



**Professional Receivables Control, Inc.
Monthly Newsletter
November 2007**

Please route to appropriate staff

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TRACK YOUR PALMETTOGBA MEDICARE REDETERMINATIONS ON LINE

Palmetto GBA has added another great tool. You can check to see if Palmetto GBA received your Redetermination Request and whether your request is pending or completed. The ICN (internal control number) from your Medicare remittance notice is all you need. Access this tool from the Ohio or West Virginia home page, under Cool Tools & Top Links or [click here](#).

PREVENTIVE SERVICES BROCHURE UPDATES

The following preventive services brochures from CMS have been updated and are available in print and PDF format: Expanded Benefits, Diabetes-Related Services, Cancer Screenings, Adult Immunizations, Bone Mass Measurements, Glaucoma Screenings and Smoking and Tobacco-Use Cessation Counseling Services. To download and view online, please visit the MLN Publications web page located at <http://www.cms.hhs.gov/MLNProducts/MPUB/list.asp#TopOfPage> and select the title of the brochure from the list. To order copies of these brochures, go to the MLN Product Ordering Page located at http://cms.meridianksi.com/kc/main/kc_frame.asp?kc_ident=kc0001&loc=5 on the CMS Web site.

COMPREHENSIVE ERROR RATE TESTING (CERT)

If you haven't had any interaction with the CMS CERT Program, you may in the future and there are a few things to keep in mind. This is not a voluntary program, it is mandatory. If you do not provide the requested records, Medicare will take back any payments made to you with regard to the specific dates and services for which they have requested the records. The requests do not come from CMS or Palmetto GBA, but from a CERT Documentation Contractor (CDC) who has full authority to gather the requested information.

It is your responsibility to provide all requested information even if it has to be gathered from a third party. Be alert to the fact that the requests use the "numbers" for all requested information and by that I mean, the providers "number", the service CPT "number" and the ICD-9 "number" for specific dates. If your practice has had multiple providers seeing the same patient, you may receive a request for all providers seeing the patient on any given date. Be sure to provide all the requested records to avoid having your payments retracted.

Claim date and Universe date are not the dates of service. Look for **Service From/To date** for the requested records.

The CDC does not pay for the records provided and HIPPA privacy is not violated, you do not need a release of information from the patient. However, there is an exception to the HIPPA rule with regard to psychotherapy counseling sessions include **confidential interchanges** between the patient and the therapist, these would require the release of information by the patient. Psychiatric records that are social, medical or administrative do not require release.

If you have any questions regarding a CERT request that you receive call the CERT office at (301) 957-2380.

You can also go to the Palmetto GBA website: [http://www.palmettogba.com/palmetto/CERT.nsf/\\$\\$ViewTemplate+for+Docs?ReadForm&CERT/Ohio-West+Virginia+Part+B+Carrier/Error+Rate+Graphs](http://www.palmettogba.com/palmetto/CERT.nsf/$$ViewTemplate+for+Docs?ReadForm&CERT/Ohio-West+Virginia+Part+B+Carrier/Error+Rate+Graphs) to view the error graphs by specialty. If the link doesn't work, go to Palmettogba.com and filter to Ohio Part B Carrier. In the Cool Tools you can click on Cert Error Rate Graphs. See what mistakes are the highest in your specialty.

CCI QUARTERLY UPDATES

The quarterly CCI updates were released October 1 and can be found at <http://www.cms.hhs.gov/NationalCorrectCodInitEd/>

NEW ADDITIONS TO CMS CERTIFICATIONS FOR NP and CNS

CMS has announced that they are updating their manuals by adding the National Board on Certification of Hospice and Palliative Nurses (NBCHPN) to the list of recognized national certifying bodies for Nurse Practitioners. Also provided on the list is the new name for the National Certification Board of Pediatric Nurse Practitioners and Nurses. It also provides the correct reference for the Critical Care Certification Corporation. This same list of recognized national certifying bodies for advanced practice nurses will be included under the manual instruction on CNS services.

Carriers and A/B MACs will enroll nurses, under the NP and CNS benefits, who meet all of the other NP or CNS qualifications; and are certified as advanced practice nurses by any of the recognized national certifying bodies listed below, effective November 19, 2007.

Effective November 19, 2007, the list of recognized national certifying bodies for NPs and CNSs at the advanced practice level is as follows:

- American Academy of Nurse Practitioners;
- American Nurses Credentialing Center;
- National Certification Corporation for Obstetric, Gynecologic and Neonatal Nursing Specialties;
- Pediatric Nursing Certification Board (previously named the National Certification Board of Pediatric Nurse Practitioners and Nurses);
- Oncology Nurses Certification Corporation;
- AACN Certification Corporation; and
- National Board on Certification of Hospice and Palliative Nurses.

