

Outpatient Facility Coding Alert

News and Notes: Start 2014 by Adding 4 New Procedures to Your 'Approved' List

Plus: AMA extends Medicare status deadline.

The CMS Final Rule for 2014 added four new procedures to the ASC Approved Procedure List for Medicare patients. The new procedures added to the ASC Approved Procedure List include:

- Open osteochondral allograft of the knee (27415, Osteochondral allograft, knee, open)
- Open treatment of patellar fracture with internal fixation (27524, Open treatment of patellar fracture, with internal fixation and/or partial or complete patellectomy and soft tissue repair)
- Total or complete thyroidectomy (60240, Thyroidectomy, total or complete)
- Parathyroidectomy or exploration of parathyroid (60500).

Make Your Medicare Decision Now

Each year, physicians have the option of modifying their Medicare status during an open enrollment period. The American Medical Association announced in December that the enrollment deadline would be extended until Jan. 31, 2014, because the Physician Fee Schedule approval was delayed.

Medicare options include:

- Participating
- Non-participating
- Private contracting.

Physicians have until the end of the enrollment period to decide whether to participate in the Medicare program, whether they want to shift from participating to non-participating, or vice versa.

Keep a Check on Quality Reporting

The criteria for including Medicare quality codes (known as G codes) on your claims often change, so be sure you're submitting claims with G codes only when necessary.

Background: In previous years, you only included G codes when Medicare was the primary payer. In 2013, however, you also began reporting G codes when Medicare was the secondary payer.

Pay hit: CMS required 50 percent compliance with correct G code usage from October through December 2012. ASCs that didn't meet that mark will be subject to a 2 percent Medicare pay reduction in 2014.

It's crucial to submit claims with applicable quality codes the first time because Medicare will not allow resubmissions for missing G codes. For more information on PQR reporting, refer to this Frequently Asked Questions page on the CMS Web site: <https://questions.cms.gov/faq.php?id=5005&rtopic=1893&rsubtopic=7163>.

Resource: Email Leigh DeLozier (leighd@codinginstitute.us) for a chart of G codes included in Medicare's quality measures.

