

Part B Insider (Multispecialty) Coding Alert

PHYSICIAN NOTES: Update Your Notes On Several CPT Codes For The Fall

CMS makes changes to assistant at surgery indicators

You can no longer bill for an assistant at surgery for skin-graft codes 15000-15001, according to Transmittal 1047, issued Sept. 1.

The **Centers for Medicare & Medicaid Services** (CMS) changed the assistant-at-surgery indicator for both of those codes to -0,- meaning you can't use a modifier to bill for an assistant's services. CMS also changed the multiple surgery indicator to -0- for G0289 (Arthroscopy, knee, surgical, for removal of loose body, foreign body, debridement/shaving of articular cartilage [chondroplasty] at the time of other surgical knee arthroscopy in a different compartment of the same knee).

Further, CMS changed the global period for backbench liver transplant code 47145 to XXX, and gave it a preoperative time, interoperative time and postoperative time of 0.00. CMS said the -endoscopic base code- for 52402 (Cystourethroscopy with transurethral resection or incision of ejaculatory ducts) should be 52000 (Cystourethroscopy [separate procedure]).

In other news:

- Medicare spent \$275 million on last year's chemotherapy demonstration project, but it collected -incomplete and unreliable data,- the **HHS Office of Inspector General** (OIG) complained in a new report (OEI-09-05-00171). CMS didn't do enough to define the parameters of the demonstration, so the data collected was inconsistent, the OIG lamented.

Physicians received \$130 per visit to ask patients about pain, nausea and fatigue in the demonstration project, which helped cushion the blow of steep cuts to chemotherapy drug payments. The OIG found -numerous anomalies and gaps- in the data which physicians submitted--and the way CMS collected it--raising questions about its usefulness.

Also, the OIG said 7 percent of claims didn't follow the demonstration's rules, so Medicare overpaid \$17 million. In some cases, the patient wasn't receiving chemotherapy on the day the provider billed for the demonstration, and in others the patient didn't actually have cancer.

- The **American Medical Association** (AMA) wasn't idle during the August Congressional recess. The AMA and the **Indiana State Medical Association** met with local media and physicians in Indianapolis as part of its National House Call campaign. The AMA is encouraging patients to contact their members of Congress to urge them to stop the roughly 40-percent cut in Medicare payments to physicians over the next nine years.

- The **Department of Health & Human Services** still lacks detailed plans, milestones and performance measures for meeting goals of guiding national implementation of interoperable health information technology, the **Government Accountability Office** said in a new report. (GAO-06-10711).