

Code-a-Palooza! Part 1: Could You Win Coding's Annual Game Show?

What's your favorite event at the annual meeting? For the past 5 years, one of my personal highlights has been Code-a-Palooza, an event like a game show. There are 2 teams that compete against one another *and* against the audience, which is supplied with a multiple-choice response system. This month and next, you can tackle some questions from the 2017 Code-a-Palooza.

Finger on the Buzzer!

Q1—when direct supervision is not needed. For Medicare Part B, which test does not require direct supervision (which is when a physician of the practice must be present on site)?

- A. 76512 *Ophthalmic ultrasound, diagnostic; B-scan (with or without superimposed nonquantitative A-scan)*
- B. 95930 *Visual evoked potential (VEP) testing central nervous system, checkerboard, or flash*
- C. 92060 *Sensorimotor examination with multiple measurements of ocular deviation (e.g., restrictive or paretic muscle with diplopia) with interpretation and report (separate procedure)*
- D. 92235 *Fluorescein angiography (includes multiframe imaging) with interpretation and report, unilateral or bilateral*

Q2—physician's John Hancock. Which statement is false with regard to a physician signature?

- A. For paper charts, the signature

log should be readily available.

B. If you have an electronic health record (EHR) system, the protocol for the EHR signature should be readily available.

C. Stamped signatures or physician signature/staff initials are still allowed if you have physician approval.

D. If the physician signature is missing, the physician may make an attestation statement.

E. If the physician signature is illegible, the payer can automatically request a recoupment without even auditing the documentation.

Q3—coding for butterfingers.

Oops! As you were getting ready to inject a drug, you dropped the vial. Which of these statements is true?

A. Bill for the drug using a HCPCS code with modifier –52 *Reduced services*. When you fill out the CMS 1500 form, include the reason for reduced services in box 19, which is the box that is designated for “additional claim information.”

B. Bill for the drug using a HCPCS code with modifier –59 *Distinct procedural service*. Include the reason in box 19 of the CMS 1500 form.

C. The lost drug is not reimbursable by the payer or patient. Contact the company rep to see if free drug can be provided.

D. Bill for the drug and double the units. Include the reason in box 19 of the CMS 1500 form.

Answers

1—when direct supervision is not needed. Answer: C is true. The sensorimotor exam has general supervision for Medicare Part B.

More to the story. Ophthalmic tests requiring direct supervision include:

- 76510 *Diagnostic A- and B-scan*
- 76511 *Quantitative A-scan*
- 76512 *B-scan*
- 76513 *Anterior segment ultrasound*
- 92235 *Fluorescein angiography (FA)*
- 92240 *Indocyanine green angiography (ICGA)*
- 92242 *FA and ICGA*
- 95930 *VEP*

For commercial payers who do not follow CMS rules, all tests require direct supervision.

2—physician's John Hancock.

Answer: C is false. Stamped signatures or physician signature/staff initials are still allowed, provided that you have physician approval.

More to the story. According to CMS ICN 905634, stamped signatures are only permitted in the case of an author with a physical disability who can provide proof to a CMS contractor of inability to sign because of a disability.¹

3—coding for butterfingers. Answer: C is true. The lost drug is not reimbursable by the payer or patient. Contact the company rep to see if free drug can be provided.

¹ www.cms.gov/Outreach-and-Education/Medical-Learning-Network-MLN/MLNProducts/downloads/Signature_Requirements_Fact_Sheet_ICN905364.pdf. Accessed Dec. 15, 2017.