Part B Insider (Multispecialty) Coding Alert

TRANSMITTAL ROUNDUP: Be Prepared To Re-Enroll In Medicare If You Enrolled Prior To 2002

IVIG add-on continues, telehealth fee goes up

It's official: If you enrolled in Medicare before the **Centers for Medicare & Medicaid Services** (CMS) started using the Provider Enrollment, Chain and Ownership System (PECOS), then you can't simply make changes to your enrollment information.

If you do, your carrier will send your 855 enrollment form back to you and request a whole new application, according to Transmittal 173 (CR 5338). Your carrier also will return the application if it lacks a signature, if you sent it more than 30 days prior to the effective date, or if you sent in a new application while you were still entitled to appeal the denial of a previous application.

Other news from recent CMS transmittals:

- If your doctor provides **long-distance medicine** to patients who can't visit in person, you-ll receive a pay hike for 2007. The -telehealth originating facility fee- (code Q3014) for 2007 is $22.94, up from $20 originally, according to Transmittal 258 (CR 5443). The transmittal also explains that carriers will apply the 25-percent reduction for multiple imaging scans on the same body region first--and then apply the outpatient imaging cap, where applicable.

- You-ll have some new codes to cope with this year if your doctor is taking part in the **physician voluntary reporting program (PVRP)** to get extra feedback on whether he or she meets quality measures. Transmittal 259 (CR 5409) lists dozens of potential new PVRP codes, including whether the physician documented alarm symptoms, ordered a barium swallow test, screened the patient for risk of falling, or gave the patient aspirin in the emergency room.

- **Brace yourself:** Carriers should automatically deny any claims where a code has more units on a single day than the **Medically Unlikely Edits (MUEs)** allow, CMS says. The MUEs will include a code, the maximum daily units, and the effective date, according to Transmittal 178 (CR 5402).

- There's good news for practices supplying **intravenous immune globulin (IVIG)** to patients. In the face of shortages and high costs for IVIG, CMS will continue to pay an extra -pre-administration- payment once per day for patients receiving IVIG. You must bill G0332 on the same claim form as the IVIG product (J1566-J1567), according to Transmittal 1140 (CR 5428).

- **Know your rights:** Medicare contractors have 60 days to make a decision about your claim during **Medical Review**. After that time, they must either send you a notification of their decision or enter the decision and reason codes into one of the shared computer systems, according to Transmittal 179 (CR 5252).

- **Stay up to date:** CMS issued the **new quarterly average sales price (ASP) payment amounts** for Part B drugs in Transmittal 1129 (CR 5413).

- Medicare won't cover **infrared therapy for diabetic neuropathy**, according to Transmittal 62 (CR 5421).

- You should use **G0389 to bill for abdominal aortic aneurysm screening,** which is now covered as part of the -Welcome to Medicare- exam. Also, this code doesn't count towards the patient's annual Medicare deductible, according to Transmittal 1113 (CR 5235).

- **Oncology coders, watch out:** Your demonstration project, reporting on quality measures, is over. Codes G9050 through G09062 are invalid for 2007, and G9076, G9081, G9118-G9122 and G9127 have been deleted. You can still use some other codes from G9063-G9139 to report -oncology disease status,- according to Transmittal 1143 (CR 5459). New functional MRI codes 70554-70555 now have multiple procedures indicators of -0-. The transmittal also changes RVUs for a dozen other codes.

- **Heads up:** Your local carrier is calculating -reasonable and customary- charges for **intraocular lenses** implanted in a physician's office, plus **splints, casts and dialysis supplies.** The payment levels will be based on last year-s, plus a 4.3 percent increase, according to Transmittal 1118 (CR 5382). You should only use the -Q- codes for casting and splinting supplies when you actually use them for -cast and splint purposes,- CMS adds.

- It's still up to your local contractor whether to cover **Thoracic Electrical Bioimpedance (TEB)** for drug-resistant hypertension, according to Transmittal 63 (CR 5414).