



**Professional Receivables Control, Inc.
Monthly Newsletter
SEPTEMBER 2009**

Please route to appropriate staff

Newsletter access is also available through the help menu

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SWINE FLU SCREENING CODE

Beginning October 1, use the new flu code 488.0 – influenza due to identified avian influenza virus. Then use these two codes for the screening; 87081 – culture, presumptive, pathogenic organisms, screening only and 89190 – nasal smear of eosinophils. You must refrigerate the samples (do not freeze) and notify your local or state health department to have the testing done. CMS urges providers to stay current with their state regulations as they vary from state to state.

The government has set up a pandemic flu website with information and a Medical Office and Clinics Checklist that you can download: <http://www.pandemicflu.gov/plan/healthcare/medical.html>

Medicare pays for one flu shot a year but CMS has notified carriers that a patient may be receiving two vaccines this year due to the development of a separate H1N1 vaccine. See that directive here: <http://www.cms.hhs.gov/transmittals/downloads/R515OTN.pdf>

HEALTH INFORMATION TECHNOLOGY (HIT)

President Obama signed The American Recovery and Reinvestment Act of 2009 on February 17, 2009 which is very “pro” HIT. CMS has developed a page for more information on HIT and various associated links. HIT carries incentives and support for adoption of information technology. HIT has established its own standards and infrastructure and deals with privacy and security issues with regard to HIT. For more information visit; http://www.cms.hhs.gov/Recovery/11_HealthIT.asp#TopOfPage

DIABETES SELF-MANAGEMENT TRAINING CHANGES

CMS now recognizes the American Association of Diabetes Educators (AADE) as an approved Diabetes Self-Management Training (DSMT) national accreditation organization. If you wish to supply DSMT you can now apply for accreditation through the AADE <http://www.diabeteseducator.org/> . If you held a valid AADE accreditation prior to this approval and provided services that were denied you can ask your Medicare carrier to reprocess those claims. See more at the Federal Registry (V74, 02/27/2009) <http://edocket.access.gpo.gov/2009/pdf/E9-3287.pdf>

OIG LOOKING AT INCIDENT-TO NPP CREDENTIALS

The OIG put out a report stating that when Medicare allowed billing for more than 24 hours of treatment by a physician in the first quarter of 2007, it was found that the physicians performed approximately half of the services. The other half was performed by non-physicians and 21% of those services were performed by unqualified non-physicians.

This is disturbing at so many levels! It was found that the personnel performing invasive procedures were not licensed or certified to do so. Read the report at: <http://www.oig.hhs.gov/oei/reports/oei-09-06-00430.pdf>

The OIG is pushing for an incident-to modifier so they can track this but CMS is quoted in *Part B News* as, “non-concurring”. I’m not sure what that means but time will tell where this goes.

PALMETTOGBA OFFERS CHECK LIST FOR E/M RECORDS REQUESTS

If you receive a request for medical records in a CERT review, PalmettoGBA offers this check list to make sure you cover all bases when sending the records. See this link for access to the printable form:

[http://www.palmettogba.com/Palmetto/Providers.nsf/files/Evaluation_and_Management_Checklist.pdf/\\$File/Evaluation_and_Management_Checklist.pdf](http://www.palmettogba.com/Palmetto/Providers.nsf/files/Evaluation_and_Management_Checklist.pdf/$File/Evaluation_and_Management_Checklist.pdf) (If you can’t access the form email me at mrscott@comcast.net and I’ll email it back to you. Be sure to ask for the *E/M Cert checklist*)

MEDICARE ID PREFIXES

Some time ago I told you the meaning of the prefixes before the social security number in the patient Medicare number. Just in case you missed that article here is the list again:

Code	Identification
A	Wage Earner (Retirement)
B	Wife
B1	Husband
B2	Young Wife
C1- C9	Child - Includes disabled or student child
D	Aged Widow
D1	Widower
D6	Surviving Divorced Wife
E	Widowed Mother
E1	Surviving Divorced Mother
E4	Widowed Father
E5	Surviving Divorced Father

Code	Identification
F1	Father
F2	Mother
F3	Stepfather
F4	Stepmother
F5	Adopting Father
F6	Adopting Mother
G	Claimant of Lump-Sum Death Benefits
HA	Wage earner (disability)
HB	Wife of disabled wage earner
HB1	Husband of disabled wage earner
HC	Child of disabled wage earner
M	Uninsured Premium Health Insurance Benefits (Part A)
M1	Uninsured - Qualified for but refused HIB (Part A)
T	Uninsured - Entitled to HIB (Part A) under deemed or renal provisions
W	Disabled Widow
W1	Disabled Widower
W6	Disabled Surviving Divorced Wife

MODIFIER 79 DO YOU KNOW WHEN TO USE IT?

