

## Eli's Rehab Report

### News Alert: Medicare Begins to Accept Preoperative Exams

Physiatrists who perform preoperative exams for patients undergoing hip replacements, meniscus repairs and other commonly performed surgeries will no longer be subject to automatic denials for their claims. Effective June 30, 2001, HCFA will more closely examine claims for ICD-9 codes V72.81-V72.84 to determine whether they are medically necessary. HCFA's Transmittal 1707 states that the Medicare Carriers Manual will be revised to "clarify payment policy for preoperative evaluations obtained outside of the global surgical period, and establishes a clear hierarchy for denying such services."

Four codes are affected by this decision:

- [ICD-9 V72.81](#) -- pre-operative cardiovascular examination
- V72.82 -- pre-operative respiratory examination
- V72.83 -- other specified pre-operative examination
- V72.84 -- pre-operative examination, unspecified.

The transmittal directs carriers to "delete any processing edits that deny claims for or identify for manual review" the above diagnosis codes. It can be viewed on HCFA's Web site, [www.hcfa.gov/pubforms/transmit/r1707b3.pdf](http://www.hcfa.gov/pubforms/transmit/r1707b3.pdf).

**Note:** If you receive a denial for these office visits after June 30, 2001, you should appeal. Reimbursement is not retroactive.