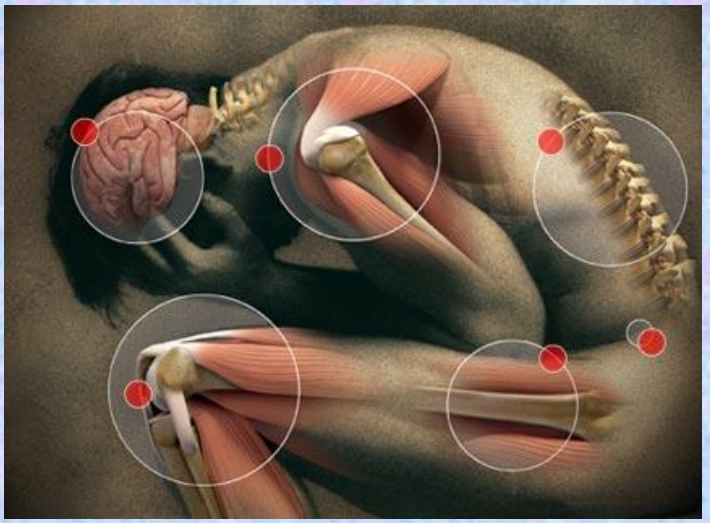
Take the Pain out of Documentation, Coding and Billing for Pain Management Services

Texas Pain Society

October 24, 2014



Judi Blaszczyk, RN, CPC, ACS-PM

Compliance Auditor

Auditing for Compliance & Education, Inc..

OUR GOALS

Documentation Essentials
EMR Hazards
Medical Necessity
ICD-10
A Look Back at 2014
A look Forward to 2015

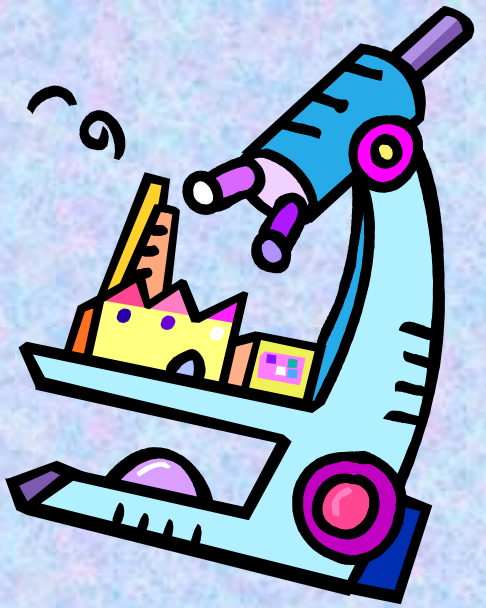
Why Compliance?

Patient Protection and Affordable Care Act

- Compliance plans a requirement for Medicare enrollment

The Compliance Microscope

- RAC Audits
- CERT Audits
- OIG
- Private payer audits
- Increased patient awareness

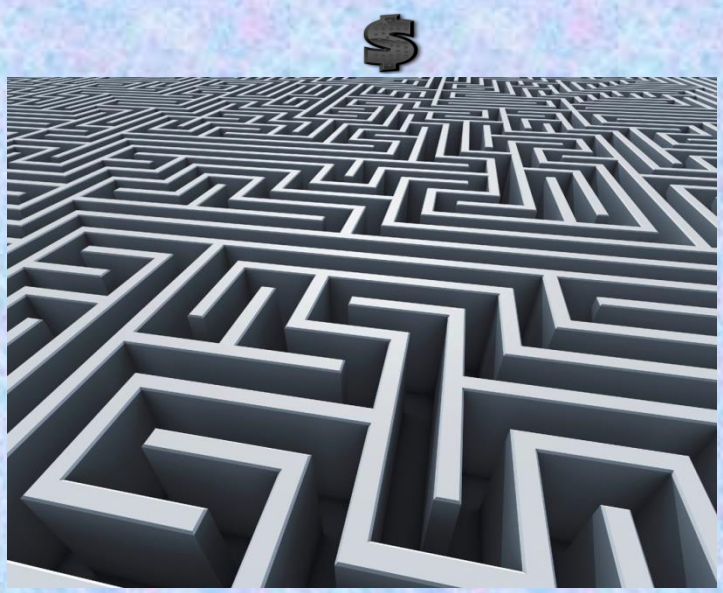


Are you Proactive or Reactive?

- Thoroughly understand payer guidelines for delivery of services and documentation
- Conduct an internal assessment
- Identify corrective actions to promote compliance
- Educate your staff and physicians

Making it Through the Reimbursement Maze

- Payers are limiting what they will pay for
- Payers are limiting how much they will pay
- Payers are making it more complex to submit your services



"You can click your heels and improve our reimbursement rate?! Then YOU are THE WIZARD!"

Documentation

Key to Compliance and Reimbursement

Why is Documentation So Important?

