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# Part B Insider (Multispecialty) Coding Alert

## Part B Payment: CMS Offers Great News With Fee Schedule Changes

**Boost co-surgery, multiple surgery, and bilateral surgery pay for these select procedures.**

You'll no longer have to eat the cost of your services if your physician acts as co-surgeon on spine revisions, thanks to several Fee Schedule changes that CMS recently enacted. CMS had good news in MLN Matters article MM7430, which had an effective date of Jan. 1, 2011 and an implementation date of July 5, 2011.

**Look for Potential Co-Surgery Payment for These Codes**

CMS will change the co-surgery indicator for spine revision codes 22212 and 22222 from "0" (Co-surgeons not permitted) to "1" (Co-surgeons could be paid, supporting documentation required to establish medical necessity of two surgeons for the procedure). Keep in mind that supporting documentation is required when billing for a co-surgeon with these procedures, so don't forget to submit that with your claim or you'll be looking at bad news.

Remember: If you're billing for co-surgery, append modifier 62 (Two surgeons) to your procedure code. For modifier 62 claims, most payers pay an additional fee (generally 125 percent of the "usual" fee for the procedure, split evenly between the two surgeons). Avoid reimbursement problems by checking these claims carefully. To claim co-surgeons, each surgeon must perform a distinct portion of a single CPT procedure, and each surgeon must dictate and submit his own operative report for his portion of the surgery.

**Benefit From Surgical Assist Changes**

Practices that perform sinus endoscopies will also get a potential boost from the fee schedule changes, now that you'll see the assistant at surgery indicator change for codes 31233 and 31235 from "1" (Assistant at surgery may not be paid) to "0" (Payment restrictions for assistants at surgery applies to this procedure unless supporting documentation is submitted to establish medical necessity).

You'll append modifier 80 (Assistant surgeon) to the assistant's surgical codes if the assisting surgeon is a physician. In cases when a non-physician assists at surgery on Medicare patients, append modifier AS (Physician assistant, nurse practitioner, or clinical nurse specialist services for assistant at surgery) instead.

Note that supporting documentation must be submitted to establish medical necessity for the surgical assist.

**Enjoy Good News for Bilateral Procedure**

Continuing on the positive streak, CMS has changed the bilateral surgery indicator for Abdominal/pelvic CT scan code 74176-TC from "0" to "1." This means that although the 150 percent bilateral payment adjustment did not apply to this service in the past, CMS will now allow payment for the bilateral procedure as long as youapply the bilateral modifier (either modifier 50 [Bilateral procedure] or modifiers RT [Right side] or LT [Left side], depending on payer preference).

To read the complete MLN Matters article, visit www.cms.gov/MLNMattersArticles/downloads/MM7430.pdf.

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