Part B Insider (Multispecialty) Coding Alert

READER QUESTIONS: Know When to Report Fluoro Separately

Plus: Rein in wireless network access, and more.

Fluoro May Be Separately Billable

Question: Our hand surgeons use fluoroscopic guidance when they perform wrist injections (such as 20526). Should we report the fluoroscopy code in addition to the injection code, or are they included?

Answer: You should report 77002 (Fluoroscopic guidance for needle placement [e.g., biopsy, aspiration, injection, localization device]) in addition to 20526 (Injection, therapeutic [e.g., local anesthetic, cortico-steroid], carpal tunnel). The Correct Coding Initiative (CCI) does not bundle either procedure into the other, and most insurers will reimburse you for both procedures at the same visit.

If the surgeon uses fluoroscopic guidance with a ganglion cyst injection, however, you should not report 77002 separately, because the CCI does bundle fluoroscopy into 20612 (Aspiration and/or injection of ganglion cyst[s] any location).

Use 1 Code for 4 Transfers

Question: Which codes should we report for flexor carpi ulnaris tendon transfers to the common extensor tendons of the index finger, long finger, ring finger, and small finger?

Answer: You don't need to report multiple codes for the surgeon's work, even though he transferred tendons to four fingers. Code 26498 (Transfer of tendon to restore intrinsic function; all four fingers) describes the entire procedure and includes all fingers.

Watch Wireless Network Access

Question: A neighbor in our office building recently told us that she unintentionally encountered our wireless network while looking for available connections within her own office. Should we be concerned about information leaks? Are there any steps we can take to secure our wireless network?

Answer: Yes, you should be concerned, but there are also options to tighten up network security. While many unwelcome guests may come across your network while searching for easy access to a highspeed Internet line, your patient's protected health information (PHI) could also be theirs for the taking.

Network controls to secure PHI are especially pressing for practices that share office space or are close to other computer users. Consult with your technology professional on some of these tips to keep your practice's network under lock and key.

Change your SSID: Your service set identifier, or SSID, is the name of your network as it appears to outside users. Many network systems allow you to block the SSID from being broadcast, effectively closing your network to the outside world.

Protect with passwords: Most network systems ship with a default password that can be easily cracked by experienced computer users.

Change this password as soon as possible. Also require each user of your wireless network to sign on using an approved username and password. That way, outsiders who casually encounter your network will be deterred from browsing, or worse.

Survey the site: Strolling around the parking lot and neighborhood with laptop in hand can help to gauge how wide your wireless network spreads and how well your network controls are working.

Grab 'High-Risk' Diabetes Pay

Question: Which glucose tests will Medicare cover for diabetes screening, and how should I code?

Answer: Medicare requires V77.1 (Special screening for diabetes mellitus) as your primary diagnosis when ordering a diabetes screening glucose test for low-risk patients. Medicare will cover one of three tests for diabetes screening each year: the fasting blood glucose test (82947), the post-glucose challenge test (82950), or the glucose tolerance test (82951). Medicare pays for only one test, so you should submit only one of the above codes.

Don't miss: For high-risk patients who exhibit "prediabetes," physicians can order the screening test twice a year. Medicare requires 277.7 (Dysmetabolic syndrome X) as the ordering diagnosis in these cases.