Part B Insider (Multispecialty) Coding Alert

2006 RVUS: Gain 1 Extra RVU For Documenting Postprocessing

But new intracranial procedures have no RVUs at all

You can't count on your new CPT codes until Medicare "hatches" RVUs for them. Luckily, coders and billers are pleased with many of the new reimbursement rates for new CPT codes.

The **Centers for Medicare & Medicaid Management Services** has released the RVUs for these codes as part of its physician fee schedule final rule, but you can't be sure of the conversion factor yet. Unless Congress takes action, each RVU will be worth 4.4 percent less next year than this year.

Neurology: Many providers had worried that they would lose out on electromyography for needle-placement. Currently you can **bill 95870** for this service, but next year you'll use 95873 (for electrical stimulation) or 95874 (for needle EMG). Providers had worried 95873-95874 would pay less than 95870, but in fact they reimburse the same amount, around 0.78 non-facility RVUs.

This is great news, although the RVUs for a new code frequently change after the first year or two, notes **Marvel Hammer**, president of **MJH Consulting** in Denver. She's surprised to see that the reimbursement levels for E-stim and needle EMG are the same, given the expense of an EMG machine.

Radiology: You won't lose out if you perform 3-D reconstructions in the non-facility setting. This year, you're billing 76375 for 3-D or holographic reconstructions, and receiving 3.94 RVUs. But CPT 2006 deletes 76375 and replaces it with two codes: 76376 (3-D reconstruction without postprocessing) and 76377 (...with postprocessing). You can't use either of these codes for non-3-D reconstructions. (See PBI, Vol. 6, No. 38.)

If you use postprocessing, you can receive 4.88 RVUs, nearly a whole RVU more than you would have gotten last year. But if you don't use postprocessing, then your payments drop slightly to 3.80 RVUs.

Good news: This is a nice boost to providers that routinely do postprocessing, says **Jeff Fulkerson** with **Emory Healthcare** in Atlanta. It's important to document that postprocessing happened on a separate station and what the images showed.

Also, you can receive 3.44 RVUs for performing a central venous access device assessment (36598).

Vascular surgery: Another boost: new mechanical venous thrombectomy codes 37184 and 37187 pay 12.57 RVUs and 11.69 RVUs respectively. This is a lot more than existing mechanical thrombectomy code 36870, which only pays 8.60 RVUs. Fulkerson speculates that the new codes cover more complex operations than a simple AV fistula, such as the femoral artery. And you can gain an extra 4.60 to 8.45 RVUs by billing new add-on codes 37185, 37186 for additional vessels and 37188 for a repeat treatment.

Orthopedics: The new kyphoplasty codes (22523-22525) pay on average 0.7 more RVUs than the vertebroplasty codes (22520-22522), which were introduced last year. Fulkerson says it makes sense to pay more for kyphoplasty, which is an expanded version of vertebroplasty, but the added complexity should have been worth more than 0.7 RVUs.

Urology: And you should notice whether your physician only removes (50389) or replaces (50387) an externally accessible transnephric uretral stent. Removal only reimburses 1.54 in the facility setting, but replacement reimburses 2.79 RVUs.

Stent Replacement Boosts Pay

You can receive 6.19 RVUs when your physician removes an internal ureter stent (50384) in the non-facility setting, and 7.71 RVUs when the physician replaces a internal ureter stent (50382). Pulling out an existing stent is a lot of work, and then "putting in the new one is a job in itself," says Fulkerson.

Bonus: You'll receive more than twice as much for 50592 (Radiofrequency alation of renal tumors) than for existing code 47382 (Ablation, one or more liver tumors, percutaneous, radiofrequency)--22.22 RVUs versus 10.17, in the facility setting.