- The written document creates an impression of the care that has taken place
- If it is not documented, it did not happen
- Allows capture of services provided
- Crucial to dealing with medical legal issues

General Documentation Guidelines

Payers Require

- Site of service
- Date of service
- Clear identity of patient
- Medical necessity and appropriateness of the services provided
- Services are accurately reported
- Signature of provider

Documentation Guidelines

Sources

- CMS Website
- MAC websites
- NCCI
- Commercial payer publications
- Industry publications & seminars
- Specialty societies

EMR-Friend or Foe?

2014 OIG Work Plan

We will determine the extent to which selected payments for evaluation and management (E/M) services were inappropriate. We will also review multiple E/M services associated with the same providers and beneficiaries to determine the extent to which electronic or paper medical records had documentation vulnerabilities. Context—Medicare contractors have noted an increased frequency of medical records with identical documentation across services. Medicare requires providers to select the billing code for the service on the basis of the content of the service and to have documentation to support the level of service reported. (CMS's Medicare Claims Processing Manual, Pub. No. 100-04, ch. 12, § 30.6.1.) (OEI; 04-10-00181; 04-10-00182; expected issue date: FY 2014; work in progress)

EMR-Friend or Foe?

“Cut and Paste”, “Pulling Forward”

May Equal

Inaccurate Notes
Over-Documentation

Electronic Signatures

1. Must contain authenticated signature
   - "Authenticated by"; "electronically signed by"

2. Potential for misuse or abuse
   - System and software products should be protected against unauthorized modifications
   - Should have adequate procedures and safeguards in place
   - Correspond to recognized standards and laws
   - Check with attorneys and malpractice insurers

Medical Necessity Key To Optimizing Reimbursement

LCDs

LCDs

DX

DX

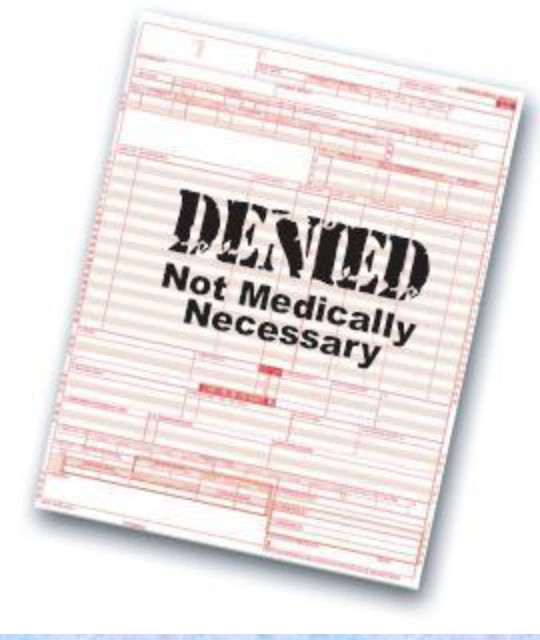
What is Medical Necessity?

"Under Section 1862 (a) (1) (A) of the Social Security Act. the Medicare Program covers services that are deemed reasonable and necessary. This Section of the Act states no Medicare payment shall be made for items or services that "are not reasonable and necessary for the diagnosis or treatment of illness or injury or to improve the functioning of a malformed body member". "

What is Medical Necessity?

Services Must Be:

- Consistent with the symptoms or diagnoses of the illness or injury under treatment
- Necessary and consistent with generally accepted professional medical standards, i.e., not experimental or investigational
- Not furnished primarily for the convenience of the patient, the attending physician or another physician or supplier
- Furnished at the most appropriate level which can be provided safely and effectively to the patient



DIAGNOSES PROVE MEDICAL NECESSITY

- Diagnoses tell a story
  - In pain patients diagnosis will usually change and get more specific with different treatments
- Diagnoses must be clearly documented or easily inferred
- Diagnoses must document objective and physical findings to support the medical necessity for the care
- Keep in mind payer local coverage determinations

ICD-10

- Over 68,000 codes
- May have up to 7 digits
- Specificity greatly expanded
- Includes laterality, episode of care
- Expanded use of combination codes
- Will require much more specific documentation

DELAYED

ICD-10

Challenges

- Technology
- Training
- Overtime
- Denials due to poor documentation
- Time lost

ICD-10 Remedies

Financial

- Bank loans for capital cost e.g. software updates, training
- Business credit cards
- Line of credit

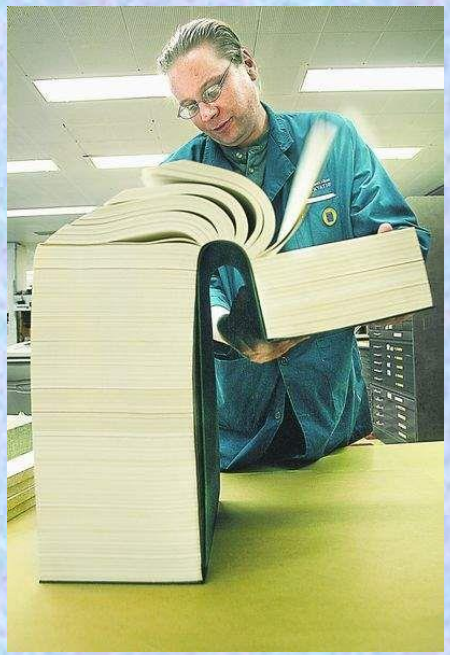
Training

- Point person, committee
- Take advantage of educational opportunities
- http://www.cms.gov/Medicare/Coding/ICD10/ProviderResources.html

Preparing for ICD-10-CM

Start lifting weights!

