



Non-CME Webinar Series
designed with the trainee in mind

first Tuesday of the month



Billing and Compliance in Pain Medicine

Tuesday, April 4, 2023

7-8:30 pm ET



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Hospital-Based Outpatient Department and Ambulatory Surgery Center Versus In-Office Coding and Billing Charges/Revenue

Matthew Meroney

Assistant Professor -University of Florida

Anesthesiology/Pain Medicine



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- No disclosures



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Basics

In-office: “professional fee”

ASC: small professional fee + large facility fee

Hospital: small professional fee + **LARGE** facility fee

Part B

Appeals

Find information regarding the appeals process -- levels, forms, training, FAQs, and how to appeal Medicare coverage and payment decisions.

[More](#)

Billing

Find the latest news pertaining to Medicare billing and general coverage changes, learn how to employ preventive measures to promote patient health, use tools to improve your billing, and locate deductible information.

[More](#)

Find Fee Schedules

Fee Schedule News

Fee Schedule FAQs

Archives

Data Files

Resources

Features key resources to help you understand claim submission guidelines and current processing issues and how they may impact you. It also includes essential information that will help you decrease the time you need to spend calling the provider contact center and increase the volume of claims that process correctly -- the first time. You'll be able to review the top inquiries, denials, and return unprocessable claims (RUC) (or Inquiries, Rejects, and RTPs) and learn how to avoid them.

[More](#)

Claims review programs

This section will enable you to find the information you need about claim review programs. Learn about medically unlikely edits (MUE), comprehensive error rate testing (CERT) program, inpatient Medicare severity-related diagnosis-related groups (MS-DRG), the recovery audit program, and National Correct Coding Initiative (CCI) edits.

[More](#)

Coding

Find resources to improve your coding accuracy and keeps you informed on coding-related topics including ICD-10, modifiers, place of service, and procedure codes.

[More](#)

Contact center

Find telephone numbers, departmental contact information, holiday and training closures, how to submit general inquiries and provide feedback to First Coast, additional resources, and more.

[More](#)

HOT TOPICS

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THE ASSOCIATION OF... En Español Text Size: - A +



UFHealth Citrix
https://mycitrix.shands.org/vpn/index.html

Enter search keywords

Entire Site (Excluding archives)

Join eNews

- FL
- Part B
- Coronavirus (COVID-19)
- Appeals
- Billing
- Claims Resources
- Claims Review Programs
- Coding
- Contact Center
- EDI
- Learning Center
- Evaluation & Management
- FAQs
- Fee Schedules**
- Forms
- Help & Resources
- IVR Resources
- LCDs/Medical Affairs
- Medical Documentation
- Medical Review
- Provider Enrollment
- Provider Incentives
- Provider Specialties
- Publication Archives
- SPOT
- Tools Center
- Welcome to Medicare

Find fee schedules – Part B fee schedule lookup

Complete this form to obtain Medicare fee-for-service allowances. You must select a fee schedule and enter a procedure code, location, and date of service.

*** Required**

Select fee schedule * Medicare physician fee

Procedure code * 64493

Date of service * 1/1/2023

Location - locality * Florida-99

More Information

- ▶▶ Help guide
- ▶▶ ASC payment indicators
- ▶▶ MPFS policy indicator definitions
- ▶▶ PDF, text, or Excel fee schedules
- ▶▶ Recent fee schedule news
- ▶▶ Search for LCDs
- ▶▶ National physician fee schedule lookup on CMS.gov
- ▶▶ Seasonal influenza vaccines pricing on CMS.gov



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WHEN EXPERIENCE COUNTS & QUALITY MATTERS

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- Part B
- Coronavirus (COVID-19)
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Enter search keywords Entire site (Excluding archives)

[Home](#) ▶ [Part B](#) ▶ [fee resources](#) ▶ [Florida payment localities by county](#)

