

Socioeconomic tips of the month

Updates on the Medicare program

by the Division of Advocacy and Health Policy

This month's column provides surgeons with an update on recent Medicare program activity.

No summer newsletter

Surgeons may have noticed that they have not received a paper copy of their Part B carrier's newsletter this summer. That is because in May, the Centers for Medicare & Medicaid Services (CMS) mandated that all Medicare Part B carriers eliminate all provider bulletins and newsletters scheduled to mail between July 1, 2002, and September 30, 2002, so that the funds could be used to support implementation of the Health Insurance Portability and Accountability Act (HIPAA). Most Part B carriers will post Medicare updates on their Web sites. The College invites surgeons to visit <http://www.facs.org/dept/hpa/practmanres.html>, which contains links to all Part B carrier Web pages. Practices that do not have Internet access should be sure to check this column next month for Medicare updates.

HCPCS eliminated

Because HIPAA establishes specific national coding systems, Medicare Part B carriers will eliminate unapproved local Health Care Procedure Coding System (HCPCS) (Level III) procedure codes and modifiers effective October 16, 2002. HCPCS Level III codes are W, X, Y, or Z series alpha-numeric codes or modifiers WA through ZZ that are not represented in the HCPCS national Level I or II codes. In most cases, procedures currently reported by local codes can be reported using existing national HCPCS codes and modifiers. If your carrier uses local codes, the College suggests checking recent carrier publications and/or Web sites to get a list of the codes to be eliminated and to update coding software so use of the codes can discontinue by October.

Moving notice

Offices that have relocated recently need to notify their Part B carriers as soon as possible. Beginning October 1, 2002, carriers will begin using

Around the corner

September

- Postgraduate course on coding, compliance, and reimbursement presented by the ACS during the Society of Laparoendoscopic Surgeons' Eleventh International Congress and ENDO EXPO on September 11, 2002, in New York, NY. Contact Flor Tilden at 305/665-9959 for registration form.
- ACS-sponsored practice management course for surgeons on September 21, 2002, in Miami, FL. Visit the ACS Web site at <http://www.facs.org/dept/hpa/index.html> to register.


October

- 2003 ICD-9-CM code changes effective October 1. The 90-day implementation period during which Medicare will allow claims to be submitted with the 2002 and the 2003 ICD-9-CM code versions begins.
 - Quarterly update to 2002 Medicare fee schedule effective October 1.
 - Quarterly update to 2002 Correct Coding Edits effective October 1.
 - ACS-sponsored basic coding workshop for surgeons on October 8, during ACS Clinical Congress in San Francisco, CA. To register for PG25, go to <http://www.facs.org/clincon2002/index.html>.

"return service requested" envelopes for remittance advice. CMS has instructed carriers to eliminate the forwarding of Medicare remittance advice to any location other than those indicated in their records. If the post office returns an undeliverable envelope to your carrier, the carrier will stop issuing checks and remittance advice to you until they receive a change of address notification in writing. To view the Medicare carrier program memorandum regarding this issue, go to <http://www.hcfa.gov/pubforms/transmit/B02023.pdf>.

Enrollment applications online

Surgeons who would like to enroll in the Medicare program can now download the Medicare Provider/Supplier Enrollment application from the CMS Web site at <http://www.hcfa.gov/medicare/enrollment/forms>. The application that surgeons should complete is Form CMS 855I for "Individual Health Care Practitioners." It is available either in an electronic version (Formatta Filler 6.0) or as an Adobe Acrobat (*.pdf) file. To download and use the electronic forms, you must have a Windows 95 (or higher) operating system, access to the Internet, an Internet browser, and a printer. It is also advisable to download the "Full Version Users Guide" that contains step-by-step instructions to install the software and to complete the application. Practices that download the electronic version should indicate "Yes" when prompted to "Create shortcut on desktop" during installation of the software; otherwise, problems may arise when opening the document. Using the electronic version,

you will be able to complete your application on your computer, save it as a file, and print the completed form for final signature and submission by mail to your Part B carrier. 

Correction

In the April 2002 issue of this column, we provided an inaccurate response to a coding question about reporting code 44005, the lysis of extensive adhesions during a hernia repair. The correct coding advice is:

CPT Code 44005 is defined as a separate procedure and is considered an integral part of many procedures, including hernia repair. If the surgeon performs both the hernia repair and extensive lysis of adhesions, use the -22 modifier on the hernia repair code.

Keep in mind that the use of the -22 modifier requires an operative dictation showing the added work and diagnoses, and a special report explaining the additional diagnoses and how the work involved in the procedure had added difficulty. Modifier -22 should only be reported if the entire procedure took an additional 50 percent longer to complete than a typical hernia repair.