Implementation
10/1/2015



CMS ICD-10 Web site:
http://www.cms.gov/icd10

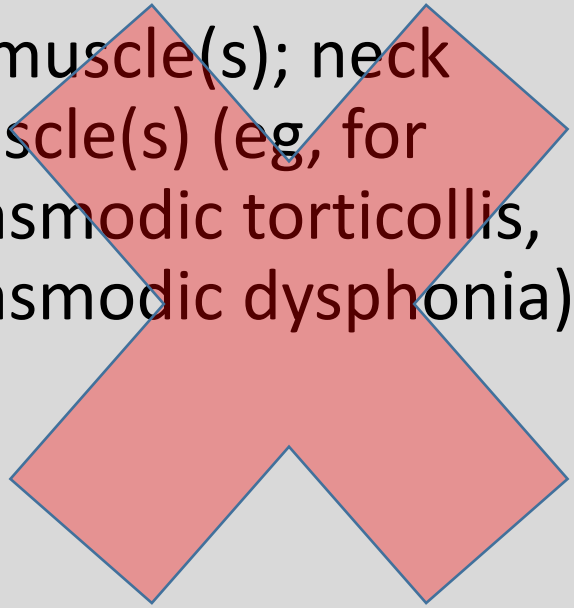
2014 in Review

- CPT 2014
- Physician Fee Schedule
- Correct Coding Initiative
- Local Coverage Determinations
- Spinal Cord Stimulator & Drug Billing Changes

CPT 2014

CPT 2013

64613 Chemodenervation of muscle(s); neck muscle(s) (eg, for spasmodic torticollis, spasmodic dysphonia)



CPT 2014

64616

Chemodenervation of neck muscle(s), excluding muscles of the larynx, unilateral (e.g., for cervical dystonia, spasmodic torticollis)

CPT 2014

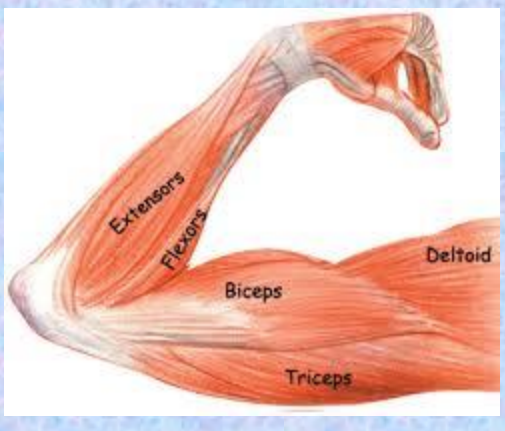
CPT 2013

64614 Chemodenervation of muscle(s); extremity and/or trunk muscle(s) (eg, for dystonia, cerebral palsy, multiple sclerosis)

CPT 2014 – 6 new codes, extremity & trunk muscles

- 64642
  +64643
- 64644
  +64645
- 64646
- 64647

CPT 2014



- **64642 Chemodenervation of one extremity; 1-4 muscle(s)**
  - **+64643 …;** each additional extremity, 1-4 muscle(s) (List separately in addition to code for primary procedure.)
- **64644 Chemodenervation of one extremity; 5 or more muscles**
  - **+64645 …;** each additional extremity, 5 or more muscle(s) (List separately in addition to code for primary procedure.)

CPT 2014

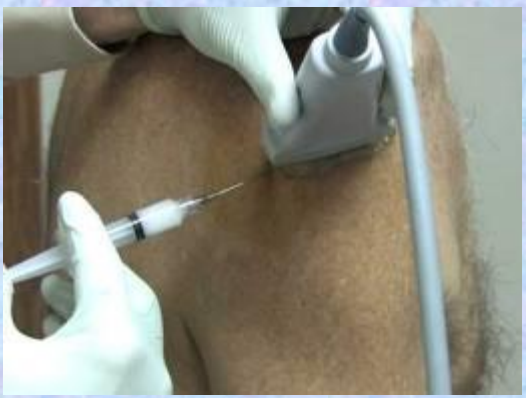
- **64646 Chemodenervation of trunk muscle(s);** 1-5 muscle(s)
  - **64647 …** ; 6 or more muscles

Report only one code *once* per session.

