

Part B Insider (Multispecialty) Coding Alert

PAIN MANAGEMENT: Make Sure You Follow Medicare's New Nerve Injection Modifier Rules

CMS changes could put more money in your pocket

As every coder knows, CMS updates can contain helpful surprises that can make your job a little easier. One of the latest updates, issued last month, is no exception to the rule.

Bilateral Status Indicators Change

Effective April 1, many of your 644xx somatic nerve procedure codes changed their bilateral status indicators to 1, which means that Medicare will allow you to report bilateral services and will process them for payment, says **Marvel J. Hammer, RN, CPC, CCS-P, ACS-PM, CHCO**, with **MJH Consulting** in Denver.

-Previously, these codes carried a 0 status indicator, which meant that whether you reported the code with modifier 50 (Bilateral procedure) or with the modifiers RT and LT (Right side and Left side), Medicare would only allow processing of a single injection,- Hammer says.

Opportunity: This is a prime example of how a little legwork can help you play it safe. -Always check with the Medicare Physician Fee Schedule Database,- says **Annette Grady, CPC, CPC-H, CPC-P, CCS-P**, compliance auditor at The Coding Network. This is a simple way to keep up with the -indicators letting you know which codes are valued as unilateral and modifier 50 is applicable, and which ones are already valued as bilateral and no modifier 50 is indicated,- she says.

Tip: You can search the fee schedule online at the CMS site www.cms.hhs.gov/pfslookup/.

CMS Offers Even More Changes

How could CMS possibly im-prove on these changes? The news gets even better--CMS made the changes retroactive to Jan. 1.

Some of the procedures listed include the following:

- 64405--Injection, anesthetic agent; greater occipital nerve
- 64415--- brachial plexus, single
- 64425--- ilioinguinal, ilio-hypogastric nerves
- 64447--- femoral nerve, single.

Where to look: A complete list of the codes that this change affects begins on page 6 of the transmittal. Check it out on the CMS Web site at www.cms.hhs.gov/transmittals/downloads/R1482CP.pdf.

Payers May Wait on Changes

Don't count your coding chickens before they hatch, though. In spite of all this good news, there may still be one potential setback.

-We need to remember that, although these changes are applicable to Medicare for 2008 dates of service, many commercial payers only update their fee schedule files annually,- Hammer says. She says that many payers may not



implement any of these changes until January 2009 at the earliest.

Check Out New Tracking Codes

Another important reason for many coders to be excited: For coders who are looking at reporting the category II tracking codes--or those who already do so--this latest CMS update also includes a new tracking code series--1130F-1137F.

Each of the new codes in this series will capture specific performance measures related to back pain and function assessment.

Why you-II use the codes: Code 1130F (Back pain and function assessed, including all of the following: Pain assessment and functional status and patient history, including notation of presence or absence of -red flags- [warning signs] and assessment of prior treatment and response, and employment status) is the sole new code from this series designated specifically for function assessment.

The remainder of the codes--1134F through 1137F--describe specific durations for periods of back pain.