

## Internal Medicine Coding Alert

### News Brief: Update Billing Software to Allow Printing of Itemized Statements for Medicare Beneficiaries

Effective January 1, 1999, Medicare beneficiaries were given the right to itemized statements from their healthcare provider for any Medicare item or service delivered by that provider. Because internists are frequently the primary care providers for many Medicare patients, they can expect to receive several requests for these statements, say Medicare officials.

In April, a limited number of carriers began printing notices informing beneficiaries of their new right, and inserting these notices into the beneficiaries explanation of benefits (EOBs) or Medicare Summary Notices (MSN). The notice reads: You have a right to request an itemized statement which details each Medicare item or service which you have received from your physician, hospital or any other health supplier or health professional. Please contact them directly if you would like an itemized statement. Beginning July 1, all Medicare carriers will be including this message in their communications with beneficiaries.

Because most physicians have established an itemized billing system for internal accounting purposes, Medicare officials do not feel that providing this service should be an additional burden. Health information personnel in each office will have to configure the software to print an itemized form suitable for giving this information to Medicare beneficiaries that request it.

#### What are Providers Required to Include?

Xact Medicare Services, the Medicare Part B contractor for the states of Pennsylvania, Delaware and the District of Columbia, is advising its physician practices to include the following information on itemized statements:

- Name of beneficiary
- Date(s) of services
- Description of item or service
- Number of services furnished
- Provider/supplier charges
- An internal reference tracking number
- Name and telephone number for beneficiary to obtain more information about the items or services provided.

If the claim has been adjudicated by Medicare, Xact recommends the following information also be included:

- Amounts paid by Medicare
- Beneficiary responsibility for co-insurance
- Medicare claim number.

Providers are expected to help beneficiaries resolve any questions they have about the statement or clarify any discrepancies between the statement and the beneficiary's EOB or MSN. Practices are not permitted to charge beneficiaries for this service, and will face a civil monetary penalty of \$100 each time they fail to supply a beneficiary with an itemized statement of services within 30 days of the request.