Physician Fee Schedule 2014

- Medicare took aim at ultrasound with major joint injections
- Medicare took aim at epidurals

Physician Fee Schedule – 2014



*"As we noted in the proposed rule, **we are concerned about potential over-utilization** of these codes and it was **suggested that the payment for CPT code 76942 and CPT code 20610 should be bundled** to reduce the incentive for providers to always provide and bill separately for ultrasound guidance."*

Physician Fee Schedule – 2014

Ultrasound needle guidance (76942)

2013 payment: $208.56

Work	MP	PE	RVU
0.67	0.05	**5.41**	6.13

2014 payment: $74.15

Work	MP	PE	RVU
0.67	0.05	**1.35**	2.07

Physician Fee Schedule 2014

Epidural injections (62311)

2013 - payment: $213.32

Work	MP	PE	RVU
1.54	0.12	4.61	6.27

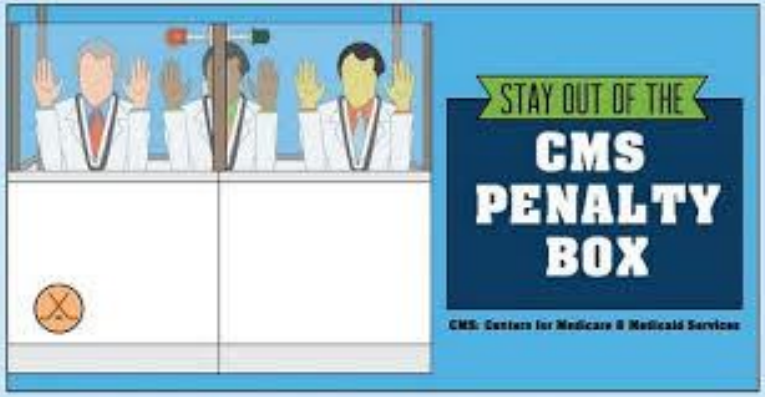
2014 - payment: $108.90

Work	MP	PE	RVU
1.17	0.09	1.78	3.04

Physician Fee Schedule 2014

PQRS

- 9 measures to earn bonus
- 3 measures to avoid penalty
- Measures groups, including back pain restricted to registry reporting



Physician Fee Schedule – 2014

NPPs – State Scope of Practice

- State law dictates who may provide services or incident-to.
- Altered the definition of auxiliary personnel to reflect that they meet *"any applicable requirements to provide the services, including licensure, imposed by the state in which the services are being furnished."*

NCCI Manual Winter 2014

Modifier 59 guidelines revised for 2014

2013 manual

*"Under certain circumstances, **the physician or other health care professional may need** to indicate that a procedure or service was distinct or independent from other services performed on the same day.*

…

***This may represent** a different session or patient encounter, different procedure or …"*

NCCI Winter 2014

Modifier 59 guidelines revised

New language

*"**Documentation must support** a different session, different procedure or surgery, different site or organ system, separate incision/excision, separate lesion, or separate injury (or area of injury in extensive injuries) …"*

NCCI Manual Winter 2014

E/M during global period

E/M visits are included in the global period if they are *"related to complications of surgery that do not require additional trips to the operating room."*

NCCI Manual Winter 2014-

Urine drug screens- MUE

- **1 Unit of Service –**
  G0434 (CLIA-waived and moderate complexity) or
  G0431 (high-complexity method)
- Includes all tests administered during the encounter

Spring 2014

- Spinal cord stimulators
- Local Coverage Determinations

Spring 2014

Spinal Cord Stimulators

- Medicare bundles L8680 into the implant procedure
- No separate payment for electrodes
- Medicare cases moved to facilities

Spring 2014

Local coverage determinations

- Uniform policies
- ICD-10 LCDs

Spring 2014

Question: What do Medicare carriers Noridian, Palmetto GBA & CGS all have in common?

Answer: A Lumbar Epidural Policy

Uniform imaging requirements:

- Minimum criteria: Plain films to rule out fracture, potential malignancies, etc.
- Advanced imaging (MRI, CT) may be appropriate prior to performing an LESI.

Uniform medication requirements

- For each session, no more than 80mg of triamcinolone, 80 mg of methylprednisolone, 12 mg of betamethasone, 15 mg of dexamethasone or equivalent corticosteroid dosing may be used.

Answer: A Lumbar Epidural Policy

Uniform provider requirements:

Patient safety and quality of care mandate that healthcare professionals who perform epidural steroid injections are appropriately trained and/or credentialed by a formal residency/fellowship program and/or are certified by either an accredited and nationally recognized organization or by a post-graduate training course accredited by an established national accrediting body …

Translation (from Noridian):

Providers who learned how to perform pain injections during a weekend course *don't qualify*.

