

Part B Insider (Multispecialty) Coding Alert

SPECIALTY-SPECIFIC REVENUE BOOSTERS: Gain An Extra 5 Anesthesia Units By Noting Catheter Placement

Don't cast away cast-application money.

Heads up, anesthesiology coders: Are you reporting all the services your physician is performing? If not, you could be jeopardizing the extra revenue your practice needs.

For example, many coders fail to bill for ultrasound guidance associated with 36556 (Insertion of non-tunneled centrally inserted central venous catheter; age 5 years or older), says **Scott Groudine**, professor of anesthesiology with **Albany Medical Center** in Albany, NY. The **American Society for Anesthesiology (ASA)** assigns four units of value to that procedure in its Relative Value Guide, but the physician should document the need for ultrasound guidance in the procedure note.

Coach your physician: Documentation for ultrasound guidance should be more than just, -I used U/S to find the vein,- Groudine notes. The doctor should include a picture or some print-out from the ultrasound machine, documenting the correct use of the machine. Then you can bill an extra unit, using ultrasound add-on code 76937.

Also, when your physician performs a pain block, you should clarify whether it's continuous or a one-shot block, Groudine says.

For example, the doctor performs a femoral nerve block for knee surgery. If the nerve block was a one-shot, then you can bill 64447, which has seven units. But if the doctor placed a catheter, then you can bill 64448, which has 12 units. On the other hand, you can bill for follow-up pain visits with 64447, but 64448 has a 10-day global period.

Similar rules apply to brachial plexus blocks (64415-64416) and sciatic nerve blocks (64445-64446).

Don't pass up X-ray interpretation income

More specialty-specific revenue-booster tips from the experts:

- **Orthopedics:** Don't forget to bill for X-rays and recastings during the global period after fracture care, advises **Barbara Cobuzzi**, president of **CRN Healthcare Solutions** in Tinton Falls, NJ. Many orthopedic physicians forget to check off these services because they think they're included in the global period. -A good front desk will see someone walking out with a clean white cast- and ask whether the physician applied a new cast, Cobuzzi says.

- **Emergency Medicine:** Similarly, many emergency physicians don't realize they can bill for casting and strapping of a fracture on the same date as an evaluation & management code, says **Caral Edelberg**, president of medical management resources for **TeamHealth** in Jacksonville, FL.

Also, many emergency medicine coders don't realize you can bill separately for EKG interpretations and rhythm strips, as long as the hospital policy allows it. If the emergency physician does an actual X-ray interpretation and uses it to determine the diagnosis, you can bill for it, Edelberg says. This interpretation isn't included in the surgical package for any surgical or orthopedic codes.

If the emergency physician only reviews the cardiologist's or radiologist's interpretation of an EKG or X-ray, then you can't bill for it separately, Edelberg cautions.

How to tell the difference: If the ER physician simply looks at the results and writes -positive- or -negative,- this may be a review of someone else's interpretation. But if the physician writes detailed comments, then chances are it's an actual interpretation.

Medicare requires an EKG or X-ray interpretation to be a -complete written report,- similar to one that a specialist in the field would perform, Edelberg says. It should address -the findings, relevant clinical issues, and comparative data when available.- The report doesn't have to be on a separate piece of paper.

Cardiology: Make sure you report two units of radiopharmaceutical imaging agents (A9500-A9502) for every rest/stress myocardial perfusion imaging study (78465). The physician uses one unit of the imaging agent for the resting study and another for the stress study, explains **Jim Collins**, President of **The Cardiology Coalition** in Matthews, NC.

Both studies are focused on the same anatomic area, but each requires a separate unit of the imaging agent. If you don't report both units, -your practice could be forfeiting substantial amounts of money,- Collins warns.