

Part B Insider (Multispecialty) Coding Alert

Physician Notes: CMS Adds Three Lab Tests to CLIA-Waived Status

Plus: Proving Services Unrelated To Terminal Dx May Get Harder

Part B practices will benefit from three new tests that you'll be able to report as "CLIA-waived," thanks to an April 22 CMS transmittal on the matter. According to MLN Matters article MM7349, CMS will now consider these tests CLIA-waived.

You'll have to append Modifier QW (CLIA-waived test) to these codes, which include the following:

82274, G0328 " Polymedco Poly Stat OC-light FOB Test

87804 " BTNX, Inc. Rapid Response Influenza A Test Cassette

87804 " BTNX, Inc. Rapid Response Influenza B Test Cassette

To read the complete article, which has an implementation date of July 5, 2011, visit <http://www.cms.gov/MLN MattersArticles/Downloads/MM7349.pdf>.

In other news...

It may be wise to beef up your documentation for services your hospice patients receive that aren't related to the terminal diagnosis. Under Medicare payment rules, the hospice per diem payment rate does not have to cover services that are unrelated to the terminal diagnosis for the patient. But regional CMS offices are seeing "misunderstandings" about what fits into that category, CMS's **Lori Anderson** said at the National Association for Home Care & Hospice's March on Washington conference March 28.

"A terminal diagnosis is not one ICD-9 code," Anderson emphasized to attendees. At the end of life, "almost everything" is related to the terminal condition. "It's the exception and not the norm if it's not related," she said.

The regional offices (ROs) are seeing cases where hospices classify anything not related to one ICD-9 code -- the patient's primary diagnosis -- as unrelated, and thus not subject to payment coverage by the hospice rate, Anderson explained.

The ROs and OIG are seeing this problem among nursing home patients, in particular, Anderson said. "It's a good thing that nursing home patients get hospice," she asserted. But payment must follow the Medicare rules. One hospice provider insisted that the policy is a departure from CMS's previous guidance. But, Anderson maintained, the policy is not a departure.