Smith+Nephew

Coding & Billing Resource Guide

Tula®
Tympanostomy System

This guide provides coding and reimbursement information for physicians performing the Tula procedure using the Tula System

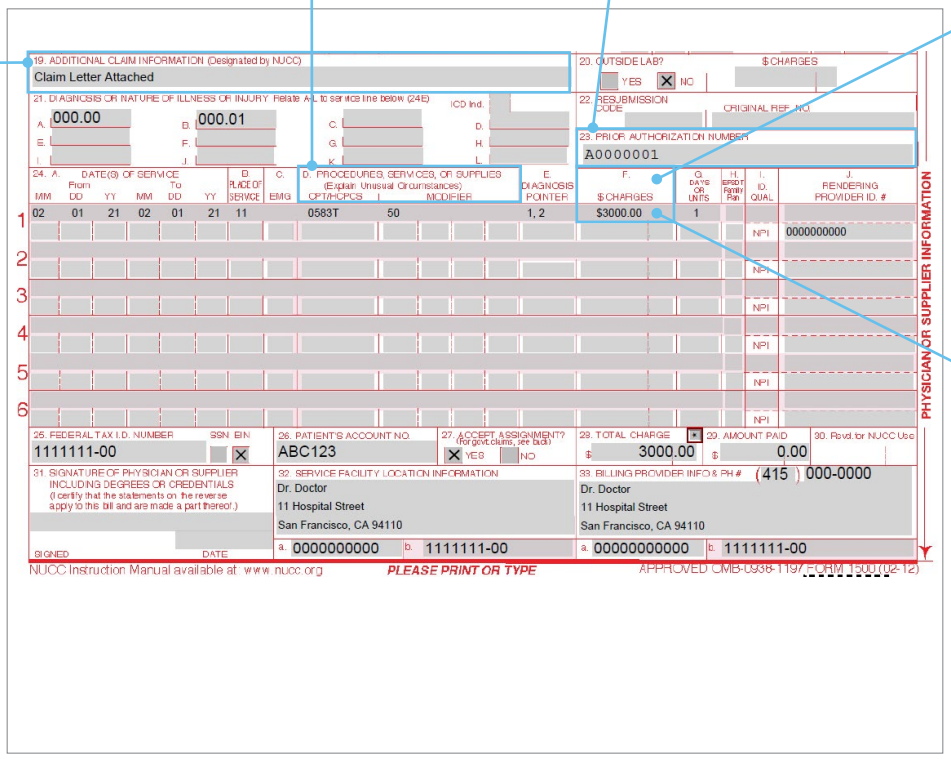
The Tula procedure has a designated Category III CPT® code, 0583T, *Tympanostomy (requiring insertion of ventilating tube), using an automated tube delivery system, iontophoresis local anesthesia*. 0583T is a unilateral code. If the procedure is performed bilaterally, report 0583T with modifier 50. **Do not report 0583T with 69209, 69210, 69420, 69421, 69433, 69436, 69990, 92504, or 97033.**[1] These codes represent services that are either bundled or otherwise excluded from separate billing at the same time as the Tula procedure.

Professional claims are billed using CMS HCFA 1500 form. An example of an individual NPI reporting on a single CMS-1500 claim for the Tula procedure is below. The image below references boxes 19–33 of a standard CMS-1500 claim form.[2]

Box 24D Procedures, Services, or Supplies – CPT/HCPCS, Modifier(s) as needed. For example, for a Tula Bilateral procedure bill using 0583T - 50.

Box 23 is designated for the prior authorization number for procedures that require one.

Box 19 is deemed the Narrative Field. Open field designated to use to support the claim or provide additional information. According to CMS, enter a concise description of an "unlisted procedure code" or a "not otherwise classified" (NOC) code within the confines of this box. (Medicare Claims Processing Manual, 2020). An attachment may also need to be submitted to help expedite claim processing. The AMA recommends submitting a Claim Letter or Special Report with the HCFA 1500 claim form when submitting an unlisted procedure code.



Box 24F Enter the charge for each listed service. For Tula, a practice will need to determine a single charge that includes all elements, such as the physician component, practice expenses, malpractice insurance, and the Tula System costs.

In Box 24F, although we supply example information to the best of our current knowledge, it is always the provider's responsibility to determine and submit appropriate codes, charges, modifiers, and bills for services rendered. The coding and reimbursement information is subject to change without notice.

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The use of a Special Report, or Claim Letter, is supported by the American Medical Association (AMA). The AMA recommends the use of a Special Report, or Claim Letter when, "A service that is rarely provided, unusual, variable, or new may require a special report. Pertinent information should include an adequate definition or description of the nature, extent, and need for the procedure and the time, effort, and equipment necessary to provide the service."[3] For procedures that have an assigned Category III CPT® code, per CPT coding guidelines, the provider should submit a special report and additional supporting documentation, along with the claim, to the payer for coverage and reimbursement consideration.

Tula® Claim Packet Checklist

To support the claim and procedure performed, we recommend that you consider including the following:

- ☐ Complete HCFA-1500 form, ensuring all pertinent fields are populated
- ☐ Medical history, prior treatment, and outcomes, labs, testing, including supporting chart notes and other relevant documentation
- ☐ Attributable symptoms and/or patient characteristics that supports medical necessity for the procedure
- ☐ Operative note
- ☐ Detailed Special Report/Claim Letter used to outline the medical necessity of the procedure and create the "crosswalk" code validation
- ☐ Copy of manufacturer's invoice, or supply costs, to support total billed charges

References

1. American Medical Association (AMA), CPT Category III Codes, 14 Jan 2020 https://www.ama-assn.org/practice-management/cpt, subscription required. **2.** CMS & HHS, Health Insurance Claim Form, 2/01/12, https://www.cms.gov/Medicare/CMS-Forms/CMS-Forms/CMS-Forms-Items/ **3.** American Medical Association (AMA), Special Report, 10 MAR 20201 https://www.ama-assn.org/practice-management/cpt, subscription required.

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