

Executive Summary:

Coding and Reimbursement

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The first portion of the program reviewed all the CPT and HCPCS code revisions, additions, deletions and changes, for 2004. Revisions were reviewed in detail for the CPT codes in the 8xxxx range and HCPCS codes in the Pxxxx range. Some of the topics covered were new and revised codes for protein tests, new chemistry codes, separating infectious agents cryptosporidium and giardia, the revised definition of for leukocyte assessment, the new code section for reproductive medicine, and all blood products now using Pxxxx codes. Master lists were provided that literally included all CPT and HCPCS code revisions. Medicare APC reimbursement schedules were given for 8xxxx and Pxxxx codes.

On January 23, 2004, CMS published the Final Rule for the Unique Health Identifiers that are required under 837 billing. Those who need numbers, Health Plans, Hospitals, Independent Labs, Physicians, Nurse Practitioners, etc., will need to start applying for numbers on May 23, 2005. Key management needs to be aware of the process now. Everyone getting a new number is a challenge. Getting all the connections between the numbers is a more difficult challenge.

APC reimbursement required that CCI edits be applied to outpatient hospital billing, even for those services not reimbursed under APCs, e.g., diagnostic laboratory services covered on a fee schedule basis. Managing these edits has been difficult. The basics of CCI edits were reviewed and applied to specific claim illustrations. CCI edits are here to stay. Proactive management of the edits will minimize their impact.