

Socioeconomic tips of the month

Internet resources for coding and reimbursement policies

To assist Fellows and their staffs in their coding efforts, we thought it would be helpful to note some of the coding and reimbursement resources that are available on the Internet.

For example, the Centers for Medicare & Medicaid Services (CMS) Web site has a specific page for providers and health plans (<http://www.hcfa.gov/audience/planprov.htm>). The site contains links to other CMS Web pages from which you can download forms, the annual Medicare fee schedule and quarterly updates, the annual updates of ICD-9-CM and HCPCS codes, and current information about various CMS initiatives.

CMS also offers several computer-based basic training programs as part of their Medicare Learning Network (<http://www.hcfa.gov/medlearn/>). This site contains links to computer-based training courses on Medicare basics, ICD-9-CM coding, and the HCFA-1500 form.

Meanwhile, most Part B carriers now have provider Web sites where coders can find copies of provider newsletters, physician fee schedules, information on coding courses offered by the carrier, and current and draft carrier local medical review policies (LMRPs). A directory of links to Web sites of most Medicare carriers and intermediaries can be found at <http://www.lmrp.net/directory.asp?Type=lmrp>. This Web site also tells the reader whether LMRPs are posted on a given Web site.

Some private payors have also instituted informational Web sites for physicians. The Blue Cross Blue Shield Association, which is the national umbrella group for most Blues plans, has a Web site that not only offers guidance on policies that it recommends to its members (<http://www.bcbs.com/healthprofessionals/index.html>), but also has a page of links to the individual member plans (<http://www.bcbs.com/healthinsurance/index.html>). Likewise, the Health Insurance Association of America has a Web site of its members where physicians may find provider information for commercial health insurers (<http://www.hiaa.org/membership/members.cfm>). And the American Association of Health Plans lists a Web

Around the corner

January

- The 90-day implementation period for the 2002 CPT and HCPCS codes, effective on January 1, continues until March 31, 2002.

February

- ACS-sponsored advanced coding workshop for surgeons at the North Texas Chapter meeting on February 21, 2002, in Dallas, TX. Visit the ACS coding workshop Web page at <http://www.facs.org/dept/hpa/workshops/cdworkshop.html> or contact Irene Dworakowski at 202/672-1507 or Idworakowski@facs.org to register.

page containing links to its member managed care organizations (http://www.aahp.org/Content/NavigationMenu/About_AAHP/Who_We_Are/Health_Plan_Member_Links/Health_Plan_Member_Links.htm). The Coalition for Quality Affordable Healthcare, a consortium of 26 of the largest insurers and health plans in the United States, also provides hot links to its members' Web sites (http://www.caqh.org/whoware_members.html). In many cases, the actual insurer sites contain information similar to that posted on Medicare Part B carrier pages.

The documents posted on the Web sites sometimes are only available in Adobe Acrobat (.pdf) format. A free copy of Adobe Acrobat Reader can be downloaded to view the items. Most Web sites contain a link to the Adobe download site.

In addition, several companies offer online basic coding courses and coding and billing software for purchase. It is possible to do an Internet search for "medical coding" or "coding consultants" to view the products available. Some companies offer demonstration products that can be downloaded for evaluation. Surgeons certainly want to review the products with their coding books in

hand to ensure the accuracy of the material provided. Although the College does not recommend or endorse any of these products, such items may offer cost-effective methods of introducing office staff to the principles of coding and reimbursement.

Reimbursement for fluoroscopy

After July 1, 2001, the College received several inquiries from surgeons' offices regarding an apparent change in Medicare coding rules and reimbursement levels for fluoroscopy (CPT 76000). Part B carriers were no longer reimbursing for the technical component of the procedure and were only paying for the professional component of the service. It turns out that this was a programming error and not a policy change. On November 27, 2002, Medicare notified Part B carriers to update their files to reinstate the technical component reimbursement (Medicare Program Memorandum AB-01-167). The update became effective December 20, 2001. If your office submitted a claim for both the professional and technical components of a fluoroscopy and only received payment for the professional component, resubmit the claim for an adjustment.

HIPAA audit scam

Due to an incident late last year, CMS has requested that all contractors immediately post a notice in their provider bulletins and on their Web sites advising the physicians that there are currently no on-site HIPAA audits being conducted. Surgical practices should never allow any individuals who fail to produce identification and proper documentation from the auditing entity to have access to their computers, medical records, billing information, and so forth. If individuals say they are from Medicare and attempt to gain access to your facilities and/or information without presenting the proper credentials, please contact your Medicare carrier immediately.

Clarification

There has been some confusion regarding some of the information that was published in this column in November 2001. Stereotactic breast biopsy coding may be a little easier to understand in 2002. CPT has added a parenthetical note to code 19295 (Image guided placement, metallic localization

clip, percutaneous, during breast biopsy) informing the user that 19103 (Biopsy of breast: percutaneous, automated vacuum assisted or rotating biopsy device, using image guidance) can be billed in addition to 19295. Unfortunately, this note was not present in 2001. The only reference in 2001 was to code 19102 (Percutaneous needle core biopsy), leaving coders unsure which codes to use when a metallic clip was placed percutaneously and the biopsy was performed percutaneously with the vacuum-assist technology. Users will also find a parenthetical note under code 19103, identifying the appropriate image guidance codes to be used in addition to the biopsy code when appropriate, as well as the reference to the clip placement.

Medicare will continue to deny a percutaneous service when billed with an open procedure such as 19125 (Excision of breast lesion identified by preoperative placement of radiological marker open; single lesion). To avoid unnecessary denials and appeals, watch the narratives closely to ensure that the selected code reports the service being performed. When percutaneous services are performed, select codes with percutaneous in the description of the code; when the service is open, select codes with open in the description of the code. 