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How to bill and report for cryoanalgesia for knee pain (eg., IOVERA)

If you are as confused as the rest of us, you are not alone. Previously in May 2017 the AMA developed new Category III codes 0440T, 0441T and 0442T which stated they were for cryoablation procedures. AMA confirmed that in a paid opinion August of 2017. But then a CPT Assistant came out in October of 2017 with a Q&A regarding "*What is the appropriate code to report cryoanalgesia applied to peripheral nerves (ie, genicular), as well as cryoanalgesia for post-thoracotomy pain?*" And the reply was to report the destruction by neurolytic agent, codes such as 64632 or 64640.

If this wasn't confusing enough I approached the AMA again to clarify which coding is correct for this, only to get a reply April 2018 stating that they are now placing this coding issue on "..the agenda for consideration by the CPT Editorial Panel at the upcoming May 2018 CPT Editorial Panel meeting and information will be forthcoming." They then added that until this coding issue can be addressed the recommendation is to report the unlisted CPT code "64999, *Unlisted procedure, nervous system, should be reported when this service is performed,* for IOVERA for cryoanalgesia services."

So, stay tune for the AMA/CPT to provide further guidance on correct coding for cryoanalgesia procedure. Also make sure you check with your given contracted

payer/carrier to see what their own internal policies say regarding coverage and coding.

Here are just a few payer policies:
http://www.aetna.com/cpb/medical/data/200_299/0297.html

https://www.cigna.com/healthwellness/hw/medical-topics/nerve-block-for-pain-relief-tv7942

Consultation Reporting

I have been getting question regarding what is required in order to report a Consultation EM CPT code. Now that Medicare no longer covers this range of codes you will want to follow CPT guidelines as well as any contracted payer policies.

CPT Guidelines states:

> "*Transfer of care is the process whereby a physician or other qualified health care professional who is providing management for some or all of a patient's problems relinquishes this responsibility to another physician or other qualified health care professional who explicitly agrees to accept this responsibility and who, from the initial encounter, is not providing consultative services. The physician or other qualified health care professional transferring care is then no longer providing care for these problems though he or she may continue providing care for other conditions when appropriate. Consultation codes should not be reported by the physician or other qualified health care professional who has agreed to accept transfer of care before an initial evaluation but are appropriate to report if the decision to accept transfer of care cannot be made until after the initial consultation evaluation, regardless of site of service."*

Then under the guidelines for Consultations CPT adds the following:

> *"A consultation is a type of evaluation and management service provided at the request of another physician or appropriate source to either recommend care for a specific condition or problem or to determine whether to accept responsibility for ongoing management of the patient's entire care or for the care of a specific condition or problem.*

A physician consultant may initiate diagnostic and/or therapeutic services at the same or subsequent visit.

A "consultation" initiated by a patient and/or family, and not requested by a physician or other appropriate source (eg, physician assistant, nurse practitioner, doctor of chiropractic, physical therapist, occupational therapist, speech-language pathologist, psychologist, social worker, lawyer, or insurance company), is not reported using the consultation codes but may be reported using the office visit, home service, or domiciliary/rest home care codes as appropriate.

The written or verbal request for consult may be made by a physician or other appropriate source and documented in the patient's medical record by either the consulting or requesting physician or appropriate source. The consultant's opinion and any services that were ordered or performed must also be documented in the patient's medical record and communicated by written

Any specifically identifiable procedure (ie, identified with a specific CPT code) performed on or subsequent to the date of the initial consultation should be reported separately."

Compliance Issues

OIG Work Plan is updated and available at https://oig.hhs.gov/reports-and-publications/workplan/updates.asp and https://oig.hhs.gov/reports-and-publications/workplan/index.asp

Fracture Reporting Updates

The best CPT Assistant regarding could be found in the Feb 1996 Assistant and over the years people kept asking me isn't there anything more recent, and that answer was not really. But now as of Jan 2018 the AMA/CPT brought that Feb 1996 CPT Assistant and dusted it off and it is now in the Jan 2018 CPT Assistant. If you do any fracture care in your facilities/offices you will want to at least purchase this updated version. You will find the same examples and supporting information that you can bill and report separately for an EM service along with global fracture care codes as long as it is supported. There is also reference to when you should use

modifiers 54 and 55 and who should report a global fracture care code such as 'closed treatment without manipulation'.

Some additional CPT Coding Updates

Arthroscopic biceps tenotomy is still to be reported using the appropriate arthroscopic debridement codes. See CPT Assistants Jan 2018 and Sept 2012

Coding for **injection on the superior medial and lateral branches and the inferior medial branch of the left genicular nerve** performed for destruction with a neurolytic agent should be reported with 64640 per the Jan 2018 CPT Assistant

The **CMC joint injection** is considered a small joint per CPT Assistant August 2017.

If you have been having payers/carriers deny when you bill for an **arthroscopic ACL reconstruction 29888-59 and an open collateral ligament reconstruction 27427** you now have further supporting information that these two codes can be reported, see the May 2017 CPT Assistant for these appeals. The issues are that the ACL is an intra-articular structure and the collateral ligaments are extra-articular and you are using scope technique for one and open for the other. Unfortunately, this has to be explained to many of the payers/carriers.

Looking for **arthroscopic codes for iliopsoas tendon release** or debridement in the hip, there aren't any and they fall under the unlisted scope code 29999 per the April 2017 CPT Assistant.

You will also be reporting an unlisted code 27599 when performing an **excision of a bony ossicle on the knee caused by Osgood-Schlatter disease**, per the March 2017 CPT Assistant.

If you have issues or concerns that you would like further input on, please feel free to send emails to info@margievaught.com. If you would like to schedule any audios or live presentations, please feel free to contact me.

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Check out below for upcoming Audios and Live Presentations

Upcoming Audios and Workshops 2018

April 10th, 2018 – National AAPC – Orlando Florida – Breakout sessions on Spine and shoulder – sponsored by www.aapc.com - http://www.healthcon.com/

April 11th, 2018 – Audio – Hands, wrist and fingers surgical procedures and coding – sponsored by www.audioeducator.com

April 14-17th, 2018 – Annual AAOE – Orlando Florida - http://s4.goeshow.com/aaoe/annual/2018/registration_information.cfm

April 19th, 2018 – AmSurg New Orleans sponsored by AmSurg contact mblock@amsurg.com

May 9th, 2018 – Audio – Ankle/feet/toes understanding the procedures and coding – sponsored by www.audioeducator.com

May 23rd, 2018 – Audio – Hip and Knee Arthroplasties – sponsored by DecisionHealth - http://www.codingbooks.com/ympda052318

March 30th, 2018 – Audio – ICD-10 Coding for Fractures – All kinds – Sponsored by www.audioeducator.com

June 14th, 2018 – Audio - Keep Your Ortho Practice Ahead of Oct. 1 ICD-10-CM Code Changes – sponsored by DecisionHealth - http://www.codingbooks.com/a2680

June 20th, 2018 – Audio – Understanding shoulder procedures and coding – sponsored by www.audioeducator.com

July 11th, 2018 – Audio – Coding and documenting hip and knee procedures – sponsored by www.audioeducator.com

October 15th – 17th, 2018- 18th Annual Advanced Orthopedic Symposium – Hilton Orlando, FL - sponsored by DecisionHealth - **http://www.codingbooks.com/specialty-coding**