

Part B Insider (Multispecialty) Coding Alert

PHYSICIAN NOTES: Home Is Where POS 12 Is, CMS Reminds Providers

Don't bill for a home-based service using the wrong place of service

If your physician is billing for visits to a patient's home or rest home, then you should make sure the place of service (POS) code matches the codes you're billing, reminds the **Centers for Medicare & Medicaid Services**.

When you report evaluation and management codes 99321-99333, for "domiciliary or rest-home visit," you can use POS codes 13 (assisted living facility), 14 (group home), 55 (residential substance abuse facility) or 33 (custodial care facility.) But if you bill for a home visit using 99341-99350, you can only bill using POS code 12 (home), according to Transmittal 667, dated Sept. 2.

If you provide [E/M services](#) to patients who reside in skilled nursing facilities (SNFs) or nursing facilities (NFs), you must use the appropriate service codes for comprehensive NF assessments (99301 through 99303) and subsequent NF services codes (99311 through 99313). You must use these codes in conjunction with POS code 31 (SNF), 32 (Nursing Facility), 54 (Intermediate Care Facility/Mentally Retarded) and 56 (Psychiatric Residential Treatment Center).

In other news:

1. Medicare won't require an X-ray before a chiropractor can begin treating a Medicare patient, according to Medlearn Matters article SE0416. In fact, Medicare won't even pay for an X-ray if a chiropractor orders it. Only a treating physician can order an X-ray, except for a "plain" X-ray, which other physicians can order. If chiropractors want a spine X-ray, they should refer the patient to a radiologist or other physician who can make the order. Read the full article at www.cms.hhs.gov/medlearn/matters/mmarticles/2004/SE0416.pdf.
2. Accokeek, MD podiatrist **Rick Van Bryson** pleaded guilty to billing for foot surgeries when he only washed patients' feet, clipped their toenails and removed corns and calluses. In one case, Bryson allegedly billed Medicare for treating a patient who had only asked him a question. Bryson faces up to five years in prison.

Want to register your opinion of your carrier? This January you can, thanks to the first Medicare Contractor Satisfaction Survey. You'll rate your carrier on communications, response to questions, claims processing, appeals, medical review, enrollment and reimbursement.

3. CMS opened a "coding analysis" Aug. 30 to decide which ICD-9 codes you should use to report bacterial urine cultures. CMS issued a national coverage determination for urine cultures, including applicable ICD-9 codes, but those codes are outdated thanks to changes in the ICD-9 system. You can submit comments until Sept. 30 by going to www.cms.hhs.gov/mcd/viewtrackingsheet.asp?id=171.