

Part B Insider (Multispecialty) Coding Alert

Payment Revisions: Eye Surgeons Win Boost as CMS Reviews RVUs

Good news for physicians billing for voice prosthetics and eye surgery codes.

The quarterly housekeeping for physician coding yielded a few winners and losers. In the May 30 Federal Register (Vol. 68, No. 104, pp. 32400-32405), the Centers for Medicare and Medicaid Services boosted reimbursement for a handful of codes and ended coverage for a number of others.

The good news

[CPT 92597](#) (evaluate and fit voice prosthetic) will now be covered by Medicare as of last March 1. CMS admits it wrongly gave this code a status indicator of I (non-covered) and an RVU of 2.84. In fact, the code should have a status indicator of A (active) and an RVU of 2.53, CMS admits. This should spell payment of around \$93 instead of the \$104.40 it would have reimbursed had it been covered previously.

CMS boosted facility and non-facility RVUs for half a dozen codes: 53853 (prostatic water thermotherapy) and eye surgery codes 66710 (destruction of ciliary body), 66720 (destruction of ciliary body), 66761 (revision of iris), 66762 (revision of iris) and 66770 (removal of inner eye lesion). For example, 53853 will now reimburse about \$1634 in the nonfacility setting, up from \$1567 previously. (See chart for details.)

The bad news

Three other codes went from active to C for carrier pricing, however: 93315 (transesoph echo-cong card anom), 95951 (monitor cerebral seiz-cable) and G0125 (PET imag rgn/whole body). These three codes had their RVUs drop from 7.57, 8.63 and 57.30, respectively, to zero.

CMS said it wrongly assigned status code A to CPT code 67221 (ocular photodynamic ther), which should instead have status code R, for restricted or carrier discretion. It corrected CPT code 90723 from X to I, both of which indicate non-covered codes.

CMS says it erred in assigning RVUs to four other codes that Medicare never covers: G0219, G0219-26, G0255 and G0255-26. CMS also wrongly assigned an RVU to a new emerging technology code, 0020T, and erroneously created new codes to go with it, G0279 and G0280. CMS also clarified that it will no longer recognize code 0019T for Medicare purposes.

CMS corrected the global periods for five codes. CPT codes 33224, 77789, 77789-26 and 77789-TC should all have a global period of "XXX," while CPT code 58550 should have a 90-day global period.

CMS also made adjustments to dozens of PE-RVUs, most of them increases of a few pennies. CMS makes a number of housekeeping corrections, including removing codes P2031 and P7001 from a list of clinical lab codes and adding speech pathology code 92597 to a list of designated health services.

