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## Ortho News This Week

### Coding Question

The Sage Associates

#### Question

What are the Medicare billing rules for billing two E&M services for a patient seen on the same day by two orthopaedic surgeons – different orthopaedic subspecialties – in the same group. For example – one of their general orthopaedic surgeons evaluates a patient and finds that they need a referral to their hand surgeon within the group. The general ortho bills for their E&M and refers the patient to the hand surgeon. The patient is able to see the hand surgeon that same day. Because the physicians are the same specialty – orthopaedic surgeons – can the practice bill two E&M services for the same patient on the same day? What if the patient is seen by the hand surgeon on a different day?



#### Response

This is fairly easy question to answer, but it is often misunderstood by our physicians and their practices, so I'm glad we can provide some support and clarification on this issue.

We need to look at Medicare's defined specialties to begin with and for ortho the specialties are:

- Orthopedic Surgery
- Physical Medicine and Rehabilitation
- Sports Medicine
- Hand Surgery
- Family Practice

#### [The CMS list of Specialty Codes.](#)

Sports Medicine has been added as a recognized specialty with Medicare as of October 1, 2018. If the Sports Medicine providers are Family Physicians boarded in Sports Medicine in your group, they can be considered either Family Medicine or Sports Medicine. If it were an Orthopedic physician boarded in Sports Medicine, then he/she would also be considered a separate specialty if they chose Sports Medicine as their primary specialty. It is important for each practice to know how they selected their specialty codes when enrolling with Medicare. As CMS adds new recognized specialties, one may need to update their PECOS file for Medicare.

#### Billing scenarios:

General Orthopaedic surgeon evaluates a patient, finds they need a referral to their hand surgeon in the group. When that patient sees the hand surgeon, it would be considered a new patient for the first visit, since hand is a separate recognized specialty. The practice could bill Medicare two new patients visits on the same day - or if it was an established patient for the general orthopedic surgeon, then they would bill an established patient visit for the general ortho and a new patient visit for the hand surgeon.

If the patient is seen by the hand surgeon on a different day, the billing would still be the same - the hand surgeon would bill a new patient visit on the date he/she saw the patient and the general ortho would bill the appropriate new or established visit on the date he/she saw the patient.

The three-year "new patient" rule does not necessarily mean the entire practice in this case. CPT defines a new patient as "one who has not received any professional services from the physician/QHP of the **exact** same specialty and subspecialty who belongs to the same group practice within the past three years. So since, they are different specialties/subspecialties both could bill as a new patient. A similar scenario would be if a patient sees a general ortho physician one year, and then a year later sees a subspecialist ortho, then that subspecialist visit would be a new patient visit, even though the patient saw a general ortho just a year earlier.

You can see how important it is for your physician specialties to be correct in your Medicare PECOS profile.

<https://pecos.cms.hhs.gov/pecos/login.do#headingLv1>

**Take time to make sure your specialty codes for your physicians are correct. It affects how your E&M services can be billed.**

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## New all-payor kickback statute: Eliminating kickbacks in recovery act of 2018



Hooper, Lundy and Bookman, PC

The federal opioids law (the "SUPPORT Act"),<sup>1</sup> signed by President Trump on October 24, 2018, covered a myriad of issues. Thus, it may have been easy to overlook a dramatic change to the fraud and abuse landscape – a new drug anti-kickback statute, the Eliminating Kickbacks in Recovery Act of 2018 ("EKRA") – that was included in the SUPPORT Act. EKRA was originally proposed by Senators Marco Rubio (R-Fla) and Amy Klobuchar (D-Minn.) in an effort to target patient brokers who recruit patients for addiction treatment centers and receive payment in return. However, as discussed below, EKRA also expands potential criminal liability for remuneration to patients, as well as payments to third parties for referrals. [READ MORE](#)

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## Extortion scam targeting DEA registrants

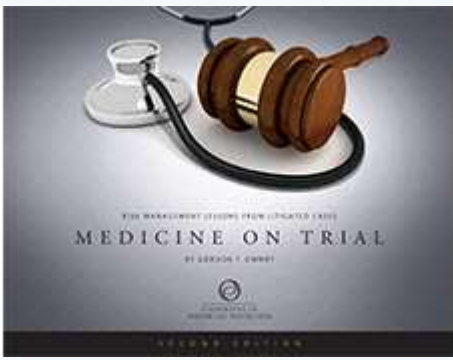


Drug Enforcement Administration

DEA is aware that registrants are receiving telephone calls and emails by criminals identifying themselves as DEA employees or other law enforcement personnel. The criminals have masked their telephone number on caller id by showing the DEA Registration Support 800 number. Please be aware that a DEA employee would not contact a registrant and demand money or threaten to suspend a registrant's DEA registration.

If you are contacted by a person purporting to work for DEA and seeking money or threatening to suspend your DEA registration, submit the information through "[Extortion Scam Online Reporting](#)" posted on the DEA Diversion Control Division's website, [www.DEADiversion.usdoj.gov](http://www.DEADiversion.usdoj.gov).

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## Upcoming surveys on physician resources for office visits



AAOS

In the next few weeks, AAOS and other major medical societies will be participating in an AMA/Specialty Society RVS Update Committee (RUC) survey for physician office visits (99202-99215, 99XXX). As you may know, the components of the Medicare Physician Payment Schedule are physician work, practice expense, and professional liability insurance. This survey will help AAOS, in concert with the RUC, recommend accurate relative values for physician work and direct practice expense to the Centers for Medicare and Medicaid Services. [READ MORE](#)

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## For 2020 Democrat hopefuls, 'Medicare-for-all' is a defining issue, however they define it



Kaiser Health News

Democrats with 2020 presidential aspirations are courting the party's increasingly influential progressive wing and staking out ambitious policy platforms. Front and center are three words: Medicare. For. All. That simple phrase is loaded with political baggage, and often accompanied by vague promises and complex jargon. Different candidates use it to target different voter blocs, leading to sometimes divergent, even contradictory ideas. [READ MORE](#)

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