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Part B Insider (Multispecialty) Coding Alert

Physician Notes: Prepare For More Flexibility When Billing Spinal Surgery Codes

Good news! Starting in October, you can bill for a whole range of spinal surgery codes alongside four spinal instrumentation codes: 22849-22850 and 22852-22855.

For years, a slew of spinal surgery codes were mutually exclusive with those four codes, but CCI 10.3 deletes that edit. That means every single spinal surgery code from 22318-22812 is now fair game to bill with those four instrumentation codes.

The only codes in that range that this longstanding edit didn't affect were four add-on codes (22328, 22585, 22614 and 22632) and some codes that were added in 2004 (22532-22534).

Also, 25 codes that Medicare considered components of G0177 (Training and educational services related to the care and treatment of a patient's disabling mental health problems per session [45 minutes or more]) become separately billable in October. These codes include a number of physical medicine and rehab codes, plus some biofeedback, ophthamological and home health codes as well.

Finally, Medicare will no longer consider speech treatment codes 92507-92508 components of speech evaluation code 92506.

1. You'll be able to apply over the Internet as well as using paper for the new National Provider Identifier, starting in May 2005. This application will be much simpler than Medicare enrollment, officials promised. The Centers for Medicare & Medicaid Services is hoping to make the NPI process compatible with PECOS. But some physician advocates predict administrative headaches with the new NPI process.

2. Medicare will avoid quarter-to-quarter instability in drug prices by using a rolling 12-month average of price concessions such as volume discounts and prompt pay discounts, CMS said in the Sept. 16 Federal Register.

3. Medicare drug spending went up a startling 72 percent from 1997 to 2001, due to increases in both the number of prescriptions per beneficiary and the price of each prescription, according to a new study in the September/October 2004 issue of Health Affairs. The number of beneficiaries using drugs also shot up dramatically, researchers said.

4. Critical Access Hospitals can pay "reasonable compensation" to physician assistants, nurse practitioners and clinical nurse specialists who are "on call" providing emergency services, according to Transmittal #205, issued Aug. 27. The non-physician practitioners don't have to be on the premises to receive this on-call payment, but they can't be providing clinical services or on call elsewhere while on call at the CAH.

5. The 2005 HCPCS codes, including CPT codes, will be available to carriers on Oct. 13, according to Transmittal #283, issued Aug. 27.