

Part B Insider (Multispecialty) Coding Alert

Don't Throw Away Reimbursement On Thoracic Surgery

Keep your eyes peeled for coverage of left subclavian artery origin--it can make a big difference to your bottom line.

You'll receive 42.31 RVUs (in a facility) when your surgeon performs an endovascular repair of the descending thoracic aorta without coverage of the left subclavian (33881). But for a procedure with that coverage (33880), you'll receive 49.25 RVUs. Also, pay attention to additional proximal extensions: You'll get 31.31 RVUs for the first extension (33883) but another 11.64 RVUs for each additional extension (33884).

You can receive 27.04 RVUs for new code 33886 when your surgeon has to come back on a later date to place a distal extension prosthesis that was delayed. If your surgeon transposes the open subclavian to the carotid artery (33889), you'll receive 23.28 RVUs, or 29.70 RVUs if the physician places a "proximal extension" prosthesis (33891).

Medicare will pay 1.66 to 1.83 non-facility RVUs for chemodenervation of the ecrine glands (64650-64653). Medicare will pay 4.00 RVUs for stereoscopic X-ray guidance (77421), and 1.84 RVUs for simple (77422) and 2.39 RVUs for complex (77423) neutron beam transmission.

The new codes for initial nursing facility care (99304-99306) will have 1.74 RVUs, 2.31 RVUs and 2.85 RVUs respectively. Miscellaneous nursing facility code 99318 will have 1.74 RVUs.

CPT Codes 2006 also added new codes for several laparoscopic intestinal surgeries, and CPT codes 44180-44188 will pay between 15.84 RVUs and 28.71 RVUs in the facility setting. Laparoscopic closure of an enterostomy (44227) will pay 40.13 RVUs.

New code 28890 (High-energy ESWT, plantar fascia) pays 9.44 non-facility RVUs and 5.80 facility RVUs.

Start paying attention when your Ob-Gyn performs an endometrial biopsy in addition to a colposcopy--you can start receiving 1.41 RVUs, or 1.17 in the facility setting, for billing add-on code 58110 (Biopsy done with colposcopy) next year. Also, you'll be able to receive 12.80 RVUs when you bill vaginal graft revision code 57295 in the facility setting.