Part B Insider (Multispecialty) Coding Alert

Coding & Reimbursement: Reassignment Of Benefits Will Become Possible Soon

Use per-diem codes for ESRD services if patient is hospitalized during month

A provision in last December's Medicare Modernization Act that expands the situations under which a physician can reassign billing privileges to another entity should be implemented soon, officials from the **Centers for Medicare & Medicaid Services** promised.

Section 952 of the MMA allows physicians to reassign benefits to medical management groups or physician management organizations, even if they're not on-site as contract workers, CMS officials explained in the Feb. 23 physician Open Door Forum. The law lets CMS implement this provision through a manual instruction instead of a regulation, and this document should be issued within the next week or so.

CMS officials also revealed that:

As of Feb. 13, roughly a third of all Medicare claims were HIPAA compliant. The "contingency plan" that CMS offered providers that had trouble coming into compliance won't last forever, CMS officials reminded providers. And once you've tested your HIPAA compliance successfully, you have only 30 days to "move into production."

CMS will begin writing more boilerplate articles explaining its change requests and other transmittals, for the carriers to include in their bulletins. You can read these, possibly before your carrier prints them, by going to www.cms.hhs.gov/medlearn/matters.

CMS is concerned by the delays in processing provider enrollment applications and changes to provider information. Officials promised that once its PECOS database is fully implemented, the carriers will be able to "see on a real-time basis" a provider's enrollment information, and limit the changes a provider must make. Also, the carriers just received their full funding for 2004, which they'll use to cope with their backlogs. "By the summer we should have the contractors pretty much meeting the performance standards," one official promised.

Several providers had questions about the new G-codes CMS introduced for end-stage renal disease services for 2004. CMS had stated in the Federal Register that the monthly dialysis supervision codes don't apply when the patient has a hospitalization during the month in question, but there were no separate codes for this instance. CMS officials clarified that providers should bill for per-diem G-codes for each visit they provided during the month with the partial hospitalization, and also bill separately for any evaluation and management they provided during the hospitalization.