Reason for Change: Creation of Uniform LCDs with Other MAC Jurisdiction

+	DL34816	Chiropractic Services	• Creation of Uniform LCDs With Other MAC Jurisdiction	01/12/2014
+	DL34621	Circulating Tumor Cell Maker Assays	• Creation of Uniform LCDs With Other MAC Jurisdiction	11/27/2013
+	DL35169	Coronary Computed Tomography Angiography (CCTA)	• Creation of Uniform LCDs With Other MAC Jurisdiction	03/27/2014
+	DL27487	Debridement of Mycotic Nails	• Creation of Uniform LCDs With Other MAC Jurisdiction	05/07/2014
+	DL35336	Draft LCD for Facet Joint Injections, Medial Branch Blocks, and Facet Joint Radiofrequency Neurotomy	• Creation of Uniform LCDs With Other MAC Jurisdiction	05/30/2014
-	DL35338	Draft LCD for Lumbar Epidural Injections	• Creation of Uniform LCDs With Other MAC Jurisdiction	05/30/2014

LCD ID	CONTRACTOR	SELECT ALL
DL35338	National Government Services, Inc. (13102 , MAC - Part B)	
DL35338	National Government Services, Inc. (13202 , MAC - Part B)	
DL35338	National Government Services, Inc. (13282 , MAC - Part B)	
DL35338	National Government Services, Inc. (13292 , MAC - Part B)	
DL35338	National Government Services, Inc. (06102 , MAC - Part B)	
DL35338	National Government Services, Inc. (06202 , MAC - Part B)	
DL35338	National Government Services, Inc. (06302 , MAC - Part B)	
DL35338	National Government Services, Inc. (14112 , MAC - Part B)	

Spring 2014

LCDs with ICD-10 diagnosis codes

- Started in late February to meet April deadline
- Being updated despite ICD-10 freeze

Summer 2014

Proposed Physician Fee Schedule 2015

- Epidurals
- PQRS
- Global Periods

Proposed Physician Fee Schedule 2015

Epidurals – Good News, Bad News

- Medicare plans to restore 2013 RVUs, but …
- …will bundle imaging

Proposed Physician Fee Schedule 2015

Epidurals – Good News, Bad News

Code/
Total

	2013	2014	2015
62311	$213.32	$108.90	$225.31
77003	$95.94	$ 90.99	N/A
Total	$309.26	$199.89	$225.31

From a chart created by **Devona Slater, president, ACE, Inc.. Calculations based on** RVUs from the proposed rule's Addendum B and the 2014 conversion factor of $35.82 to calculate fees in the 2015 columns.

Proposed Physician Fee Schedule 2015

PQRS – 3 Changes to Watch For

1. Cross-cutting measures

- Represent "the development of a care plan that most eligible professionals may perform and is applicable to most elderly patients in various inpatient/outpatient settings."
- Tobacco use cessation, depression screening and body mass index screening and follow-up.

Proposed Physician Fee Schedule 2015

PQRS – 3 Changes to Watch For

2. Back pain measures group deleted
3. Fewer claims-based measures
   - CMS wants to go claims reporting free by 2017
   - Consider using as many cross-cutting measures as possible.

Other Changes to Come?

Non-covered services (excerpt from Noridian Draft LCD)

*"**LC-MS/MS and GC-MS at Point-of-Care Physician Office Labs (POC/POL):** GC-MS and LC-MS/MS/MS are not point of care testing technologies and not reasonable and necessary for the immediate care and management of patients. They require extensive knowledge of the technology, many months to validate individual assays, 4-8 hours of complex pre-analytic, analytic and post analytic specimen handling, and compliance with CLIA regulations.*

Other Changes to Come?

Non-covered services (excerpt from Palmetto GBA Draft LCD)

Palmetto GBA *will no longer reimburse for drug confirmation testing, specific drug quantitation testing or nonspecific analyte testing at POC/POLs and physician partnered laboratories. Test services referred from one physician lab to another physician's lab will not be reimbursed…"*

New 2015 Codes and Modifiers

New Distinct Procedural Service Modifiers

CPT 2015

2015 New Modifiers

1. **XE** (Separate **encounter**, a service that is distinct because it occurred during a separate encounter).
2. **XS** (Separate **structure**, a service that is distinct because it was performed on a separate organ/structure).
3. **XP** (Separate **practitioner**, a service that is distinct because it was performed by a different practitioner).
4. **XU** (**Unusual non-overlapping service**, the use of a service that is distinct because it does not overlap usual components of the main service).

2015 New Modifiers

- Effective January 1, 2015
- Created to curb abuse of modifier **59**
- Medicare will still allow modifier 59 when a more specific modifier is not available
- Carriers may require X modifier for codes that have a high risk of incorrect billing

Change Request 8863 for the One-Time Notification manual

CPT 2015 CPT Pain Code Updates

- Joint Injections
- Vertebroplasty & Vertebral Augmentation
- Myelography
- New Post-op Pain Codes
- Stimulator Analysis
- Drug Screens…

Joint Injections – 2014

20600 Arthrocentesis, aspiration and/or injection; small joint or bursa (e.g., fingers, toes)

20605 … ; intermediate joint or bursa (e.g., temporomandibular, acromioclavicular, wrist, elbow or ankle, olecranon bursa)

20610 … ; major joint or bursa (eg, shoulder, hip, knee joint, subacromial bursa)

