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Part B Insider (Multispecialty) Coding Alert

REIMBURSEMENT: Medicare Increases RVUs For 58356 By Tenfold

But venipuncture is no longer payable under physician fee schedule

You'll see a huge pay increase for CPT Code 58356 (Endometrial cryoablation), which just saw its non-facility practice expense RVUs rise from 6.84 to 61.43. The facility-based PE-RVUs only changed slightly, from 2.65 to 2.69.

The **Centers for Medicare and Medicaid Services** corrected payment information about this code, along with dozens of other physician codes, in a notice in the April 1 Federal Register. But this was no "April Fools" joke - these changes are retroactive to the start of the year.

The **American College of Obstetricians and Gynecologists** and other organizations lobbied for this change, according to **Melanie Witt**, an independent coding consultant in Fredricksburg, VA. Endo- metrial cryoablation involves "an expensive piece of equipment," so the non-facility PE-RVUs should have been high all along, she says.

CMS already had raised the PE-RVUs for other endometrial ablation codes, "so this is a correction to an oversight, and it's a welcome one," Witt adds. Providers often perform endometrial cryoablation in the office setting.

But the news wasn't all good. After moving venipuncture code 36415 from non-covered status "I" to covered status "A" earlier this year, CMS reversed itself yet again. This code will now carry status "X," meaning it's excluded from coverage under the physician fee schedule.

A lot of providers have been confused about how to bill for this code since Medicare started accepting it in place of G0001 in January, says **Kent Moore**, manager of health care financing and delivery systems with the **American Academy of Family Physicians**. Apparently, CMS made a mistake giving 36415 the status code of "A" after moving it off its old status of "I," which was a holdover from the time when Medicare preferred the G-code.

But now, you should bill for 36415 under Medicare's clinical laboratory fee schedule, says **Joan Logue**, principal with **Health Systems Concepts** in Longwood, FL. Although this change may be confusing for physicians who are used to dealing with the physician fee schedule, this is in line with how people billed for the old G-code as well. The reimbursement for 36415 will only be approximately $3.00, Logue says.

Watch for These Changes, Too

In addition to the 36415 changes, tumor imaging codes 78811-78816 went from having no PE-RVUs to having PE-RVUs that ranged from 0.53 to 0.86. And 96567 (Photodynamic therapy by external application of light to destroy premalignant and/or malignant lesions of the skin and adjacent mucosa [e.g. lip] by activation of photosensitive drug[s], each phototherapy exposure session) saw its non-facility PE-RVUs double from 0.96 to 1.95, but it will no longer have any facility-based PE-RVUs.

Spine infusion pump analysis codes 62367-62368 saw smaller increases in their non-facility PE-RVUs, from 0.13 and 0.69 to 0.61 and 0.69, respectively. The non-facility PE-RVUs for 77418 (Intensity modulated treatment delivery, single or multiple fields/arcs, via narrow spatially and temporally modulated beams, binary, dynamic MLC, per treatment session) rose slightly from 17.98 to 18.02. Also seeing small increases were forensic cytopathology code 88125, in situ hybridization codes 88367-88368, and sputum specimen collection code 89220.

Another code changing status was 37195 (Thrombolytic therapy, stroke), which went from status code "A" (Medicare-priced) to status code "C," meaning the carriers can set payment amounts for this code. And CT colonography code

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0066T and online evaluation and management code 0074T both went from status "A" to non-covered status "N."

Circumcision code 54140, gastroesophageal test codes 91034-91040 and ESRD codes G0324-G0327 all saw a slight change in their global periods from "XXX," meaning the global-period concept doesn't apply, to "0," meaning a zero-day global period. It's pretty standard for a diagnostic test to have a zero-day global period attached, says Moore.

Meanwhile, infusion codes G0350, G0354, G0358 and G0363 all saw their global periods change from "XXX" to "ZZZ," which means that these codes are related to other codes and are included in the global periods of the other codes' services.

Finally, CMS says it incorrectly included work and malpractice RVUs for acupuncture codes 97810-97814, which Medicare doesn't cover.

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