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# Part B Insider (Multispecialty) Coding Alert

## Part B Payment: It's Only February -- And CMS Is Already Changing Its Fee Schedule

**The bad news appears to outweigh the good news, unfortunately.**

When it comes to changing the nearly brand-new 2011 Fee Schedule, CMS doesn't waste any time. On Feb. 4, the agency announced several changes to payment indicators that will impact the amounts that you collect from your MAC.

The agency had good news -- but even more bad news -- in MLN Matters article MM7319, which had an effective date of Jan. 1 and an implementation date of April 4.

**Look for Higher Co-Surgery Payment For This Code**

CMS will change the co-surgery indicator for 57155 (Insertion of uterine tandems and/or vaginal ovoids for clinical brachytherapy) from 0 (Co-surgeons not permitted for this procedure) to 2 (Co-surgeons permitted; no documentation required if two specialty requirement is met). This means that you will be able to collect when two surgeons perform separate and distinct portions of this procedure. See our sidebar on cosurgeons below for more on how to report these codes.

The bad news: Your bilateral surgery pay will unfortunately drop when you perform chemodenervation, thanks to one of the new changes. The bilateral surgery indicator for 64613-64614 (Chemodenervation of muscle[s]...) will go from 1 (150 percent payment adjustment for bilateral procedures applies) to 2 (150 percent payment adjustment for bilateral procedure does not apply.) CMS rules now indicate that the RVUs for this code series are already based on the procedure being performed bilaterally.

Likewise, the bilateral surgery indicator for 77071 (Manual application of stress performed by physician for joint radiography, including contralateral joint if indicated) will change from 3 (200 percent payment adjustment for bilateral procedures apply; modifier 50 appropriate if performed bilaterally) to 2.

"This could be a big drop for practices that were collecting twice the reimbursement and now will get no payment adjustment," says **Randall Karpf,** a coding and billing consultant in East Hartford, Conn. "However, since the descriptor refers to inclusion of the contralateral joint, it would be hard to argue the fact that the code is inherently bilateral."

You'll find that the multiple surgery indicator for 93464-26 (Physiologic exercise study [eg, bicycle or arm ergometry] including assessing hemodynamic measurements before and after [List separately in addition to code for primary procedure]; Professional component) will change from 2 (Standard payment adjustment rules for multiple procedures apply) to 0 (No payment adjustment rules for multiple procedures apply).

Plus: CMS will change the global days for codes 31579 (Laryngoscopy, flexible or rigid fiberoptic, with stroboscopy) and 92511 (Nasopharyngoscopy with endoscope [separate procedure]) from XXX (Global concept does not apply) to 000 (Endoscopic or minor procedure with related preoperative and postoperative relative values on the day of the procedure only included in the fee schedule payment amount; evaluation and management services on the day of the procedure generally not payable).

**Check Out Discontinued CPT and HCPCS Codes**

Medicare contractors will no longer pay for H1N1 vaccine codes 90470 or 90663 for dates of service on or after Jan. 1, 2011, which are processed on or after April 4, MLN Matters article MM7319 notes.

Likewise, CMS has halted payment for the following HCPCS codes for dates of service on or after April 1, processed on or after April 4:

- Q1003 -- New technology intraocular lens category 3 (reduced spherical aberration
- S2270 -- Insertion of vaginal cylinder for application of radiation source or clinical brachytherapy (Report separately in addition to radiation source delivery)
- S2344 -- Nasal/sinus endoscopy, surgical; with enlargement of sinus ostium opening using inflatable device (i.e., balloon sinuplasty)
- S3905 -- Non-invasive electrodiagnostic testing with automatic computerized hand-held device to stimulate and measure neuromuscular signals in diagnosing and evaluating systemic and entrapment neuropathies

To read the MLN Matters article profiling the Fee Schedule changes, visit www.cms.gov/MLNMattersArticles/Downloads/MM7319.pdf.

**New Botox Code Makes Debut**

In addition to changing various aspects of the Fee Schedule, CMS also announced the introduction of new HCPCS code Q2040 (Injection, Incobotulinumtoxin A, 1 Unit) effective April 1. CMS has assigned the code a status indicator of X (Exclusion by law), which means that the code is not defined as a "physician service" but may still be payable under Part B by other entities.

To read the complete MLN matters article MM7299, which discusses the new code Q2040, visit www.cms.gov/MLNMattersArticles/Downloads/MM7299.pdf.