

Quick Reimbursement Reference Guide

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<p>Product Overview</p>	<p>Q. What is the MedGem[®] Indirect Calorimeter?</p> <p>The MedGem[®] Indirect Calorimeter is a handheld, self-calibrating calorimeter which allows for accurate measurement of VO₂ to determine a patient's Resting Metabolic Rate (RMR).</p>
<p>Preauthorization</p>	<p>Q. Should we obtain preauthorization for the MedGem[®] measurement?</p> <p>Yes, we recommend preauthorization of the MedGem[®] measurement. Preauthorization clarifies benefits and payment rates in advance, allowing you and your patient to make informed decisions about their care. The only notable exception to this general rule is Medicare. Traditional Medicare does not preauthorize medical procedures. You should verify the patient's insurance benefits as well as their current eligibility by calling the Customer/Member Services phone number indicated on the patient's insurance card. You may be asked to provide diagnosis and procedure code(s) at that time. See the reverse side of this card for possible coding options related to the MedGem[®].</p> <p>Many payers no longer require preauthorization for outpatient procedures or for services under a specified dollar amount. Instead, services are reviewed for medical necessity and coverage when the claim is received. Accordingly, we strongly recommend that the patient sign a Waiver of Financial Liability in the event of a non-coverage or partial-coverage decision.</p>
<p>Coding</p>	<p>Q. CPT code 94690 is listed under the pulmonary section of the CPT book – why would I use it for weight management?</p> <p>The AMA CPT Information Services has verbally confirmed that CPT 94690 is an appropriate code for the MedGem[®] measurement. If you feel the code does not accurately describe the procedure performed, you should contact the payer and discuss your concerns. In some cases, they may recommend use of an unlisted code. Coding is ultimately the decision of the physician and the payer and should appropriately reflect the procedure as documented in the patient's medical record.</p> <p>Q. Will our claim be denied if we use an unlisted CPT code?</p> <p>Not necessarily. Unlisted codes are used when a service or procedure provided is not described by existing CPT codes. The payer will review your claim individually and base their decision for payment on their coverage guidelines and the documentation submitted. Appropriate documentation will assist the payer in determining medical appropriateness for the procedure. We recommend submission of a SPECIAL REPORT with all unlisted claims. The SPECIAL REPORT should describe the nature, extent and need for the procedure as well as the time, effort and equipment necessary to perform the procedure.</p>
<p>Coverage</p>	<p>Q. Which insurance companies are covering the MedGem[®] measurement?</p> <p>It is difficult to make generalizations regarding insurance coverage as insurance plans vary and are specific to policies negotiated by the employer group. However, if medical necessity exists, most insurance carriers including Medicare will consider coverage. The average reimbursed cost is between \$75.00 and \$ 85.00.</p> <p>Q. What if the payer denies coverage for 94690 because the code is limited to pulmonary function tests or the diagnosis is not of a pulmonary nature?</p> <p>We recommend challenging the denial based on medical necessity and the AMA CPT Information Services' confirmation of CPT coding. If this is unsuccessful, ask the payer if they prefer the claim be resubmitted with an alternative code which they specify.</p>

CPT five-digit codes, descriptions, two-digit modifiers and other data are copyright ©2003 American Medical Association. All rights reserved. This coding list is not all-inclusive and is not intended to represent all coding options. Coding of diagnoses and procedure codes is dependent on documentation in the patient's medical record. The information in this document is provided as a guide for coding procedures and services for the HealthTech™ MedGem[®] Indirect Calorimeter. It is not intended to increase or maximize reimbursement by any payer. This information is intended to assist providers in accurately obtaining coverage and reimbursement for health care services. Providers assume full responsibility for all reimbursement decisions or actions. We strongly suggest that you consult your payer organizations with regard to local coverage and reimbursement policies. Procedures done concurrently should be coded according to the procedures done. February 2004

Possible Reimbursement Coding Options

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<p>Medical Necessity Criteria</p>	<p>Medical necessity must be established in order for indirect calorimetry to be considered for reimbursement. Individual payers develop their own criteria for medical necessity. Payers should be consulted for their guidelines.</p> <p>Note: The MedGem® measurement may not be considered medically necessary for weight management. However, coverage potential is higher if there is an underlying medical need, such as diabetes.</p>
<p>ICD-9-CM Codes</p>	<p>Two codes are encouraged, a primary code describing the disease state with medical necessity and a secondary code describing a co-morbidity.</p> <p>Primary Diagnosis</p> <p>401.1 - 401.9 Hypertension 250.00 - 250.93 Diabetes Mellitus 244.9 Hypothyroidism 199.0 Cancer</p> <p>Secondary Diagnosis</p> <p>783.1 Abnormal Weight Gain 783.21 Abnormal Weight Loss 278.00 Obesity 278.01 Morbid Obesity 263.9 Malnutrition</p> <p>¹ Code to the highest level of specificity as documented in the patient's medical record</p> <p>The above codes are possible coding options for the MedGem® measurement. Other coding options may apply based on patient's diagnosis. For a complete list of coding options and descriptions, consult the current ICD-9-CM manual.</p>
<p>Physician Coding</p>	<p>94690 Oxygen uptake, expired gas analysis; rest, indirect (separate procedure)²</p> <p>94799 Unlisted pulmonary service or procedure (SPECIAL REPORT required)³</p> <p>99199 Unlisted special service, procedure or report (SPECIAL REPORT required)³</p> <p>Office Visits Note: Contact your payer for their coding guidelines to determine if the MedGem® measurement should be billed separately or in conjunction with an office visit.⁴</p> <p>99201-99205 Office or other outpatient visit for the evaluation and management of a new patient</p> <p>99211-99215 Office or other outpatient visit for the evaluation and management of an established patient</p> <p>² Per telephone conversation with AMA CPT Information Services, 94690 is the most appropriate code for the MedGem measurement. For a complete list of coding options and descriptions, consult your CPT manual. We recommend that each payer be queried on CPT code preference.</p> <p>³ The SPECIAL REPORT is provided by the physician and should describe the nature, extent and need for the procedure as well as the time, effort and equipment necessary to perform the procedure. See reverse side of this sheet for additional information.</p> <p>⁴ Payer policies vary concerning Evaluation & Management Services. The provider should clarify requirements pertaining to the MedGem measurement during the preauthorization process or prior to claim submission.</p>
<p>Dietitian Coding</p>	<p>94690 Oxygen uptake, expired gas analysis; rest, indirect (separate procedure)⁵</p> <p>MNT Note: Contact your payer for their coding guidelines to determine if the MedGem® measurement should be billed separately or in conjunction with medical nutrition therapy.⁶</p> <p>97802 Medical nutrition therapy; initial assessment and intervention, individual, face-to-face with the patient, each 15 minutes</p> <p>97803 Medical nutrition therapy; re-assessment and intervention, individual, face-to-face with the patient, each 15 minutes</p> <p>97804 Medical nutrition therapy; group (2 or more individual[s]), each 30 minutes</p> <p>⁵ Per telephone conversation with AMA CPT Information Services, 94690 is the most appropriate code for the MedGem measurement. For a complete list of coding options and descriptions, consult your CPT manual. We recommend that each payer be queried on CPT code preference.</p> <p>⁶ Payer policies vary concerning MNT and dietitian services. The provider should clarify requirements pertaining to the MedGem measurement during the preauthorization process or prior to claim submission.</p>