

Medicare website remains an informational goldmine

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The new Medicare website, <http://www.cms.hhs.gov>, is functional and awaiting a visit from you and your coding staff. It is well worth your time to become familiar with this website. It is hard to imagine that any other website could contain more vital information for a general or specialty ophthalmology practice.

The website actually carries the title of the Centers for Medicare and Medicaid Services, or "CMS." As such, it provides information on the Medicaid program as well as the Medicare program.

The website, which was redesigned to be more user-friendly, appeared in its new form in December, 2005. It boasts a search feature powered by Google that allows users to find specific information from within the vast amount of available data.

Organization is consistent throughout the website. Familiarity with the layout of one area of the website carries over into other areas, allowing for faster navigation.

The website provides many benefits. In many situations, the website allows for one-stop informational shopping. The search feature is indispensable in this regard. Further, the information that appears is official and can be relied upon as accurate from the standpoint of CMS.

There are eight top-level subjects. The five most relevant of these are Medicare, Medicaid, Regulation, Outreach, and Resources. Each of the top-level subjects is broken down. These breakdowns allow the interested practitioner to hone into the area of interest quickly.

Information on coding guidelines, policies, billing information, legislation, HIPAA, and fraud and abuse can be found readily. One of the more useful components of the site is the Physician Fee Schedule Lookup, which provides fee schedule amounts and Relative Value Units for any particular CPT code.

Multiple educational resources are available on the site. The Medicare Learning Network is an important tool providing information for residents and new physicians, coders and billers, and established providers. Topics addressed include the Advance Beneficiary Notice, screening services, appeals, and the remittance advice (Medicare Explanation of Benefits). Also available are the Internet-only Medicare Manuals, which provide a wealth of information across a broad range of topics.

One of the more useful manuals available is the Medicare Claims Processing Manual (publication 100-04). It is frequently helpful to know the rules the carrier must follow when processing a claim. There is no reason to guess about these rules since Medicare contractors (your state or region's Medicare carrier is one of these) abide by the protocols put forth in this manual.

Medicare forms can be downloaded from the site. Examples are the Advance Beneficiary Notice form, the Notice of Exclusions from Medicare Benefits, and the Disclosure of Ownership and Control Interest statement.

Most of the information you are likely to seek is available from the "Physicians Resource Center" in the Provider Center. Navigation is quite efficient from this launching point. From the Physician Resource Center, links can be found to billing and payment information; coding, modifiers, and the National Correct Coding Initiative; and prescription drug coverage.

An example from clinical practice will drive home the advantages of familiarity with the website. Say you contemplate performing cataract surgery with intraocular lens implantation in a patient with vitreous herniation through a miotic pupil. You anticipate that iris manipulation and subtotal anterior mechanical vitrectomy will be required. Assume that you practice in Virginia and that the Medicare contractor is Trailblazer Health Enterprises.

There are several steps you should take in anticipation of this operation. First, you will want to know if the procedure qualifies as complex cataract surgery (CPT 66982) rather than routine cataract surgery (CPT 66984). An easy way to check this is by referring to a local coverage determination (LCD) that has been issued for your locality.

You may look under the top-level subject "Resources and Tools," and then under "Coverage." There you will find a link to the Medicare Coverage Database. By searching under local coverage determinations, you will be brought to the LCD issued by Trailblazer for complex cataract surgery. The LCD indicates that the use of four additional incisions for four iris retractors, among other requirements, will qualify the surgery as complex. You plan on using these devices in this way, and therefore anticipate that CPT 66982 will be the correct code for the cataract procedure.

You know that anterior vitrectomy is bundled with most types of cataract surgery. However, you are not sure if anterior vitrectomy is bundled with complex cataract surgery. You should check the National Correct Coding Initiative to see if CPT 66982 and CPT 67010 (subtotal anterior mechanical vitrectomy) are bundled. This information is available through the website under the top-level subject "Medicare," and then under "Coding" where you will find a link to "National Correct Coding Initiative Edits." This will reveal that the procedures are indeed bundled, but that in appropriate circumstances the bundle may be broken with the -59 modifier.

You are not sure about the appropriate use of the -59 modifier. A search on "modifier 59" brings you to a document entitled "Modifier 59 Article: Proper Usage Regarding Distinct Procedural Service." You review this article and believe the use of modifier -59 will be appropriate in this circumstance.

You or your biller will want to know the fee schedule amount for the respective procedures. These amounts are available through the website under the top-level subject "Resources and Tools," and then under "Medicare" where you will find a link to "Medicare Physician Fee Schedule Lookup."

You find that CPT 66982 is the procedure with the higher fee schedule amount. You therefore plan to code the procedure as 66982 RT with 67010-59-RT. Adding the -51 modifier to CPT 67010 would further emphasize to the payer that the cataract surgery is the primary procedure and that the vitrectomy is secondary, but this particular carrier has indicated that it prefers not to see this modifier on claims it receives.

This website should become a trusted companion as you travel down the tortuous path of Medicare coding and reimbursement. Take advantage of all it has to offer.

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