

Eli's Rehab Report

CPT Clears Up Cloudy Starred Procedures

Don't let deleted 'stars' disrupt your private carrier payment

The AMA has eliminated the "starred procedure" designation from CPT - and although the change will have little effect when coding for Medicare payers, you may have to make adjustments when billing some private or third-party insurers.

Prior to 2004, CPT used the starred procedure designation (*) to identify a procedure or service that did not include any pre- or postprocedure care. Most often, CPT designated minor or relatively simple procedures such as injections, including tendon injections (20550), joint injections (20600-20610) and chemodenervation (62280-62282), with starred codes.

Use -25 With E/M

For example, when reporting a starred procedure such as CPT 62281 (Injection/infusion of neurolytic substance [e.g., alcohol, phenol, iced saline solutions], with or without other therapeutic substance; epidural, cervical or thoracic), the psychiatrist could bill separately for a documented E/M service at the time of the injection, as well as any postinjection care, even if those services were directly related to the injection.

Regardless of CPT guidelines, however, many payers - including Medicare - imposed a global period (usually 0 or 10 days) on starred procedures.

This meant that when reporting an E/M service at the same time as a starred procedure, physicians had to meet the requirements of - and append - modifier -25 (Significant, separately identifiable evaluation and management service by the same physician on the same day of the procedure or other service) to the appropriate E/M code to gain separate payment for some services.

Carriers Can Set Global Periods

With the elimination of the starred procedure designation for 2004, CPT has left determining global periods up to the individual carriers. "The starred procedure concept really didn't affect coding activities because most payers ignored it. I feel sure this is why CPT deleted it," says **Marcella Bucknam, CPC, CCS-P, CPC-H, CCA**, HIM program coordinator at Clarkson College in Omaha, Neb. "For example, coders usually needed to use modifier -25 when an E/M was billed with starred procedures, regardless of CPT guidelines."

Ask Workers' Comp for Rules

The message for coders, then, is that although CPT will look different without starred procedures, for most insurers you will continue to code as you always have. "The elimination of the starred procedure designation is not a significant change," Bucknam says.

Note, however, that some payers do not keep pace with CPT updates. Workers' compensation payers, for instance, often operate using guidelines that may be several years old, says **Marvel J. Hammer, RN, CPC, CHCO**, owner of MJH Consulting, a healthcare reimbursement consulting firm in Denver.

For this reason, you may wish to contact any workers' comp insurers for their individual guidelines prior to submitting a claim.

