

Sufficient Documentation Essential for Ostomy Pay

Insufficient documentation accounted for nearly 82 percent of improper payments for ostomy supplies in 2018, according to the Centers for Medicare & Medicaid Services (CMS). No documentation and medical necessity also are reasons for ostomy supply pay problems. Learn More »

Claims for Next Generation Sequencing May Have Been Denied in Error

Clinical diagnostic laboratories that fulfilled orders for targeted genomic sequence analysis panel CPT code 81455 between March 16, 2018, and March 31, 2018, may need to resubmit these claims to Medicare. Some claims may have been denied due to non-coverage for the given diagnosis. Learn More »

Reporting J1444 under ESRD PPS

In the quarterly update to the End-Stage Renal Disease (ESRD) Prospective Payment System (PPS), a new HCPCS Level II code is being added for anemia management with an effective date of July 1, 2019. Learn More »

Excision of Benign or Malignant Skin Lesion

To select an appropriate code for excision of a benign (11400-11471) or malignant (11600-11646) skin lesion, you must determine the lesion's diameter at its widest point, and add double the width of the narrowest margin (the portion of healthy tissue around the lesion also excised). Learn More »





49905: Open or Closed?

In researching CPT® code 49905 Omental flap, intra-abdominal (List separately in addition to code for primary procedure), I found an article in AAPC's Knowledge Center, dated 10/01/2013, titled "Omental Pedical Flaps," that states this is an open surgical code. Does this mean I cannot this add-on code for laparoscopic procedures? <u>Learn More</u>»

38531: Inguinofemoral Node Biopsy or Excision

CPT® 2019 introduced 38531 Biopsy or excision of lymph node(s); open, inguinofemoral node(s) to report open biopsy or excision of inguinofemoral lymph node(s), which are located near the groin. <u>Learn More ></u>

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