

Part B Insider (Multispecialty) Coding Alert

HCPCS 2010: CMS Debuts New Synvisc Code

Plus: CMS makes key changes to ABN modifiers.

Hot on the heels of the new CPT codes, CMS follows suit by publishing the 2010 HCPCS code set, posted on the CMS Web site on Nov. 3. You'll find scores of changes, with the following a small sampling of what you'll face in 2010:

Synvisc: HCPCS will delete existing code J7322 (Hyaluronan or derivative, Synvisc, for intra-articular injection, per dose) and introduce J7325 (Hyaluronan or derivative, Synvisc or Synvisc-One, for intraarticular injection, 1 mg).

This change puzzles some coders, since the fees for Synvisc are vastly different than the fees for Synvisc-One. Keep an eye on your carrier's policies to see how they advise reporting new code J7325.

Penicillin injectible: In 2010, you'll find the debut of code J0559 (Injection, penicillin G benzathine and penicillin G procaine, 2500 units). With the introduction of this code, HCPCS will delete the previous penicillin J codes J0530-J0550.

Neurology injectible: HCPCS will debut J0586 (Injection, abobotulinumtoxinA, 5 units), a new code to represent the neurotoxin AbobotulinumtoxinA. Coders were previously reporting J3490 (Unclassified drugs) for this product.

Bleeding injectible: You'll also find new code J1680 (Injection, human fibrinogen concentrate, 100 mg) available to you in 2010. Practitioners use this product when treating bleeding episodes.

Advance beneficiary notices

(ABNs): CMS will update the ABN modifiers effective April 1, according to MLN Matters article MM6563, dated Oct. 29. The ABN descriptors will read as follows:

- Modifier GA -- Revised to read, "Waiver of liability statement issued as required by payer policy." You'll use this when a **required** ABN was issued.
- Modifier GX -- New modifier defined as "Notice of liability issued, voluntary under payer policy." You'll append this modifier to claims when you've issued a **voluntary** ABN.

Currently, you can append modifier GA when you issue the ABN for either required or voluntary reasons, says **Zia Clarkson**, a coding, reimbursement, and practice management consultant in Long Island, N.Y.

Keep in mind: When you know an item is statutorily non-covered, you don't have to issue an ABN and submit the claim to your carrier with a modifier appended, but you can.

You can collect for these services at the time of the visit, says **Shelly M. Kirk, CPC**, with Tennessee Orthopaedic Clinics in Knoxville.

You can download the new HCPCS codes at www.cms.hhs.gov/HCPCSReleaseCodeSets/ANHCPCS/list.asp#TopOfPage. For more on the new ABN modifiers,

visit www.cms.hhs.gov/MLNMattersArticles/downloads/MM6563.pdf.