


CMS to Hold Outpatient Claims with Lab Codes G0477-G0483 or flu vaccine 90630 for processing until 4/4/2016

For reasons that have not been published, CMS failed to include the 2016 Clinical Lab Fee Schedule drug screen codes G0477-G0483 in the OPPS Addendum B for January 2016. As a result, Medicare Administrative Contractor claim processing systems are unprepared to recognize these codes for processing.

Claims with the new G0477-G0483 codes have been rejected by some MACs, but others have published announcements of their intention to hold claims with these codes until the next version of the Outpatient Code Editor on April 4, 2016, after which they will process the claims:

<https://med.noridianmedicare.com/web/jfa/fees-news/alerts-details/-/view/10529/drug-testing-laboratory-codes-rejected-in-error>



Jurisdiction F
Alaska, Arizona, Idaho, Montana, North Dakota, Oregon,
South Dakota, Utah, Washington, Wyoming

Drug Testing Laboratory codes rejected in Error

Applies to: All provider's claims containing HCPCS codes G0477-G0483 and dates of service on/after 01/01/16.

Procedure Codes: HCPCS codes G0477-G0483

Background: CMS discovered system errors affecting claims submitted with new drug testing laboratory codes (HCPCS codes G0477-G0483) and dates of service on/after January 1, 2016. Lines may have rejected with reason code W7006 in error.

Noridian Action: Noridian is currently holding affected claims until a system fix is installed. The fix is scheduled for April 4, 2016.

Provider Action: None

Date Reported: 01/26/16

OPPS Hospitals may wish to consider their options. While Critical Access Hospital claims on an 85X bill type will not be affected by the delay, OPPS hospitals may find that billing the drug screen codes causes more trouble than value. In an Open Door Forum on January 26, 2016, Medicare representatives indicated that hospitals may elect not to report the new G-codes until such time as the claims system can process the new codes. This may be a sensible approach when OPPS reimbursement will “package” payment for the new drug testing codes into the reimbursement for most payable non-lab services. If the hospital chooses to drop the drug screen codes from its institutional claim, the hospital will be paid the same total reimbursement, and patient liability will be adjudicated more quickly.

The adjudication of patient liability in the form of deductibles and coinsurance will also be delayed on claims with G0477-G0483 until processed in April. The delay in billing patients their cost share may

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generate patient complaints, since the coinsurance obligation will be many months old before the patient receives the first notice of liability. Patients expect to be billed timely, and when the hospital fails to do so for any reason, some patients take a less serious view of their obligation to pay.

Under OPSS packaging rules, when the new G0477-G0483 drug screen codes are billed together with another HCPCS on the same claim, and the other HCPCS is assigned to status indicators "J1," "J2," "S," "T," "V," "Q1," "Q2," or "Q3", the drug test code will be "packaged" into payment on another line. PARA clients can quickly identify the OPSS status indicator of any other billable HCPCS on the same claim on the PARA Data Editor Calculator tool.

For example, a PARA Data Editor HCPCS inquiry on the Calculator tab reveals that the OPSS Status Indicators for an ED visit code (Status J2), a debridement code 11042 (Status T), a chest x-ray (Status Q3), and EKG (status Q1) and infusion therapy (Status S) are all among those which package payment for the new G0477-G0483 drug testing codes. Therefore, when a claim reports both a drug screening code G0477-G0483 with any of these codes, OPSS Medicare reimbursement will be no different if the drug screening code was not reported at all.

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Select Charge Quote Charge Process Claim/RA Contracts Pricing Data Pricing Rx / Supplies Filters CDM Calculator Advisor Admin RAC CAT PARA

Report Selection 2016 Hospital Based HCPCS/CPT® Codes Quarter: Q1

2016 HCPCS Codes - ALL Quarter: Q1
 Codes and/or Descriptions: 99283,96365,93005,73040,71010,11042 for selected Provider: Regional Hospital (990001)
 Results returned(below): 6
 AWI: 1, DME: CA, Clinical Lab Fee Schedule: CA1, Physician Fee Schedule: ANAHEIM/SANTA ANA, CA

