

Part B Insider (Multispecialty) Coding Alert

Physician Notes: Gastroenterology Societies Raise Consciousness On Sedation

Conscious sedation should be included in endoscopy codes

Confused about how to bill conscious sedation with a gastroenterology procedure? Luckily, three top gastroenterology societies issued a joint statement March 8 that may help to clear things up.

The **American College of Gastroenterology**, **American Gastroenterological Association** and **American Society for Gastrointestinal Endoscopy** say reimbursement for conscious sedation should be included in codes for endoscopic procedures. The **HHS Office of Inspector General** has targeted practices billing separately for conscious sedation for fraud and abuse scrutiny.

A "designated individual," other than the endoscopist, should be present and monitor the patient during the procedure, so he or she can "recognize and assist in the management of complications," the societies add. But an anesthesiologist doesn't need to be present routinely, they clarify.

1. A February 24 meeting of the Physician Payment Advisory Commission resolved that provider enrollment process shouldn't interfere in any way with the provider's ability to bill Medicare, according to the **Physician Regulatory Issues Team's** Web site. The PRIT, which works with the **Centers for Medicare & Medicaid Services**, will work with the CMS Division of Provider and Supplier Enrollment to implement this resolution. And CMS won't require provider reenrollment until it has new software up and running to allow providers to reenroll online.

Providers have been complaining that provider number applications take longer than in the past, "causing serious economic problems." The server hosting the **Provider Enrollment Chain and Ownership System** (PECOS) has had some problems but is now repaired and upgraded to allow applications to be processed quicker, the PRIT says.

Also on the PRIT Web site: As of early February, the committee is "developing a strategy" to let physicians bill chemotherapy administration codes 96400-96450, 96542, 96545 and 96549 for some non-chemotherapy drugs that require the same amount of complexity of infusion. This would require updating the Medicare Carrier Manual.

2. Efforts to get electronic claims in compliance with the Health Information Portability and Accountability Act continue to push ahead. Latest word from CMS is that the volume of Medicare electronic claims received in correct HIPAA format was up to 66.72 percent between Feb. 9 and Feb. 13. That's up from 57.6 percent the previous month -- not lightning speed, but substantial progress nonetheless.

If you're still in the non-compliant camp, it's wise to take action soon to begin testing transactions. CMS recently warned that beginning in July, reimbursement for claims sent in pre-HIPAA format will be delayed nearly twice as long as those received in accordance with HIPAA.