Report ultrasound needle guidance with **76942**

Joint Injections 2015

20600 Arthrocentesis, aspiration and/or injection, small joint or bursa (e.g., fingers, toes); **without ultrasound guidance**

20604 … **with ultrasound guidance, with permanent recording and reporting**

20605 … , intermediate joint or bursa (e.g., temporomandibular, acromioclavicular, wrist, elbow or ankle, olecranon bursa); **without ultrasound guidance**

20606 … **with ultrasound guidance, with permanent recording and reporting**

20610 … , major joint or bursa (e.g., shoulder, hip, knee, subacromial bursa); **without ultrasound guidance**

20611 … **with ultrasound guidance, with permanent recording and reporting**

Vertebroplasty & Vertebral Augmentation 2014

22520 Percutaneous vertebroplasty (bone biopsy included when performed), 1 vertebral body, unilateral or bilateral injection; thoracic

22521 **…;** Lumbar

+22522 **…;** each additional thoracic or lumbar vertebral body (List separately in addition to code for primary procedure)

Vertebroplasty & Vertebral Augmentation – 2014

22523 Percutaneous vertebral augmentation, including cavity creation (fracture reduction and bone biopsy included when performed) using mechanical device, 1 vertebral body, unilateral or bilateral cannulation (eg, kyphoplasty); thoracic

22524 …; Lumbar

+22525 …; each additional thoracic or lumbar vertebral body (List separately in addition to code for primary procedure)

Vertebroplasty & Vertebral Augmentation – 2014

Imaging

72291 Radiological supervision and interpretation, percutaneous vertebroplasty, vertebral augmentation, or sacral augmentation (sacroplasty), including cavity creation, per vertebral body or sacrum; under fluoroscopic guidance

72292 **…;** under CT guidance

Vertebroplasty & Vertebral Augmentation – 2015

Vertebroplasty, vertebral augmentation and imaging codes:

~~**22520 – 22522**~~

~~**22523 – 22525**~~

~~**72291 – 72292**~~

Vertebroplasty & Vertebral Augmentation – 2015

22510 …; Percutaneous vertebroplasty (bone biopsy included when performed), 1 vertebral body, unilateral or bilateral injection, **inclusive of all imaging guidance;** cervicothoracic

22511 …; Lumbosacral

+**22512** …; each additional cervicothoracic or lumbosacral vertebral body (List separately in addition to code for primary procedure)

Moderate sedation is included

Vertebroplasty & Vertebral Augmentation – 2015

22513 …; Percutaneous vertebral augmentation, including cavity creation (fracture reduction and bone biopsy included when performed) using mechanical device (eg, kyphoplasty), 1 vertebral body, unilateral or bilateral cannulation, **inclusive of all imaging guidance;** thoracic

22514 …; Lumbar

+**22515** …; each additional thoracic or lumbar vertebral body (List separately in addition to code for primary procedure)

Moderate sedation is included

Sacroplasty – 2015

Sacroplasty codes updated

0200T Percutaneous sacral augmentation (sacroplasty), unilateral injection(s), including the use of a balloon or mechanical device, when used, 1 or more needles, **includes imaging guidance and bone biopsy, when performed**

0201T …, bilateral injections, including the use of a balloon or mechanical device, when used, 2 or more needles, **includes imaging guidance and bone biopsy,** when performed

Moderate sedation is included

Disc Arthroplasty – 2014

22856 Total disc arthroplasty (artificial disc), anterior approach, including discectomy with end plate preparation (includes osteophytectomy for nerve root or spinal cord decompression and microdissection), single interspace, cervical;

2014 guidance: “For additional interspace cervical total disc arthroplasty, **use 0092T**)”

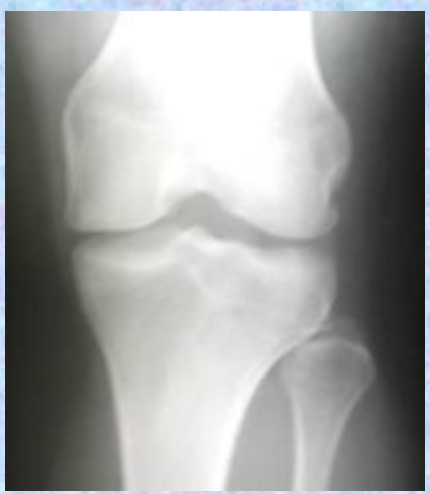
Disc Arthroplasty – 2015

~~0092T~~ deleted

+**22858** …; second level, cervical (List separately in addition to code for primary procedure

Knee Injection - 27370

CPT 2014	CPT 2015
Injection **procedure** for knee arthrography	Injection **of contrast** for knee arthrography



Myelography – 2014

62284 Injection procedure for myelography and/or computed tomography, spinal (other than C1-C2 and posterior fossa)

72240 Myelography, cervical, radiological supervision and interpretation

72255 Myelography, thoracic, radiological supervision and interpretation

72265 Myelography, lumbosacral, radiological supervision and interpretation

72270 Myelography, 2 or more regions (e.g., lumbar/thoracic, cervical/thoracic, lumbar/cervical, lumbar/thoracic/cervical), radiological supervision and interpretation