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| Current Descriptor | Fee Schedule | Initial APC | Payment |
|---|--|--|---|
| <input type="checkbox"/> 11042 - debridement, subcutaneous tissue (includes epidermis and dermis, if performed); first 20 sq cm or less T - Paid Under OPSS; Separate APC. | GB (Physician Facility): \$69.19 GB (Physician Non-Facility): \$135.81 | 5052 - Level 2 Skin Procedures | Weight: 3.0594 Payment: \$225.55 National Co-pay: \$0.00 Minimum Co-pay: \$45.11 |
| <input type="checkbox"/> 71010 - radiologic examination, chest; single view, frontal Q3 - Paid under OPSS; Addendum B displays APC assignments when services are separately payable. | GB (Physician Facility): \$26.04 GB (Physician Non-Facility): \$26.04 26 (Physician Facility): \$10.04 26 (Physician Non-Facility): \$10.04 TC (Physician Facility): \$16.00 TC (Physician Non-Facility): \$16.00 | 5521 - Level 1 X -Ray and Related Services Composite(s) | Weight: 0.8247 Payment: \$60.80 National Co-pay: \$0.00 Minimum Co-pay: \$12.16 |
| <input type="checkbox"/> 73040 - radiologic examination, shoulder, arthrography, radiological supervision and interpretation Q2 - Paid under OPSS; Addendum B displays APC assignments when services are separately payable. | GB (Physician Facility): \$118.40 GB (Physician Non-Facility): \$118.40 26 (Physician Facility): \$30.13 26 (Physician Non-Facility): \$30.13 TC (Physician Facility): \$88.27 TC (Physician Non-Facility): \$88.27 | 5524 - Level 4 X -Ray and Related Services | Weight: 4.7706 Payment: \$351.71 National Co-pay: \$0.00 Minimum Co-pay: \$70.35 |
| <input type="checkbox"/> 93005 - electrocardiogram, routine ecg with at least 12 leads; tracing only, without interpretation and report Q1 - Paid under OPSS; Addendum B displays APC assignments when services are separately payable. | GB (Physician Facility): \$10.34 GB (Physician Non-Facility): \$10.34 | 5733 - Level 3 Minor Procedures | Weight: 0.7587 Payment: \$55.94 National Co-pay: \$0.00 Minimum Co-pay: \$11.19 |
| <input type="checkbox"/> 96365 - intravenous infusion, for therapy, prophylaxis, or diagnosis (specify substance or drug); initial, up to 1 hour S - Paid Under OPSS; Separate APC. | GB (Physician Facility): \$83.10 GB (Physician Non-Facility): \$83.10 | 5694 - Level 4 Drug Administration | Weight: 2.349 Payment: \$173.18 National Co-pay: \$0.00 Minimum Co-pay: \$34.64 |
| <input type="checkbox"/> 99283 - emergency department visit for the evaluation and management of a patient, which requires these 3 key components: an expanded problem focused history; an expanded problem focused examination; and medical decision making of moderate complexity. counseling and/or coordination of care w/ J2 - Paid under OPSS; Addendum B displays APC assignments when services are separately payable. | GB (Physician Facility): \$66.18 GB (Physician Non-Facility): \$66.18 | 5023 - Level 3 Type A ED Visits Composite(s) | Weight: 2.6582 Payment: \$195.98 National Co-pay: \$0.00 Minimum Co-pay: \$39.20 |

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Additionally, institutional claims with flu vaccine code 90630 will also be delayed in processing at Medicare until April 4, 2016. Medicare announced that 90630 would be payable on December 22, 2015; as a result, Medicare hospital claims processing systems were not updated in time for a January 1 rollout.

<https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNMattersArticles/Downloads/MM9357.pdf>

In addition, until Medicare systems changes are implemented, **MACs will hold institutional claims** containing influenza virus vaccine CPT codes 90630 (with dates of service on or after August 1, 2015) that they receive before April 4, 2016. Once the system changes described in CR9357 are implemented, these institutional claims will be processed and paid.

The specific NDC codes for 90630 are available in the PARA Data Editor NDC to J Code Crosswalk, as displayed on the following page.

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Select Charge Quote Charge Process Claim/RA Contracts Pricing Data Pricing Rx / Supplies Filters CDM Calculator Advisor Admin RAC CAT PARA

Report Selection **NDC to J Code**

NDC to J Code Crosswalk
 Codes and/or Descriptions: 49281070840
 Results Returned (below): 1

Pharmacy Cost Data Provided by First Data Bank
 Data last updated: 1/29/2016

Export to PDF | Export to Excel | Copy to Clipboard

| HCPCS | HCPCS Desc | HCPCS Status | Labeler | NDC | NDC Desc | Addl Desc | Drug | HCPCS Dosage | FDB Pkg Size Qty | Bill Units | Route | FDB WAC Unit | FDB SWP Unit | FDB SWP Pkg |
|-------|--|--------------|----------------|-------------|--------------------------------|----------------------|--|--------------|------------------|------------|-------------|-----------------|--------------|-------------|
| 90630 | INFLUENZA VIRUS VACCINE, QUADRIVALENT (IV4), SPLIT VIRUS, PRESERVATIVE FREE, FOR INTRADERMAL USE | E | Sanofi Pasteur | 49281070840 | FLUZONE INTRADERM QUAD 2015-16 | LATEX FREE,P/F,OUTER | FLUZONE QUADRIVALENT INTRADERMAL 2015/2016 | 0.1 ML | 0.1 | 1 | INTRADERMAL | 199.60 19.96 | 0.00 | 0.0 |

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