

Ask Dr. Miller



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The following questions and answers provide further guidance on use of CPT codes:

Question #1: I cannot find the fees for 99385, 99386, 99387, 99395, 99396, and 99397 on the CMS website.

Answer: It appears that Medicare does not cover preventive examinations. Therefore, we will have return to the 2018 guidance of using the consultation fee rates for any preventive exams CPT codes. The endnotes have been revised on the attached updated CPT list.

Question #2: For the new image-guidance breast biopsy codes, I can't fee rates for 10011 and 10012.

Answer: It is not clear why MRI guided breast FNA codes are not included in the Medicare fee schedule. If you receive this code from your providers, use the fee for 10009 and 10010, respectively. The attached CPT list has been updated with this guidance.

Question #3: If one of our providers is a critical access hospital, do we reimburse at the standard OPPS Medicare rate or can we use the Medicare approved rate for critical access hospitals? The rates are a little different.

Answer: For any hospital that is deemed a Critical Access Hospital by CMS, they should use the approved Medicare rate for critical access hospitals. That rate replaces the regular OPPS rate for those specific facilities.

Question #4: I can't find the fee associated with CPT code 88141 for cervical cytopathology in the clinical laboratory fee schedule.

Answer: CPT code 88141 is on the Physician Fee Schedule not the clinical lab schedule because it is for the physician's interpretation.