



Coding for Intravenous Infusion, Fees for S9083, Morgan Lens Irrigation, and UB-04 Revenue Codes for Urgent Care

■ DAVID STERN, MD, CPC

Q. I had a patient come in who needed IV fluids and monitoring for five hours. We found the CPT codes 96360 (intravenous infusion, hydration; initial 31 minutes to 1 hour) and 96361 (each additional hour...) to use for the IV hydration therapy. However, my doctor cannot believe how low these codes are reimbursed by his health insurance. We did bill an office visit in addition to the IV. Is this all we can bill?

- Nicole, Fresno, CA

A. I believe that you are using the correct codes. In addition to the correct codes, many physicians want to add codes for IV fluids, tubing, and a code for venipuncture. However, according to CPT, the following are bundled into (i.e., included in) the IV hydration codes:

- Use of local anesthesia
- IV start
- Access to indwelling IV, subcutaneous catheter, or port
- Flush at conclusion of infusion
- Standard tubing, syringes, and supplies

Don't forget to list the 96361 multiple times, when appropriate. For this visit, for example, you might code an E/M code (e.g., 99203-25), 96360 (first hour IV hydration), and 96361 (each additional hour) x 4.

Q. Our urgent care clinic is trying to set up a contract, but the insurance company wants us to use the code S9083 (global fee urgent care centers). Is there a minimum or maximum amount we are allowed to charge? I have



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looked through several locations, and nothing is actually telling me the amounts. Can you please assist me?

- Pamela Seekford, Austin, TX

A. The contracted rate the payor will reimburse for this code should be noted in your contract with the payor; many times it is possible to negotiate a higher rate. There is no specific dollar amount that is standard for S9083. As you add payors, you should make sure your fee for S9083 is higher than the highest reimbursement level from any payor for the S9083.

Most software solutions will require you to manually enter the code. For efficiency and error prevention, you might want to look for software that is set up to automatically bill the S9083 (i.e., override other CPT and HCPCS codes) for specific payors that only pay on S9083.

Q. When a patient has chemical conjunctivitis and needs irrigation of the eye with a Morgan lens hooked up to a bag of fluids, how is this coded? What is the code for a Morgan lens?

- Maureen McRae, MD, Victor, NY

A. Some coders include the procedure in the E/M code. This is not intuitive; nor is it necessary, as the procedure adds significant expenses for supplies, staff time, additional risk, and facility usage. There is no specific code for Morgan lens irrigation. You might consider using the following codes:

■ **Eye Irrigation Procedure (possible codes):**

- **92499**—Unlisted ophthalmological service or procedure; or
- **65205**—Removal of foreign body (external) from eye but non-surgical. (Note: 65205 is the code recommended by the manufacturer. It is not a perfect code, as the physician is usually trying to flush out a foreign liquid (which is not exactly a "foreign body."); or

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HEALTH LAW

- Using shortened, text message versions of words or phrases in a business email (e.g., proly, lol, ur, OMG, IDK, lol, lmaorotf, eieio...).
- Multiple smiley faces, frowns, or any other kind of word art in a business email. ☺
- Creatively interchanging to, too, and two; your and you're; its and it's; and their, there, and they're.
- Excessively long sentences without any punctuation really drive me crazy almost more so than anything else even chewing gum with an open mouth or swearing in a meeting or one time at band camp this guy like really thought he was cool and then started drinking OMG he was so drunk that his parents were called and then he like vomited twice right before he passed out in front of I
- Using "I" and "me" interchangeably. ("Him and me went to the tractor pull and drank some beers.")

Oral Communication

- Like saying "like" like every few words. (I for one don't like it.)
- Using threats; "If you don't do XXX, then I will do YYY!" (The conversation can only go in one direction from here and it is rarely positive since you leave the recipient no out.)
- Speaking in the third person about yourself or the person you're speaking to (although this is really fun, me saying "John's getting angry!" is like super annoying).
- Mumbling, low-talking, or talking into the hand. (Sadly, I used to silently mouth words to my grandmother to see if I could make her tap her hearing aid. I'm sick, I know).
- Saying "Whatever!" whenever something is annoying.
- When someone asks a legitimate question, responding with, "I can't believe you didn't know that!" (Conveys that you believe that they are stupid.)
- Saying "Trust me" and then proceeding to say something completely untrue.
- Trailing off in mid-sentence and waiting for someone else to finish your sentence. ("In 1930, the Republican-controlled House of Representatives, in an effort to alleviate the effects of the...anyone, anyone? Great Depression. Passed the...anyone, anyone? The tariff bill? The Hawley Smoot tariff act? Which? Anyone, anyone? Raised or lowered...? Anyone, anyone?") ("Bueller? Bueller?")
- Interrupting while the other person is still speaking.

For the vast majority of individuals, none of the above is rocket science. However, for an infuriating few, these tidbits may be the difference between a successful career and a continuing march toward abject mediocrity.

All joking aside, effective communication is an art which must be practiced and I, like many others, must continue to train. Ancaro imparo; "I am still learning." ■

CODING Q & A

- **V2799**—Vision service, miscellaneous.
- **Morgan Lens: V2797**—Vision supply, accessory, and/or service component of another HCPCS vision code.
- **Fluid: J7120**—Ringers lactate infusion, up to 1000 cc (code once per liter or part of liter used).
- **IV Tubing: S1015**—IV tubing extension set (not for Medicare).

It should be noted that, if you are coding for a hospital, many hospitals use Morgan lens irrigation as a criteria for a level 5 E/M code on the facility billing UB-04. If you are not billing on the UB-04, you should ignore this comment. Morgan lens irrigation does not affect the physician E/M that is billed on the CMS-1500.

Q. Our hospital has an off-site urgent care office that uses the same tax ID number as the affiliated hospital. We are having problems getting our facility fee reimbursed. We are currently filing the claim on a UB-04 with revenue code 456 and CPT 99202. Do you see any issues with this billing method? Should this be filed on a HCFA 1500 instead?

- Jessica Easterwood

A. If you performed separate contracting for the urgent care, you may have contracted as a physician office, in which case the payors will not reimburse on the UB-04.

Many payors will reimburse hospitals (even for off-site urgent care centers) for the facility fee on the UB-04. You might find that the payor is expecting a different revenue code. Although some make more sense than others, possible revenue codes might include:

- 0456 Urgent Care
- 0516 Urgent Care Clinic
- 0519 Other Clinic
- 0520 Free-Standing Clinic
- 0523 Family Practice Clinic
- 0526 Urgent Care Clinic
- 0500 Outpatient Services.

I would recommend that you contact each payor to see what they expect. Don't be surprised, however, if the rep you call is unable to help you, as many times the payor is not sure itself what codes are expected in the edits of their software. ■

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