

Part B Insider (Multispecialty) Coding Alert

PART B REVENUE BOOSTER: Don't Forget About Q Codes With Your Casting Claims

Think Q4050 is out of your reach? Think again

If you aren't billing Q codes to Medicare for your casting supplies, you could be missing out on up to \$50 per claim.

Suppose a practitioner in your office applies the cast to a patient's fractured limb. You report the CPT code, and you're all set, right? Not so fast. You'll be writing off significant reimbursement without also reporting the appropriate casting code from the 29000-29086 (body and upper extremity) or 29305-29450 (lower extremity) series, based on the cast's location and other specifics.

Depending on payer preference, choose the supply code from HCPCS- more general -A- section or more specific -Q- section. For a plaster cast, some possible codes include A4580 and Q4005. For fiberglass, you might report A4590 or Q4006, among other codes.

-Q- Codes May Sail Through Medicare

No code exists for a combination plaster and fiberglass cast. If your physician applies such a cast, you should use Q4050 (Cast supplies, for unlisted types and materials of casts) or revert to CPT's miscellaneous supply code 99070.

Problem: Some practices balk at reporting the Q codes because they fear they'll face a long road of denials and appeals with Medicare carriers, but seasoned coders recommend reporting these codes.

-I bill the casting codes and appropriate Q code and have no problem with reimbursement from Medicare,- says **Craig Groman** of the **Orthopedic Medical Center** in Reseda, Calif. If you're reporting Q4050-Q4051 (Unlisted/miscellaneous cast/splint supplies), -Some carriers require a description on the claim,- Groman says. -We have found that without an ABN signed from the patient, then that part of the casting material/supply that is denied by Medicare is not collectible from the secondary insurance or the patient.- Therefore, he suggests, you may find having the patient sign an ABN appropriate and then append the GA modifier to your claim when billing Medicare.

Be careful: You shouldn't report casting or strapping codes on an initial visit when you're already reporting fracture care, says **Kara Hawes, CPC-A**, coder with **Advanced Professional Billing, LLC**, in Tulsa, Okla. -But we always bill our Q codes for supplies, always bill x-rays, and always bill for Q4050 if the physician has indicated this supply was used,- she says.

Remember: If you write off the cast supplies, you could be forfeiting approximately \$50 per claim, depending on the supply used, so always report these codes when applicable.