

### **July's Coding and Billing Challenges**

It's hard to keep track of all the changes, but it's essential that you do to ensure your coding/billing is correct. Here are several coding and policy updates you will need to know about to code/bill claims correctly the remainder of the year. Learn More »

#### **TAVR Rules Changed by CMS**

Transcatheter aortic valve replacement (TAVR) national coverage policy rules have been streamlined by the Centers for Medicare & Medicaid Services (CMS) as the minimally invasive intravenous procedure becomes more commonplace. However, it is still consider a clinical trial because of its relatively recent development. Learn More »

## **Ambulatory Blood Pressure Monitoring Coverage Expanded**

Physicians are better equipped to correctly diagnose Medicare patients with hypertension thanks to a new national coverage policy. The Centers for Medicare & Medicaid Services (CMS) issued, July 2, a final decision memo regarding its national coverage policy for ambulatory blood pressure monitoring (ABPM). Learn More »

# **Ambulatory Surgical Center Payment System July 2019 Update**

An Ambulatory Surgical Center Payment System (ASC PS) update that took effect July 1, 2019, changes billing instructions for various payment policies and codes. Here is what you need to know to properly bill Medicare for these services and supplies. Learn More »





### **Billing 95165 Is Nothing to Sneeze At**

The professional service of preparation and provision of antigens for allergen immunotherapy — reported using CPT® 95165 *Professional services for the supervision of preparation and provision of antigens for allergen immunotherapy; single or multiple antigens (specify number of doses)* — is often misunderstood and incorrectly coded and billed to third-party payers. This misunderstanding causes a large compliance risk to any practice providing allergy services. <u>Learn More</u>

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