

Part B Insider (Multispecialty) Coding Alert

GYNECOLOGIC ONCOLOGY: Resubmit Denied Demonstration Claims To Gain Extra Payment

CMS backtracks on oncology demonstration project

Good news: Gynecologic oncologists will be able take part in this year's oncology demonstration project.

Oncologists are using "G" codes to report on compliance with various standards of care for various cancers--including ovarian cancer. At first, the **Centers for Medicare & Medicaid Services** didn't realize that gyn-oncs treat ovarian cancer, and left them off the list of specialties that could bill for the demonstration.

After a lot of lobbying by the **Society for Gynecologic Oncology**, CMS finally realized its mistake and added gyn-oncs to the list in Change Request 4347, dated March 3.

Opportunity: CMS made the change retroactive to January, so your gyn-onc can resubmit denied claims for those "G" codes and receive payment, says **Gary Leiserowitz**, professor and chief of the division of gynecologic oncology at **UC Davis Medical Center**.

Important: If your physician's primary specialty isn't oncology, she may have to change her specialty designation, CMS says in a new list of "Frequently Asked Questions" about the demonstration project. For example, a doctor with a primary specialty of internal medicine and a secondary specialty of hematology/ oncology should change his enrollment information to list oncology as the primary specialty.

In the FAQ, CMS also explains:

- You can bill the "G" codes in association with an evaluation & management visit provided on an "incident to" basis if it meets all the rules.
- When prostate cancer codes refer to "castration," it means both surgical and medical.
- Your "G" codes don't have to appear on the same claim form as the E/M visits they're tied to, but it may help. They do have to be billed on the same date, however.
- Some physicians have worried that CMS will keep track of physicians who report that they don't adhere to treatment guidelines and punish them down the line. But CMS says the project is just aimed at learning more about what guidelines you follow.

There may be "extenuating circumstances" where it's not appropriate to follow the guidelines that the "G" codes are reporting on, says Leiserowitz. But those guidelines are mostly so broad that "it would be pretty unusual" for people not to follow them.

As for whether you think CMS will track non-compliant doctors, "it depends on how much you trust the government," says Leiserowitz.