If you are working for a surgeon you should already know Modifier 79 very well but if not; have you had claims denied for surgical procedures done during a postop period?; was the second surgery unrelated to the first?; was the second surgery performed by the same physician? If you answered yes to any of these questions you need to be introduced to Modifier 79.

Modifier 79 should be applied to any procedure that is done during the postop period (10 to 90 days following) of an initial surgery as long as it is unrelated to the first surgery and performed by the same physician or a physician of the same specialty within your group.

The postop period of the initial surgery will stay intact and continue to run but a new postop period will go into effect for the new surgery as it will be deemed totally separate and payable.

WASHINGTON PUBLISHING COMPANY

There is a one stop shop to look up Claim Adjustment Reason Codes (CARC), Remittance Advice Remark Codes (RARC), Claim Status Codes, Taxonomy Codes Sets and much more. Here is the link <http://www.wpc-edi.com/Codes>. Be sure to bookmark it for future reference.

RARC are also available on CMS website at: <http://www.cmsremarkcodes.info/RemarkCodesAll.aspx>. However, if you find a discrepancy between the two sites, the Washington Publishing site takes precedence.

DO YOU HATE MEDICARE WEBSITES?

If the answer is a loud, resounding YES! There is something you can do about it. I know everyone is busy these days but the sites do offer a way for you to have an affect on their content and ease of use. I'm sure, by now, all of you have had that annoying survey box pop-up asking you to comment on the site. I know, I know, who has time to do that? Well, you don't have to rely on that popup to get your point across. The sites give you a "FEED BACK" link on their sites, where you can tell them about your issues any time you want to do it. On PalmettoGBA, click on *Ohio Part B Carrier* on the left side menu from the home page and at the top of that page is the "Web site feedback" link. This opens a new window where you enter your email address, the issue you are addressing and then allows you to tell them what you want or what you are having trouble with on the site.

The websites do use your comments and suggestions to redesign sites, add more "tools", and find new ways to address your needs. They can't do that if you don't tell. So tell them, the next time that box pops up, tell them what you want or use the web site feedback link mentioned above.

BILLING TC AND PC SERVICES DONE ON DIFFERENT DATES

Even if you are a laboratory, you must bill the technical component (TC) and professional component (PC) on separate lines, when they are performed on different dates. Do not bill globally unless both services are performed on the same date.

If you perform the specimen collection over more than one day, you use the end date of collection for the billing date.

For more information including billing for stored specimens see: <http://www.cms.hhs.gov/MLNMattersArticles/downloads/MM6018.pdf>

RAC REVIEWS

There are two kinds of RAC review, Automated and Complex. The automated review will not require medical records. These automated reviews will be initiated when the service is not covered or is incorrectly coded AND a written Medicare policy, Medicare article or Medicare-sanctioned coding guideline (e.g., CPT statement, CPT Assist statement, Coding Clinic statement, etc.) exists. Automated review will also be used when they are certain that overpayment or underpayment exists. Part B News reports that RACs will also initiate an automated review if you fail to return the requested medical records in a timely fashion.

The Complex review will result in the RAC requesting Medical Records. The RAC Review Program has stated that they will review any comments included with the requested records. If you receive a RAC request for records be sure to have your provider review the records and add

their comments if necessary. These comments will be recorded with all other records the RAC receives. At the end of the audit a letter is sent to you and the date is recorded.

RAC auditors will select cases for complex review and request the medical records; recording the request date and the requesting auditor. When the RAC receives the medical records they will record that date. The auditor then reviews the medical records and records their comments along with that date.

The RAC "look back period" is limited to three years. They can not review any claims prior to October 1, 2007. They are also limited in how many medical records they can request this year: **Sole Practitioner:** 10 medical records per 45 days per NPI; **Partnership:** 2-5 individuals: 20 medical records per 45 days per NPI; **Group:** 6-16 individuals; 30 medical records per 45 days per NPI; **Large group:** 16+ individuals: 50 medical records per 45 days per NPI

Per Part B News, "Remember, CMS has sent Medicare claims data from October 2007 to February 2009 to your RAC for their data mining."

