

## Part B Insider (Multispecialty) Coding Alert

### OTOLARYNGOLOGY: Contact Your Carrier Now To Ensure Apnea Coverage

#### Don't let 'mental health' edits drive you up the wall

It's been a year since the ICD-9 update committee announced 21 new codes for sleep disorders (327.01-327.29)--and yet some Medicare carriers still won't accept them.

**Watch out:** Many coders report that Part B carriers will only pay for sleep studies or bariatric surgeries when they are linked to the old apnea codes (780.51-780.57). Those 780.5x codes are no longer the correct codes, because they now only cover -unspecified- apneas--but carriers will still recognize them.

Some carriers may be accepting the 327.xx codes for sleep studies and office visits, but not for bariatric surgery, reports **Jill Young**, consultant with **Young Medical** in East Lansing, MI. Providers are reporting the most problems with the commonly billed obstructive sleep apnea (327.23) but chances are all of the 327.xx codes are causing problems, says Young.

**Reasons:** Some carriers may refuse to pay for 327.xx codes because they still haven't gotten their systems updated, say experts. Carriers say they haven't gotten the new ICD-9 codes loaded into their system yet, says Young.

Also, the 327.xx codes may be falling afoul of carriers- -mental health edits,- because they're close to the mental health section of the ICD-9 book. Some carriers will reject the 327.xx codes with a message that the provider submitted the claims to the wrong carrier.

Others will apply a 50 percent mental-health discount, says Young.

Another problem is that the descriptor for 327.23 doesn't mention daytime hypersomnia, which the old apnea code 780.53 specified. It's possible that some carriers don't want to pay for sleep studies for patients unless they have symptoms of daytime somnolence, speculates **Pierre Edde**, a pulmonologist and founder of **PCS Billing** in Uniontown, PA.

**What to do:** Don't just keep using the unspecified 780.5x series of codes, experts urge. These codes may lead to payment, but they're incorrect codes and could lead to overpayments. Instead, you should keep using the 327.xx codes and educate your carrier to make sure your carrier has the correct codes in its system.