

Part B Insider (Multispecialty) Coding Alert

Code Additions: CMS Announces Debut of 5 New Codes

Look to your MAC for payment information.

Although most practices don't typically equate May with new CPT® and HCPCS codes, CMS offered a surprise this week when the agency released several new codes, each with effective dates that hit long before 2016.

On May 15, CMS released MLN Matters article MM9152, which outlines the changes that the agency has selected for its July 2015 quarterly update, including the following new codes, with effective dates as follows:

- 0392T Laparoscopy, surgical, esophageal sphincter augmentation procedure, placement of sphincter augmentation device (ie, magnetic band), Effective July 1, 2015
- 0393T Removal of esophageal sphincter augmentation device, Effective July 1, 2015
- 90620 Meningococcal recombinant protein and outer membrane vesicle vaccine, Serogroup B, 2 dose schedule, for intramuscular, Effective Feb. 1, 2015
- 90621 Meningococcal recombinant lipoprotein vaccine, Serogroup B, 3 dose schedule, for intramuscular use, Effective Feb. 1, 2015
- 90697 Diphtheria, tetanus toxoids, acellular pertussis vaccine, inactivated poliovirus vaccine, Haemophilus influenzae type B PRP-OMP conjugate vaccine, and hepatitis B vaccine (DTaP-IPV-Hib-HepB), for intramuscular use, Effective Jan. 1, 201

Don't Expect a Big Payday

CMS has assigned new codes 0392T and 0393T procedure status "C," which means that carriers will assign prices to the codes.

The new vaccination codes 90620, 90621 and 90697 have been slated as procedure status "E," which stands for "Excluded from Physician Fee Schedule by regulation...No RVUs are shown, and no payment may be made under the fee schedule for these codes. Payment for them, when covered, generally continues under reasonable charge procedures." However, the HCPCS coverage code for these are all "C," which means coverage is up to carrier judgement.

Therefore, if you are planning to report any of the new codes, contact your MAC and ensure that coverage has been assigned so you'll know the payment amounts. If the carriers indicate non-coverage, ask the patient to sign an advance beneficiary notice (ABN) ahead of time.

These codes are in addition to new codes Q5101 and Q9976-Q9978 that you read about in Vol. 16 n 18 of the Insider.

Resource: To read all of the July quarterly changes, visit

www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNMattersArticles/Downloads/MM9152.pdf.