-99060 may be worth your time in 2006.

Because many insurers don't pay for special services, many coders haven't been using 99050-99060 (Special services, procedures and reports). Companies often wanted additional documentation to describe the special service, says **Tammy Trench, CPC**, accounts receivable technical adviser at Apex Practice Management in Oklahoma City. Even with the added information, payers would deny the charge. "So we stopped using the codes," she says.

The subsection's greater specificity may improve your chances for payment. Because the codes contain clearer definitions, the changes may open the door to more coverage, says **Tina Landskroener, CCS-P, CPC**, senior director of compliance at Quincy Medical Group in Illinois. Payers will have a better understanding of when the codes apply.

Payment, however, will remain carrier-specific. Medicare still considers 99050-99060 bundled services that the day's service includes.

**Tip:** When a private-payer contract comes up for renewal, try to add special-services coverage. "If you show an insurer how much money in-office care saves the company over emergency-department care, the payer may decide to cover the codes," says **Kim Kieke, CPC**, a coding quality specialist at a multi-specialty clinic with over 60 family physicians in Austin, Texas.

**Last bet:** If the insurer refuses coverage, include in the contract a statement that says 99050-99060 are noncovered services, Kieke says. This will allow you to collect the additional charge from the patient.