Myelography – 2015

62284 Injection procedure for myelography and/or computed tomography, **lumbar** (other than C1-C2 and posterior fossa)

62302 Myelography via lumbar injection, including radiological supervision and interpretation; cervical

62303 …; Thoracic

62304 …; Lumbosacral

62305 …; 2 or more regions (e.g., lumbar/thoracic, cervical/thoracic, lumbar/cervical, lumbar/thoracic/cervical)

Radiology codes not deleted. May still be used with 62284 if different provider

TAP Blocks – 2014

ASRA – Transversus Abdominis Plane (TAP) Block:

"… a regional anesthetic technique used to block sensation to the anterior abdominal wall. Prospective randomized trials have demonstrated analgesic efficacy of TAP block and cadaveric studies have shown reliable dye spread from T9-L1 (iliac crest to the costal margin), although the spread is dependent upon the technique of injection, single versus multiple injections. "

No specific codes, providers report…

Injection

64450 (Injection, anesthetic agent; other peripheral nerve or branch)

Continuous infusion

64999 (Unlisted procedure)

TAP Blocks – 2015

Unilateral

64486 Transversus abdominis plane (TAP) block (abdominal plane block, rectus sheath block) **unilateral**; by injection**(s)** (includes imaging guidance, when performed)

64487 …; by continuous infusion(s) (includes imaging guidance, when performed)

TAP Blocks – 2015

Bilateral

64488 … **bilateral**; by injections (includes imaging guidance, when performed)

64489 …; by continuous infusions (includes imaging guidance, when performed)

95972 – Stimulator Analysis

2014

Complex spinal cord, or peripheral (i.e. , peripheral nerve, sacral nerve, neuromuscular) (except cranial nerve) neurostimulator pulse generator/transmitter, with intra-operative or subsequent programming, first hour

2015

Complex spinal cord, or peripheral (i.e. , peripheral nerve, sacral nerve, neuromuscular) (except cranial nerve) neurostimulator pulse generator/transmitter, with intra-operative or subsequent programming, **up to 1 hour**

Drug Testing

Drug Testing – 2015

Some codes you won't see next year:

80100 Drug screen, qualitative; multiple drug classes chromatographic method, each procedure

80101 **…;** single drug class method (e.g., immunoassay, enzyme assay), each drug class

80104 **…;** multiple drug classes other than chromatographic method, each procedure

80102 Drug confirmation, each procedure

82145 Amphetamine (methamphetamine)

80154 Benzodiazepines

82205 Barbituates (not elsewhere specified)

82520 Cocaine (or metabolites)

83840 Methadone

83925 Opiates

82646 Dihydrocodeine (Hydrocodone)

82649 Dihydromorphinone (Hydromorphone)

Drug Testing – 2015

What's new?

- Terminology
- Drug class lists
- All new codes

Drug Testing – 2015

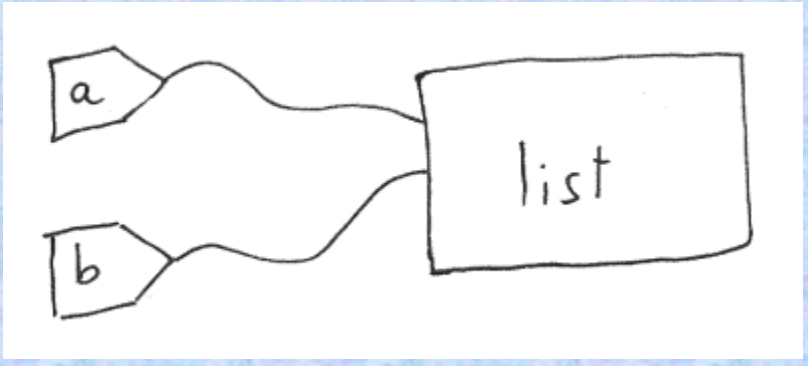
Terminology

- Qualitative = Presumptive
- Quantitative = Definitive

Drug Testing – 2015

Drug class lists

- 2014 – 1 list
- 2015
  - ✓Drug Class A
  - ✓Drug Class B



CPT 2014 Drug Testing List Becomes Drug Class A List

- ✓Alcohol (Ethanol)
- ✓Amphetamines
- ✓Barbiturates
- ✓Benzodiazepines
- ✓Buprenorphine
- ✓Cocaine metabolite
- ✓Heroin metabolite (6-monoacetylmorphine)
- ✓Methadone
- ✓Methadone metabolite (EDDP)
- ✓Methamphetamine
- ✓Methaqualone
- ✓Methylenedioxymethamphetamine (MDMA)
- ✓Opiates
- ✓Oxycodone
- ✓Phencyclidine
- ✓Propoxyphene
- ✓Tetrahydrocannabinol (THC) metabolites (marijuana)
- ✓Tricyclic Antidepressants

Deleted: Phenothiazines

CPT 2015 Adds Drug Class B List

- ✓Acetaminophen
- ✓Carisoprodol/ Meprobamate
- ✓Ethyl Glucuronide
- ✓Fentanyl
- ✓Ketamine
- ✓Meperidine
- ✓Methylphenidate
- ✓Nicotine/Cotinine
- ✓Salicylate
- ✓Synthetic Cannabinoids
- ✓Tapentadol
- ✓Tramadol
- ✓Zolpidem
- ✓Not otherwise specified

Why the Detailed Lists?

