

Socioeconomic tips

Medicare changes

by the Division of Advocacy and Health Policy

The federal government typically implements changes to Medicare at the beginning of the final quarter of each fiscal year; the last quarter of 2006, which starts October 1, is no exception.

However, this year surgeons should be prepared for one big difference at the end of the third quarter—a nine-day delay in payments at the end of September. Details about this change are provided in “Dateline: Washington” on page 6 of this issue. This article discusses the other modifications to Medicare coding and billing that surgeons should anticipate in September and October.

Diagnostic codes

Physicians must use updated *International Classification of Diseases, Ninth Revision, Clinical Modification* (ICD-9-CM) diagnostic codes for claims related to services provided on or after October 1. A complete list of the more than 200 codes that have been revised is available at http://www.cms.hhs.gov/ICD9ProviderDiagnosticCodes/07_summarytables.asp#TopOfPage. To view and download the codes, click on “New Diagnosis Codes-Effective 10/01/2006 [PDF 120KB]-Updated 6/1/06 (final version).” Additional information is available at <http://www.cms.hhs.gov/MLNMattersArticles/downloads/MM5142.pdf>.

Screening mammography

Currently, claims for screening mammography may not include codes for other services. This policy changes on October 1, when physicians may start using the same claim to bill for both a screening mammography and other services provided.

To do so, use diagnosis codes V76.11 (Screening mammogram for high-risk patient) or V76.12 (Other screening mammogram) as the secondary diagnosis on claims that include other services. Additional information is available at <http://www.cms.hhs.gov/MLNMattersArticles/downloads/MM5050.pdf>.

Around the corner

September

- No Medicare payments will be made from September 22 through 30. Payments that were to be made during that time will be made October 2.
- ACS-sponsored basic and advanced coding workshops for surgeons and their office staff will be held September 21 and 22 in Boston, MA. To register, visit the ACS coding workshop Web page at <http://www.facs.org/ahp/workshops/index.html>.
- Economedix will hold a teleconference, Dealing with Difficult People, on September 13 and another, Maximizing Patient Collections, on September 27. For more information and to register, visit <http://yourmedpractice.com/ACS> or phone 877/401-9655.

October

- Medicare requires updated ICD-9-CM diagnostic coding on claims with dates of service on and after October 1.
- Medicare will implement the Correct Coding Initiative, version 12.3, on October 1.
- ACS-sponsored basic and advanced coding workshops for surgeons and their office staff will be held October 9 and 11 at the Clinical Congress in Chicago, IL. Advanced registration has closed but spaces may still be available for on-site registration.
- Economedix will hold a teleconference, ICD-9-CM Coding and Changes for 2007, on October 25. For more information and to register, visit <http://yourmedpractice.com/ACS> or phone 877/401-9655.

Claims status indicators

Practices that bill Medicare electronically and use health care claim status transactions will experience a change on October 2. On that date, carriers will begin using a revised list of claim status categories and codes. To view and download a complete list of the codes, go to <http://www.wpc-edi.com/codes> and click on Claim Status Codes or Claim Status Category Codes. Additional information is available at <http://www.cms.hhs.gov/MLNMattersArticles/downloads/MM5137.pdf>.

continued on page 64

MREP update

Last October, the Centers for Medicare & Medicaid Services released Medicare remit east print (MREP) software that billing personnel may use to read and print a remittance advice at their computer. The software may be used to manually reconcile accounts receivable and to create paper documents for inclusion with claim submissions to secondary payors. Carriers are expected to post notices on their Web sites when the third revision of the MREP software is available for downloading, which will be on or shortly after October 2. In the future, the software will only be released annually. Additional information is available at <http://www.cms.hhs.gov/MLNMattersArticles/downloads/MM5032.pdf>.

Durable medical equipment

On October 1, physicians who prescribe durable medical equipment will notice changes in certifies of medical necessity. Both old and new forms

will be accepted from October 1 through December 31. However, effective January 1, 2007, only the new forms will be accepted. Additional information is available at <http://www.cms.hhs.gov/MLNMattersArticles/downloads/MM4296.pdf>.

Revised claim form

Those surgeons and billing personnel who submit paper claims should know that the CMS-1500 has been revised to accommodate the National Provider Identifier (NPI). They may begin using the revised form anytime between October 1, 2006, and January 31, 2007. All claims that carriers receive beginning February 1, 2007, must use the revised form in order to be accepted. (Note that acceptance is contingent upon when the claim is received, not on when the service is provided.) Additional information is available at <http://www.cms.hhs.gov/MLNMattersArticles/downloads/MM4293.pdf>. Ω