

Part B Insider (Multispecialty) Coding Alert

REIMBURSEMENT: Moh's Micrographic Surgery Will See Micro-Payments In January

CMS continues IVIG payments, boosts home visits

Warning: Start watching out for payment reductions when your doctor performs more than one Moh's micrographic surgery in the same session.

CPT codes 17311-17315 will be subject to modifier 51 starting in January. That means Medicare will reduce payments for the second and subsequent procedures by 50 percent in the same session.

The **Relative Value Update Committee** (RUC) has valued 17311-17315 with the understanding that they'll be subject to the multiple procedures reduction, the **Centers for Medicare & Medicaid Services** (CMS) notes in the physician fee schedule final rule. But the work RVUs for these codes haven't changed from 2007 to 2008.

-This just does not make sense,- says **Barbara Cobuzzi**, director of outreach for the **American Academy of Professional Coders** in Salt Lake City. Moh's is a staged procedure, meaning the second and third procedure can't happen without the first.

Also, 17312 and 17314-17315 are add-on codes, and really form part of a single Moh's procedure, argues **Marcella Bucknam** with the **University of Washington Physicians**. So not only will doctors receive less money for multiple Moh's procedures in one session, they'll also receive less for even a single procedure. -This has got to be a real blow to Moh's surgeons,- she adds.

More news from the final version of next year's fee schedule:

- Your doctor will continue to reap additional reimbursement for administering costly **Intravenous Immune Globulin** (IVIG). Medicare will continue paying for IVIG pre-administration services under temporary code G0332 for another year.

- CMS wants to **subject more radiology codes** to the payment cap which reduces payment for the technical component (TC) for radiology services to the outpatient level. Starting in January, this cap will also come down on ophthalmic diagnostic imaging code 92135, fluorescein angiography code 92235, indocyanine-green angiography code 92240, fundus photography code 92250, external ocular photography code 92285 and anterior segment photography code 92286.

But CMS did clarify that the outpayment prospective payment system (OPPS) cap won't apply to codes where there's no OPPS payment amount or to codes which are bundled under OPPS.

- **Don't use 93797-93798 for cardiac rehabilitation** services. CMS won't recognize those codes and instead is using two new -G- codes. The -G- codes will have almost the same description as the CPT codes, dividing into rehab without and with continuous ECG monitoring. The only difference is that the (as yet unspecified) -G- codes will be per hour, instead of per session.

Tip: CMS says you can report more than one unit of service of these new cardiac rehab codes if your doctor provides more than one session of cardiac rehab (lasting at least an hour) per day.

- CMS agreed to boost the work RVUs for **domiciliary/rest home visits (99326-99337) and home visits**

(99343-99350) above its original proposals. Physicians who commented on the proposed rule asked for higher RVUs than the **Relative Value Update Committee** (RUC) had recommended, and CMS split the difference.

For example: New patient home visit code 99343 had a RUC recommendation of 2.27 work RVUs, but commenters asked for work RVUs of 2.65. So CMS ended up giving the code 2.53 work RVUs.

- **CMS also backed down on its proposal to bundle 99325** (Doppler echocardiography color flow velocity mapping [List separately in addition to codes for echo-cardiography]) into all other echo-cardiography codes and give it a status of -B,- or -bundled.- CMS believed that the work in 99325 was -intrinsic to the performance of other echocardiography services.-

But cardiologists convinced CMS that the RVUs for other echocardiography codes don't include the value of the work included in 99325. So CMS agreed to value 99325 at 0.7 work RVUs and only bundle it with two codes: 93320 and 93307.

The -cardiology community- is working on a series of coding changes that will bundle 93325 and other echocardiography codes -to reflect the utilization of ultrasound services that are routinely performed together when providing care to a patient.- Leading cardiologists will be proposing these coding changes over the next year, CMS says.