CDM-Focused Webinar

1. Are there recommended revenue codes to use with the new MR safety codes (76014-76019)?

   Answer: The Centers for Medicare & Medicaid Services (CMS) has not provided guidance for revenue codes specific to CPT® codes 76014-76019. In lieu of specific guidance, general guidance should be used. Facilities should use the revenue code that represents the cost center where costs will be reported on the facility's cost report.[1]

2. What documentation is needed to code the new MR safety codes?

   Answer: The CPT® Parenthetical notes indicate that a written report is required. CPT® and CMS generally do not provide guidance regarding documentation requirements. Usually, documentation requirements are dictated by your credentialling bodies and your facility's policies and procedures.[2]

3. Which codes will CMS accept for the deleted telehealth codes?

   Answer: CMS stated that providers should report codes that are on the CMS List of Telehealth Services.[3]

4. For the new MR safety procedure codes 76014-76019, does clinical staff include hospital technologists?

   Answer: CPT guidelines do not provide guidance whether the definition of clinical staff includes hospital technologists or not. What was stressed during the CPT® Symposium was that the written report should be provided by the person who was preparing the report and submitting the claim for services. You may wish to reach out to your local Medicare Administrative Contractor (MAC) for their interpretation of the guidelines.[4]

HIM-Focused Webinar

1. In order to charge for 0913T, would you have to perform the procedure using either IVUS or OCT? Can you charge the procedure if those aren't used?

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[1] Publication 100-04 Medicare Claims Processing Manual, Chapter 4 Part B Hospital, Subsection 20.5, "Clarification of HCPCS code to Revenue Code Reporting," Pages 59-60, available at: https://www.cms.gov/regulations-and-guidance/guidance/manuals/downloads/clm104c04.pdf

[2] CPT® Manual Professional Edition, "Radiology, Magnetic Resonance Safety Implant/Foreign Body Procedures," pages 560-561

[3] Medicare, Coverage, Telehealth, "List of Telehealth Services," available at: https://www.cms.gov/medicare/coverage/telehealth/list-services

[4] CPT® Manual Professional Edition, "Radiology, Magnetic Resonance Safety Implant/Foreign Body Procedures," pages 560-561

Answer: The description of code 0913T, *Percutaneous transcatheter therapeutic drug delivery by intracoronary drug-delivery balloon (eg, drug-coated, drug-eluting), including mechanical dilation by nondrug-delivery balloon angioplasty, endoluminal imaging using intravascular ultrasound (IVUS) or optical coherence tomography (OCT) when performed, imaging supervision, interpretation, and report, single major coronary artery or branch* contains the phrase "when performed." The procedure may be performed without IVUS or OCT, but those services are bundled into the services are part of the procedure when they are performed.[5]

2. For codes 15011 and 15012 would the skin be harvested in the operating room or in the clinic?

   Answer: The answer may be payer-specific. CMS has assigned status indicators for the codes, meaning the codes would be reportable in the outpatient setting. The Medicare Physician Fee Schedule (MPFS) has the codes designated as carrier-priced. Unfortunately, this does not provide information regarding whether or not the service is reimbursable in the facility or non-facility setting.[6]

3. Can we use the new codes 15011-15018 if the skin is harvested from a cadaver or a pig?

   Answer: No, these services are skin cell suspension autograft services (SCSA), and autograft services indicate that the harvesting is from the patient and not a cadaver or pig.[7]

[5] CPT® Manual Professional Edition, Category III Codes, "Transcatheter Therapeutic Drug Delivery by Intracoronary Drug-Delivery Balloon," pages 978-979

[6] Publication 100-04 Medicare Claims Processing Manual, Chapter 26 Completing and Processing Form CMS-1500 Data Set, Subsection 10.6, "A/B Medicare Administrative Contractor (MAC) (B) Instructions for Place of Service (POS) Codes," pages 21-22, available at: https://www.cms.gov/regulations-and-guidance/guidance/manuals/downloads/clm104c26pdf.pdf

[7] CPT® Manual Professional Edition, Surgery, Integumentary System, " Skin Replacement Surgery," pages 103-105