

Internal Medicine Coding Alert

READER QUESTIONS : Coding for Supplies Depends On POS

Question: Can I use 99070 to report the use of supplies at our office?

Colorado Subscriber

Answer: The AMA and Medicare already factor essentials into a code's values on the physician fee schedule. If you're doing a procedure in the office that requires tools, surgical trays, or other supplies, the reasonable expectation is that you will be using equipment and that those costs have been accounted for in the price's procedure.

The site of service differential in the Medicare fee schedule, which pays more for this procedure when done in the office vs. a facility, is meant to include these supplies and services.

For example, if the internist does a biopsy in the office (such as 11100, Biopsy of skin, subcutaneous tissue and/or mucous membrane [including simple closure], unless otherwise listed; single lesion), he will use equipment to do it, and he may need to close the biopsy site with simple closure by suture or bandage. These supplies are considered bundled into the biopsy code and are not separately billable.

Exception: Private payers that do not follow the Medicare fee schedule might not include supply costs in their payments. In these cases, you could be paid for the item(s) by reporting 99070 (Supplies and materials [except spectacles], provided by the physician over and above those usually included with the office visit or other services rendered [list drug, supplies, or materials provided]) for items that incur a cost in the office (POS 11). Check with the commercial payer to determine if this service is separately billable.