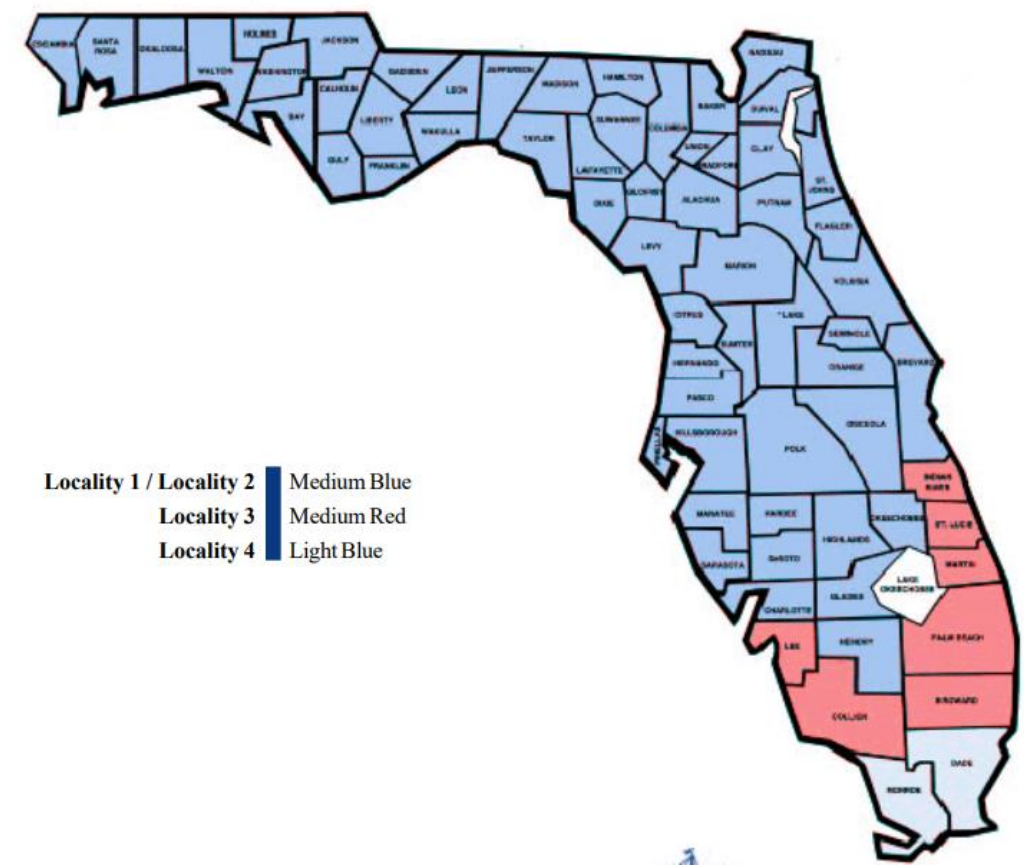
Florida payment localities by county

Locality is the geographic area based on the location of your practice. Florida consists of 99 = 01 and 02 combined).

A listing of the counties comprising each payment locality follows:

- Locality 03
 - Broward
 - Collier
 - Indian River
 - Lee
 - Martin
 - Palm Beach
 - St. Lucie
- Locality 04
 - Dade
 - Monroe
- Locality 99 (01/02)
 - Alachua (02)
 - Baker (02)
 - Bay (01)
 - Bradford (01)
 - Brevard (02)
 - Calhoun (01)

Year 2005 Medicare Part B Physician and Non-Physician Practitioner Fee Schedule





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Mbb - example
In office - NON FAC
PAR
173.90 vs 91.08

NON-FAC NON-
PAR – Don't accept
the insurance
MCR, MCD etc...

Fee Schedule	MPFS	Procedure Code	64493
State	FL	Locality	99
Record Effective Date	01/01/2023	Description	Inj paravert f jnt l/s 1 lev
NON OPPTS			
NON FAC PAR			173.90
NON FAC NON PAR			165.21
NON FAC LC			189.99
NON FAC eRx LC			N/A
NON FAC EHR LC			N/A
NON FAC PQRS LC			N/A
NON FAC EHR PQRS LC			N/A
NON FAC 2014 eRx/EHR LC			N/A
NON FAC 2014 eRx/EHR PQRS LC			N/A
FAC PAR			91.08
FAC NON PAR			86.53
FAC LC			99.50
FAC eRx LC			N/A
FAC EHR LC			N/A
FAC PQRS LC			N/A
FAC EHR PQRS LC			N/A
FAC 2014 eRx/EHR LC			N/A
FAC 2014 eRx/EHR PQRS LC			N/A



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Fee Schedule	ASC	Procedure Code	64493	Date Of Service	1/1/2023
State	FL	Locality	99	Modifier	
Record Effective Date	01/01/2023	Description		ASC PI	G2

Procedure Code	64493
Modifier	
Effective Date	01/01/2023
CBSA	23540
Proc Ind	S
ASC PI	G2
Amount	412.28
FC Mod Amount	0.00
FB Mod Amount	0.00
Penalty Amount	404.34
FC Penalty Amount	0.00
FB Penalty Amount	0.00
LCDs	L33930

ASC Fee
-412.28
Hospital Fee
-1081.41



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- Historically doctors charged based off of a “usual, customary and reasonable” approach.
- Physicians generally charged the wealthy more and may have treated the poor for reduced or waved fees.
- System created to regulate fees
- $R\text{VU} = \text{Physician fee} + \text{Practice expense (supplies etc)} + \text{malpractice expense}$
- Multiplied by geographic adjustment





