

Part B Insider (Multispecialty) Coding Alert

Physician Notes: CMS Debuts Four New HCPCS Codes

Plus: House calls pay far too much in this case.

Although you're probably busy prepping for ICD-10 to take effect, another codeset is expanding and it's important to take note. CMS introduced four new HCPCS codes this week, with varying effective dates, as stated below. Keep this list at hand when you're reporting your next claims for drugs and biologicals:

- Q5101□Injection, Filgrastim (G-CSF), Biosimilar, 1 microgram. Effective March 6, 2015
- Q9976□Injection, Ferric Pyrophosphate Citrate Solution, 0.1 mg of iron. Effective July 1, 2015
- Q9978□Netupitant 300 mg and Palonosetron 0.5 mg, oral. Effective July 1, 2015
- Q9977□Compounded drug, not otherwise classified. Effective July 1, 2015

CMS announced these codes in MLN Matters article MM9167, which also notes that the agency has updated the Medicare Claims Processing Manual regarding how you should report compounded drugs. "Beginning in July 2015, claims for compounded drugs should be submitted using a compounded drug, NOC HCPCS code," the article says.

Resource: To read the complete article, visit

www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNMattersArticles/Downloads/MM9167.pdf.

In other news...

House calls can pay□but they can also raise red flags if you're billing them excessively. That's what one Texas physician discovered recently, when the Department of Justice charged him with health care fraud.

The doctor and his employee were arrested on May 8 for their suspected roles in a scheme that cost the government over \$5 million. The DOJ alleges that the doctor billed home visits as if he personally performed them, but actually sent his employee (a non-physician) to do them and was not present when the visits took place. In addition, some of the claims were for dates of service when the doctor wasn't even in the U.S.

The physician and his staffer have not yet entered a plea in the case, but it underscores the importance of documentation that proves the doctor is actually with the patient when he says he is. If a non-physician staff member is performing visits in lieu of the doctor, you must bill under the staff member's number and clearly indicate that in the records.

Resource: To read more about the case, visit

www.justice.gov/opa/pr/dallas-physician-and-his-employee-arrested-alleged-52-million-medicare-fraud-scheme.