

Part B Insider (Multispecialty) Coding Alert

Part B Payment: Look for RVU, Diagnostic Supervision Changes in April

Carriers also add new G-code for documentation of medical indication of induction

RVU adjustments, descriptor changes, corrected indicators for supervision of diagnostic services, and the introduction of a G-code to Medicare contractors' systems are all part of the April update to Medicare's April Update to the 2014 Physician Fee Schedule.

Most of the changes called for in Medicare's Change Request CR 8664 are effective April 1, although some are effective as of January 1, says CMS.

Find Prostate Needle Biopsy Descriptor Changes

One set of changes in the April update concerns the short descriptors for CPT® codes G0416-G0419 (Surgical pathology, gross and microscopic examination, for prostate needle biopsy, any method...). The update removes an error in the previously released 2014 short descriptors that described the procedures as "Sat biopsy prostate," according to a statement from the American Urological Association. The update removed the term "sat" from the procedures:

- G0416 □ Biopsy prostate 1-20 spc
- G0417 □ Biopsy prostate 21-40
- G0418 □ Biopsy prostate 41-60
- G0419 □ Biopsy prostate: >60

These changes become effective April 1.

RVUs Boosted for Respirator Motion Management

If your practice provides respiratory management 3-D radiotherapy (IMRT) plans for patients, you saw the introduction of add-on code +77293 (Respiratory motion management simulation [List separately in addition to code for primary procedure]) in CPT® 2014. In these cases, in addition to a 3-D radiotherapy plan or IMRT plan, the patient has a respiration□correlated or 4-D CT simulation study performed.

In a 4-D CT, a respiratory sensor is placed on the patient's chest or abdominal area. The patient breathes normally and the respiration signal is recorded along with the CT planning scan. Reconstruction of the images is performed using the CT and respiration data from each portion of the breathing cycle. This provides more efficient targeting of radiation, tracking the motion of radiation targets as the patient breathes.

The April Fee Schedule Update revises the non-facility PE (physician expense) RVUs for +77293 as follows:

- 77293: 10.72 (raised from 9.96)
- 77293-TC: 9.92 (raised from 9.16)

Don't miss: According to CPT® instructions, you should report +77293 with codes 77295 (3-dimensional radiotherapy plan, including dose-volume histograms) and 77301 (Intensity modulated radiotherapy plan, including dose-volume histograms for target and critical structure partial tolerance specifications).

These changes become effective April 1.

New G-Code Documents Medical Indication for Early Induction

The April Update also adds a G-code to your Medicare contractor's system: G9361 (Medical indication for induction [Documentation of reason(s) for elective delivery or early induction ...]).

Practitioners would report this code as part of the Physician Quality Reporting System (PQRS) Measure 335: "Maternity Care: Elective Delivery or Early Induction Without Medical Indication at ≥ 37 and < 39 Weeks."

CMS's PQRS guidelines describe code G9361 as one of three possible numerators for this measure, which describe the specific clinical actions required by the measure for performance. The other two possible numerators are G9355 (Elective delivery or early induction not performed) or G9356 (Elective delivery or early induction performed). Both codes were introduced in CPT® 2014.

"This measure is to be reported **each time** a procedure is performed for patients undergoing elective delivery or early induction during the reporting period," directs CMS.

These changes are effective April 1.

Note Changes in Diagnostic Imaging Supervision Levels

Diagnostic radiology practitioners will also want to take note of the changes to the Physician Supervision of Diagnostic Procedures indicators to the technical components (TC) of several diagnostic radiology procedures.

Level 1: CMS has labeled the below procedures with supervision indicator 1, meaning that the procedure must be performed under the general supervision of a physician. The procedure is furnished under the physician's overall direction and control, but the physician's presence is not required during the performance of the procedure.

- 70450-TC □ Computed tomography, head or brain; without contrast material
- 70551-TC, 72141-TC, 72146-TC, 72148-TC □ Magnetic resonance (e.g., proton) imaging ...without contrast material
- 93880-TC, 93882-TC □ Duplex scan of extracranial arteries...

Level 2: These procedures have been given supervision indicator 2, meaning that they must be performed under the direct supervision of a physician. The physician must be present in the office suite and immediately available to furnish assistance and direction throughout the performance of the procedure, says CMS. However, the physician need not be present in the room when the procedure is performed.

- 70460-TC □ Computed tomography, head or brain; with contrast material(s)
- 70552-TC, 70553-TC, 72142-TC, 72147-TC, 72149-TC, 72156-TC, 72157-TC, 72158-TC □ Magnetic resonance (e.g., proton) imaging ...with contrast material(s)
- 72191-TC, 74174-TC, 74175-TC □ Computed tomographic angiography ...with contrast material(s)...

Level 3: These procedures have been revised with supervision indicator 3, meaning that they must be performed under the personal supervision of a physician. A physician must be in attendance in the room during the performance of the procedure.

- 77001-TC □ Fluoroscopic guidance for central venous access device placement, replacement (catheter only or complete), or removal ... (List separately in addition to code for primary procedure)
- 77002-TC □ Fluoroscopic guidance for needle placement (e.g., biopsy, aspiration, injection, localization device)
- 77003-TC □ Fluoroscopic guidance and localization of needle or catheter tip for spine or paraspinal diagnostic or therapeutic injection procedures (epidural or subarachnoid)

Don't miss: Unlike the other changes in the April Update, these changes are marked with an effective date of Jan. 1, 2014.

Learn more: For more details on CR 8664, a MLN Matters article is available at <http://go.cms.gov/1hTKw7P>.

