

## Part B Insider (Multispecialty) Coding Alert

### 2013 Coding Wrap-Up: Take This Quiz to Determine How Well You've Studied This Year's Coding Regs

**You can't go into 2014 without firm knowledge of the current rules.**

The calendar is about to turn to 2014, but before you move toward January and the New Year, make sure you've got the 2013 coding rules down pat. Take this quick quiz to make sure you're prepped to absorb a whole new year's coding conventions. Hint: You can find all of the answers in previous editions of the Insider from earlier this year.

Question 1: Nail Down 'Lookback Period'

How long does my Medicare contractor have to come after me for overpayments that they paid me?

Question 2: Know the CCI Modifiers

Other than modifier 59 (Distinct procedural services), which other modifiers can I use to separate CCI edits when warranted?

Question 3: Why Can't We Use Rubber Stamps?

Our doctor uses dictation because he has arthritis and therefore can't write effectively with a pen. However, we are still having him sign documentation because we know rubber stamp signatures aren't accepted by Medicare. Is there a way around this?

Answers to the Coding Quiz:

**Answer 1:** Although you may have been accustomed to a three year lookback period, that changed to a full five years in 2013.

**Background:** In May, 2012, the OIG published its Obstacles to Collection of Millions in Medicare Overpayments, which lamented that the government is barred from recovering overpayments from practices after three years following the original payment. The report noted that CMS was unable to collect over \$332 million "because of time constraints imposed by the statute of limitations on overpayment collections," and the OIG subsequently asked CMS to "pursue legislation to extend the statute of limitations" for collecting those overpayments.

It appears that came to fruition earlier this year. The American Taxpayer Relief Act of 2012, which President Obama signed into law on Jan. 2, 2013, included a very small but significant provision that gives the government two more years to come after overpayments you may have collected. The text of Section 638 of the bill reads as follows:

**"SEC. 638. REMOVING OBSTACLES TO COLLECTION OF OVERPAYMENTS.** a) IN GENERAL.—The last sentence of subsections (b) and (c) of section 1870 of the Social Security Act (42 U.S.C. 1395gg) are each amended—(1) by striking "third year" and inserting "fifth year"; and (2) by striking "three-year" and inserting "five year". (b) EFFECTIVE DATE.—The amendments made by subsection (a) shall take effect on the date of the enactment of this Act."

Although the text is short, it may not sound particularly sweet to Part B practices, which are already under pressure from

ZPIC, RAC, and other auditors who are trying to ferret out potential overpayments.

**Best bet:** If you receive an overpayment from your MAC, return it immediately so you don't have to deal with recoupment requests down the road.

**Resource:** To read the complete text of the American Taxpayer Relief Act of 2012, visit <http://www.gpo.gov/fdsys/pkg/BILLS-112hr8eas/pdf/BILLS-112hr8eas.pdf>.

**Answer 2:** Most coders who are trying to separate CCI edits will use either modifier 25 (Significant, separately identifiable evaluation and management service by the same physician or Other Qualified Health Care Professional on the same day of the procedure or other service) for edits involving E/M codes, or modifier 59 for bundles that involve two procedures. However, coding experts have long maintained that modifier 59 should be the modifier "of last resort," making many coders reluctant to use it extensively.

CMS Transmittal 1136, released on Nov. 1, 2012, announced that you can use the following modifiers to override a CCI edit with a modifier of "1" effective Jan. 1, 2013:

- LM (Left main coronary artery)
- RI (Ramus intermedius coronary artery)
- 24 (Unrelated evaluation and management service by the same physician or Other Qualified Health Care Professional during a postoperative period)
- 57 (Decision for surgery)

Whereas modifiers LM and RI are mainly used by heart surgeons, the other two modifiers are quite familiar to most other coders. Both modifiers 24 and 57 can be appended to E/M codes when the E/M service is either unrelated to a surgery (modifier 24) or results in the decision to perform the bundled procedure (modifier 57).

**Answer 3:** In your case, yes there is. Most Part B practices know that a practitioner must either submit a handwritten or electronic signature for services that they order or provide, and that stamped signatures aren't acceptable. However, CMS made a new exception to that policy in May with MLN Matters article MM8219.

"CMS will permit the use of a rubber stamp for signature in accordance with the Rehabilitation Act of 1973 in the case of an author with a physical disability that can provide proof to a CMS contractor of his/her inability to sign their signature due to their disability," CMS says in the document, which was effective June 18. "By affixing the rubber stamp, the provider is certifying that they have reviewed the document."

To read the complete article, visit

[www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNMattersArticles/downloads/MM8219.pdf](http://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNMattersArticles/downloads/MM8219.pdf).