Another point I want to make is that, it's said that if a RAC finds that you have been underpaid, they will notify your carrier and, if they both agree, you will receive additional payment. Neither the RAC nor the local carrier may ask the provider to correct and resubmit the claim. The local carrier must validate the underpayment, adjust the claim and pay the provider. The RAC will send you a written notice using the Underpayment Notification Letter.

If you have any questions with regard to the underpayment they will be answered by the RAC Call Center (RAC-B toll free phone is 877-316-RACB). RAC-B e-mail is RACB@cgi.com, website is <http://racb.cgi.com>

PET SCANS – MEDICARE COVERAGE INFORMATION

Here is another link you may want to bookmark: http://www.cms.hhs.gov/mcd/viewncd.asp?ncd_id=220.6&ncd_version=3&basket=ncd%3A220%2E6%3A3%3APET+Scans

The above link will take you to the National Coverage Determination for Pet Scans on the CMS website. You will find good information here to educate yourself on what is covered, nationally not covered and covered with evidence of development in cancer patients.

CMS CHANGES COVERAGE OF DX TESTS FOR CPAP

In the past CMS required specific tests, polysomnography and several types of home tests, to diagnose Obstructive Sleep Apnea and then pay for CPAP. However, the payment for these tests was left to your local carrier. After March 3, 2009 those specific tests; Type I PSG, Type II or III sleep testing device, Type IV sleep testing device and devices measuring 3 or more channels will be covered. Read details here: <http://www.cms.hhs.gov/MLNMattersArticles/downloads/MM6534.pdf>

REVOKED/DECEASED PHYSICIANS AND MEDICARE REASSIGNMENT

If your practices "owning" physician accepts reassignment Medicare benefits from an employed provider and dies or has his/her Medicare privileges revoked, the practice will no longer receive those Medicare payments. Per Medlearn Matters 6470 those payments will automatically terminate. Read MM6470 here: <http://www.cms.hhs.gov/MLNMattersArticles/downloads/MM6470.pdf>

NEW DRUGS SEPERATELY PAYABLE BY MEDICARE AS OF JULY 1, 2009

HCPCS Code	Long Descriptor	PI
C9250	Human plasma fibrin sealant, vapor-heated, solvent-detergent (Artiss), 2ml	K2
C9251	Injection, C1 esterase inhibitor (human), 10 units	K2
C9252	Injection, plerixafor, 1 mg	K2
C9253	Injection, temozolomide, 1 mg	K2
C9360	Dermal substitute, native, non-denatured collagen, neonatal bovine origin (SurgiMend Collagen Matrix), per 0.5 square centimeters	K2
C9361	Collagen matrix nerve wrap (NeuroMend Collagen Nerve Wrap), per 0.5 centimeter length	K2
C9362	Porous purified collagen matrix bone void filler (Integra Mozaik Osteoconductive Scaffold Strip), per 0.5 cc	K2
C9363	Skin substitute, Integra Meshed Bilayer Wound Matrix, per square centimeter	K2
C9364	Porcine implant, Permacol, per square centimeter	K2
Q2023	Injection, factor viii (antihemophilic factor, recombinant) (Xyntha), per i.u.	K2
Q4116	Skin substitute, Alloderm, per square centimeter	K2

MEDICARE WILL WITHHOLD FOR NON-TAX DEBTS

As of October 1, 2009 the Federal Government gave CMS the directive and authority to withhold 100% of your payment if you owe a non-tax debt such as an education loan. This directive is in addition to the authority given to Medicare to withhold your payments for unpaid back taxes (effective October 1, 2008)

If you owe \$25.00 or more for tax or non-tax debt they will withhold 15% of the maximum payable debt for tax debt and 100% for non-tax debt.

For a quick look at this in more detail see:

<http://www.palmettogba.com/palmetto/providers.nsf/vMasterDID/7UZLMA3783?opendocument/>

Read more at the on the change request CR 6228 here:

www.cms.hhs.gov/Transmittals/downloads/R503OTN.pdf

If you have any questions on this matter contact your local Medicare carrier.

CMS REVIEWING RADIOFREQUENCY ABLATION FOR ATRIAL FIB

CMS announced this month that they have called a panel to discuss the adequacy of the current evidence for the use of radiofrequency catheter ablation for atrial fibrillations. Currently there is no national policy and whether this procedure is covered is at the discretion of the local carriers.

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