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RVU Relative Value Unit

Conversion Factor ?	33.8872
Update Factor ?	1.0
Work RVU ?	1.52
FAC PE RVU ?	0.98
NON FAC PE RVU ?	3.58
Malpractice RVU ?	0.17
Work GPCI ?	1.0
Practice GPCI ?	0.94
Malpractice GPCI ?	1.451
MPPR ?	0.00
Anti-markup Test Indicator ?	9



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NON OPPTS	
NON FAC PAR	89.77
NON FAC NON PAR	85.28
NON FAC LC	98.07
NON FAC eRx LC	N/A
NON FAC EHR LC	N/A
NON FAC PQRS LC	N/A
NON FAC EHR PQRS LC	N/A
NON FAC 2014 eRx/EHR LC	N/A
NON FAC 2014 eRx/EHR PQRS LC	N/A
FAC PAR	51.86
FAC NON PAR	49.27
FAC LC	56.66
FAC eRx LC	N/A
FAC EHR LC	N/A
FAC PQRS LC	N/A
FAC EHR PQRS LC	N/A
FAC 2014 eRx/EHR LC	N/A
FAC 2014 eRx/EHR PQRS LC	N/A

64494 – second joint

In-Office

Professional fee

-89.77 – (compared to 173.90)

ASC:

-51.86 - (compared to 91.08)



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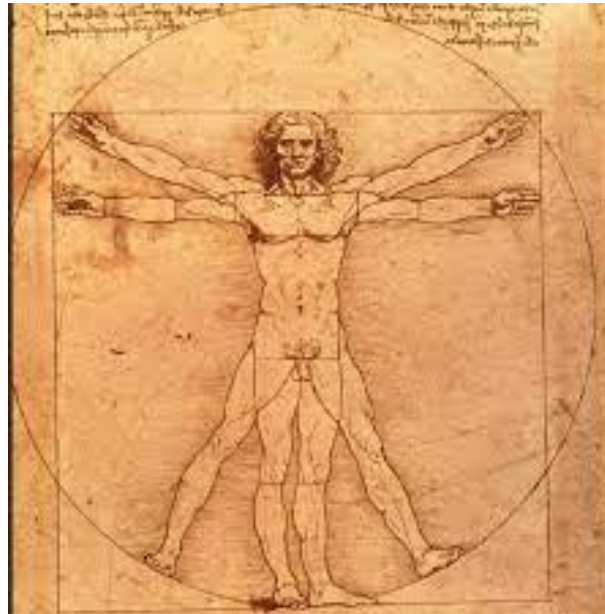
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Bilateral procedure?

50% more or in other words 1.5 times unilateral procedure





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- Important distinctions
 - Zygapophyseal (aka facet) joint level refers to the entire “joint” that requires two medial branch blocks to de-innervate
 - two adjacent joints require three nerves treated, non-adjacent require four, reimbursed off of joints treated not number of nerves treated
- Limits
 - Maximum two joints bilaterally (cervical/thoracic or lumbar regions considered separate)
 - May consider appealing for additional coverage (joints) if the physician feels is necessary (scoliosis... compression fx... etc though difficult to have approved)



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- Private insurance?
 - Roughly 30% more than Medicare
- Medicaid
 - Roughly 30% less than Medicare
 - Roughly 54% of private insurance reimbursement



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- SCS Trial – 63650 – example of larger variability
- Physician fee
 - In office \$2228.69
 - Facility \$419.07
- MCR evolution making in office more profitable to encourage physicians to minimize facility use

Fee Schedule	MPFS	Procedure Code	63650
State	FL	Locality	99
Record Effective Date	01/01/2023	Description	Implant

NON OPPTS ?	
NON FAC PAR ?	2228.69
NON FAC NON PAR ?	2117.26
NON FAC LC ?	2434.84
NON FAC eRx LC ?	N/A
NON FAC EHR LC ?	N/A
NON FAC PQRS LC ?	N/A
NON FAC EHR PQRS LC ?	N/A
NON FAC 2014 eRx/EHR LC ?	N/A
NON FAC 2014 eRx/EHR PQRS LC ?	N/A
FAC PAR ?	419.07
FAC NON PAR ?	398.12
FAC LC ?	457.83
FAC eRx LC ?	N/A
FAC EHR LC ?	N/A
FAC PQRS LC ?	N/A
FAC EHR PQRS LC ?	N/A
FAC 2014 eRx/EHR LC ?	N/A
FAC 2014 eRx/EHR PQRS LC ?	N/A



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- This concept is where you bring value that you should consider.
- SCS trial 80% of your potential income diverted to facility
- If you can not invest in the ASC... in office should be considered
- Easier said than done





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- Questions?