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CHAPTER XII
SUPPLEMENTAL SERVICES
HCPCS LEVEL II CODES A0000 - V9999
FOR
NATIONAL CORRECT CODING POLICY MANUAL
FOR PART B MEDICARE CARRIERS

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Chapter XII
Supplemental Services
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A. Introduction

The HCPCS Level II codes are alpha-numeric codes that have been developed by the Centers for Medicare and Medicaid Services (CMS) as a complementary coding system to the *CPT Manual*. These codes describe non-physician services and supplies such as drugs, durable medical equipment, ambulance, manipulations, etc. The general correct coding policies previously outlined in Chapter I apply to these codes as well as CPT codes. The correct coding edits and policy statements that follow address only those HCPCS Level II codes that are to be reported to the Medicare Part B carriers.

B. General Policy Statements

1. HCPCS code M0064 is not to be reported separately from CPT codes 90801-90857 (psychiatric services). This code describes a brief office visit for the sole purpose of monitoring or changing drug prescriptions used in the treatment of mental psychoneurotic and personality disorders.

2. HCPCS code Q0091, for screening pap smears includes the services necessary to procure and transport the specimen to the laboratory. If an evaluation and management service is performed at the same visit solely for the purpose of performing a screening pap smear, then the evaluation and management service is not reported separately. If a significant, separately identifiable evaluation and management service is performed to evaluate other medical problems, then both the screening pap smear and the evaluation and management service are reported. By appending the modifier -25 to the evaluation and management code, the provider is indicating that a significant, separately identifiable service was rendered.

3. HCPCS code G0101 (cervical or vaginal cancer screening; pelvic and clinical breast examination) may be reported with evaluation and management (E & M) services under certain circumstances. If a Medicare covered E & M service requires breast and pelvic examination, HCPCS code G0101 should not be

additionally reported. However, if the Medicare covered E & M service and the screening services, G0101, are unrelated to one another, both HCPCS code G0101 and the E & M service may be reported appending modifier -25 to the E & M service CPT code. Use of modifier -25 indicates that the E & M service is significant and separately identifiable from the screening service, G0101.

4. HCPCS code G0102 (Prostate cancer screening; digital rectal examination) is not separately payable with an evaluation and management code (CPT codes 99201-99499). CMS published this policy in the *Federal Register*, November 2, 1999, page 59414 as follows:

"As stated in the July 1999 proposed rule, a digital rectal exam (DRE) is a very quick and simple examination taking only a few seconds. We believe it is rarely the sole reason for a physician encounter and is usually part of an E/M encounter. In those instances when it is the only service furnished or it is furnished as part of an otherwise non-covered service, we will pay separately for code G0102. In those instances when it is furnished on the same day as a covered E/M service, we believe it is appropriate to bundle it into the payment for the covered E/M encounter."