New presumptive codes

80300 Drug screen, **any number of drug classes from Drug Class List A**; any number of non-TLC devices or procedures, (e.g., immunoassay) capable of being read by direct optical observation, including instrumented-assisted when performed (e.g., dipsticks, cups, cards, cartridges), **per date of service**

80301 …; **single drug class method**, by instrumented test systems (e.g., discrete multichannel chemistry analyzers utilizing immunoassay or enzyme assay), **per date of service**

New Presumptive Codes

80302 Drug screen**, presumptive**, **single drug class from Drug Class List B**, by immunoassay (e.g., ELISA) or non-TLC chromatography without mass spectrometry (e.g., GC, HPLC), **each procedure**

80303 Drug screen, **any number of drug classes**, presumptive, single or multiple drug class method; thin layer chromatography procedure(s) (TLC) (e.g., acid, neutral, alkaloid plate), **per date of service**

80304 …; **not otherwise specified** presumptive procedure (e.g., TOF, MALDI, LDTD, DESI, DART), **each procedure**

Drug Testing – 2015

Which class or classes are you testing?

- Class A
- Class B

What testing method was used?

Is it billable per date of service or per procedure?

Drug Screens – 2015 New Definitives

80348 Buprenorphine

80349 Cannabinoids, natural

Cannabinoids, synthetic

80350 1-3

80351 4-6

80352 7 or more

80356 Heroin metabolite

Opioids & opiate analogs

80362 1 or 2

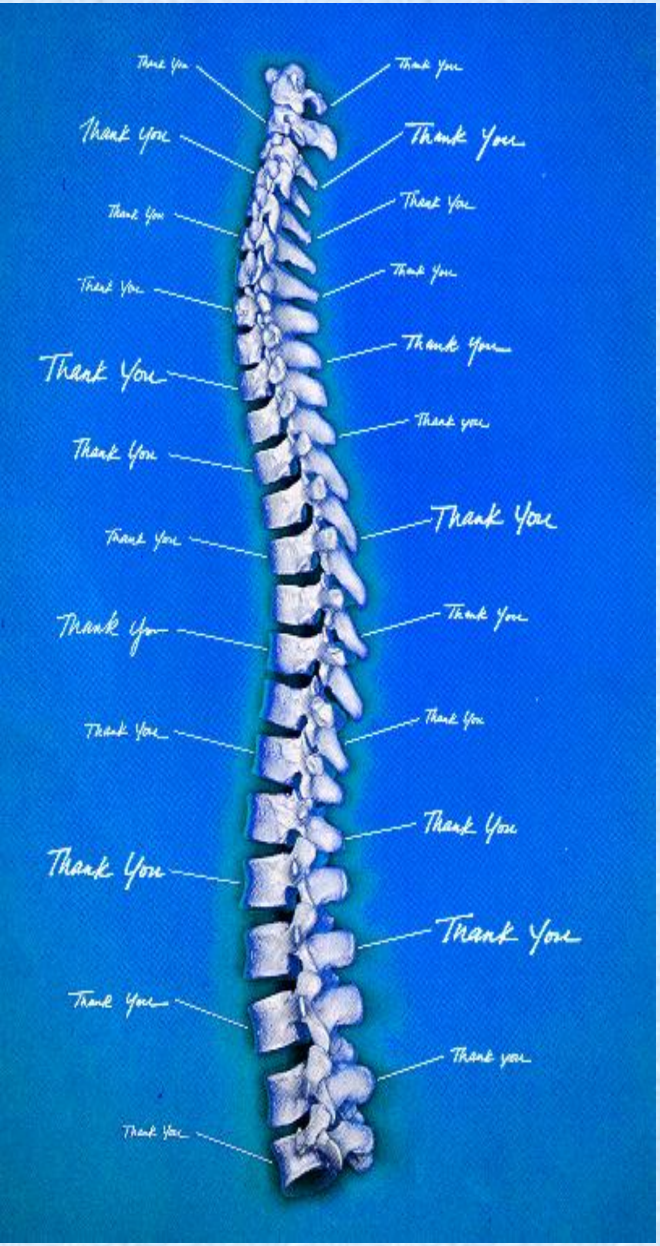
80363 3 or 4

80364 5 or more

80365 Oxycodone

What's Next?

- More Guidance
- Payment Information
- Coverage Policies



Questions?

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