

## Part B Insider (Multispecialty) Coding Alert

### Physician Notes: CMS Glitch Could Mean You'll Face Consolidated Billing Denials

**Plus: Get a handle on how to read remittance advice statements from your MAC.**

Keeping track of Medicare's consolidated billing rules can be tough as it is, but now CMS has announced it made an error that may result in erroneous denials for these services.

"It has come to the attention of CMS that, when the 2011 Annual Update of Healthcare Common Procedure Code System (HCPCS) Codes for Skilled Nursing Facility Consolidated Billing, Change Request #7159, was implemented in January 2011, a few codes were not included in the claims processing system edits," CMS noted in a statement last week. "A correction to add the codes listed below to the claims processing system edits was implemented on Monday, March 14."

If you submitted claims for the services in question before March 14, you may have seen your claims incorrectly denied. "Providers who believe they received an incorrect denial should contact their Medicare Carrier or Medicare Administrative Contractor to have the claims reopened and reprocessed," CMS notes. "Claims containing any of the codes below, processed on or after March 14, will process correctly."

The affected codes are all from CPT's radiology section and are all in the 76xxx range.

To read the complete CMS statement with the list of all affected codes, visit [www.cms.gov/FFSProvPartProg/EmailArchive/itemdetail.asp?filterType=none&filterByDID=0&sortByDID=2&sortOrder=ascending&itemID=CMS1246013&intNumPerPage=2000](http://www.cms.gov/FFSProvPartProg/EmailArchive/itemdetail.asp?filterType=none&filterByDID=0&sortByDID=2&sortOrder=ascending&itemID=CMS1246013&intNumPerPage=2000).