You can find more information about NP and CNS services by going to CR 5639, which is in two transmittals located on the CMS Web site. As an attachment to transmittal R75BP

(<http://www.cms.hhs.gov/Transmittals/downloads/R75BP.pdf>), you will find updated **Medicare Benefit Policy** manual, Chapter 15 (Covered Medical and Other Health Services), Sections 200 (Nurse Practitioner (NP) Services) and 210 (Clinical Nurse Specialist (CNS) Services). As an attachment to transmittal R219PI (<http://www.cms.hhs.gov/Transmittals/downloads/R219PI.pdf>), you will find updated Chapter 10, Sections 12.4.5 and 12.4.8 of the **Medicare Program Integrity Manual**.

MEDLEARN MATTERS PREVENTIVE SERVICES BROCHURES

You can download preventive brochures for your patients at <http://www.cms.hhs.gov/MLNProducts/MPUB/list.asp#TopOfPage>. Scroll down and you will find links to brochures on diabetes, adult immunization, cancer screenings, bone mass measurements, smoking cessation and lots more. Be sure to look at all pages and save this site to your favorites to access repeatedly. There is lots of good information here.

MEDICARE CROSSOVER CLAIM DENIALS

When Medicare crosses a claim to a secondary carrier and the carrier rejects or disputes the claim, Medicare will add a standardized message on the Medicare Explanation of Benefits to notify you that the secondary claim did not go through. The message will be in the form of a Dispute Reason Code. Be sure to watch your explanations and take the appropriate action. See the September Palmetto GBA Advisory for more detail.

STANDING ORDER VERSUS RECURRING ORDER

Does the term "standing order" mean the same as "recurring order"?

From *MedLearn Matters* the answer: No, the two terms have different meanings, according to Medicare guidelines, often times, laboratory staff uses the term "standing order" when, in actuality, they are talking about a "recurring order." The following examples may help to clarify the different meanings.

A hospital may have the following policy in place. When a surgical procedure is scheduled for a female patient over 45, a series of tests will automatically be done to screen for risk. The tests have nothing to do with the individual's personal health history or the physician's request for the tests. This is a standing order.

A patient visits her physician, who determines that, because of her personal health history, that she should have a glucose test every three months. He writes an order to request that recurring order, which is specific to this individual patient's needs.

TIPS FOR TROUBLESHOOTING MEDICARE ADVANTAGE PLANS

Medicare Advantage Plans can cause problems in your office when it comes to knowing who is actually insuring your patient.

Do not use your claim submission to verify a patient's enrollment. The Social Security Administration is the entity that determines and disseminates patient coverage information. However, there can be a lag in the time the patient changes to a Medicare Advantage Plan and Social Security's updating the files.

Ask the patient for all their insurance cards. Many elderly Medicare patients are very confused about their coverage and will continue to give you only the red, white and blue Medicare card when in fact they have a Medicare Advantage Plan card. Some patients also confuse their coverage thinking the Medicare Advantage Plan is only for their

prescriptions. You should review all cards to ensure you are getting the most accurate information.

If you cannot determine the patient's coverage, you should verify coverage by contacting the Palmetto GBA Provider Call Center at 1-877-567-9232. The call center hours are 8:30 a.m. to 4:30 p.m.

If your patient insists that his/her coverage is wrong, the patient must call 1-800-Medicare to correct his enrollment information.

ANTHEM ONLINE ADJUSTMENT FORMS

If you haven't started using the Anthem interactive online forms, you can find them here http://www.anthem.com/wps/portal/ahpprovider?content_path=provider/in/f4/s0/t0/pw_ad080342.htm&rootLevel=3&state=in&label=Provider%20Adjustment%20Forms You can download the "DOC" form and fill in the fields right on your computer.

MRI CONTRAST MATERIAL IS BILLABLE

Since January of 2007 MRI contrast material payment is NOT included in the practice expense relative value units and can be billed separately. In addition to your CPT code for the MRI you can bill Q9945 through Q9954 and Q9958 through Q9964 for the contrast material. Make sure your billing staff is billing for the contrast material used in your MRI services.

ADVANCE BENEFIT NOTICE (ABN) MODIFIERS

The use of ABNs must be accompanied by the following:

- **Modifier GZ** must be used when physicians, practitioners, or suppliers want to indicate that they expect that Medicare will deny an item or service as not reasonable and necessary and they **have not had** an advance beneficiary notification (ABN) signed by the beneficiary.
- **Modifier GA** must be used when physicians, practitioners, or suppliers want to indicate that they expect that Medicare will deny a service as not reasonable and necessary and they **do have on** file an ABN signed by the beneficiary.
- All claims not meeting medical necessity of a local coverage determination must append the billed service with **modifier GA or GZ**.

For more information concerning advance beneficiary notices, refer to

http://www.cms.hhs.gov/BNI/01_overview.asp

HELP DESK HINT

You are now able to access a patient's Visit List from the Appointment Log. To do this, right click on the patient's appointment information on the Appt Log and select Visit List. You have the ability to access all areas of the Visit List, as well as, make any necessary corrections.

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