

Part B Insider (Multispecialty) Coding Alert

Keep These Additional 3 Non-Coding Tips in Mind As 2012 Approaches

While January 1 is typically a great time to catch up on your new code options, a new year is also an excellent opportunity to polish your billing and compliance skills. Don't forget these three essential tips as the calendar turns to 2012.

1. **Get Your 5010 Ducks in a Row.** The deadline for transition to the 5010 standard remains Jan. 1, 2012, despite the fact that CMS announced that it won't initiate compliance enforcement until March 31, 2012.

Whether or not you're ready on Jan. 1, you need to be able to demonstrate that you are making a "good faith effort" to become compliant with the new HIPAA standards by that date, CMS announced.

If you haven't talked to your vendors or participated in a test submission with your MAC, now is the time to get on board.

2. **Prep Your 'HRA' Form.** As we reported in the Insider Vol. 12, No. 40, Medicare has increased the RVUs for its annual wellness visit (AWV) codes G0438 and G0439 to account for the fact that your staff members may have to assist patients in filling out health risk assessment (HRA) forms.

You'll create the form so the patient can fill out information about herself, and it should take each patient 20 minutes or less to complete. According to CMS, your form should include the following topics, at a minimum:

- Demographic data, including age, gender, race, and ethnicity
- Self-assessment of health status, frailty, and physical function
- Psychosocial risks including depression/life satisfaction, stress, anger, loneliness/social isolation, pain, or fatigue
- Behavioral risks including tobacco use, physical activity, nutrition and oral health, alcohol consumption, sexual practices, motor vehicle safety (seat belt use), and home safety
- Activities of daily living, including dressing, feeding, toileting, grooming, physical ambulation (including balance/risk of falls), and bathing
- Instrumental activities of daily living, including shopping, food preparation, using the phone, housekeeping, laundry, transportation, responsibility for own medications, and ability to handle finances.

3. **Keep An Eye out for Revalidation Requests.** Between now and 2015, CMS will require all Medicare providers to revalidate their provider enrollment information. If you enrolled in PECOS after March 25, 2011, you should be off the hook, but everyone else will have to face revalidation. You shouldn't do anything until you receive a revalidation request from your MAC--but once they do send you that letter, you should revalidate in a timely fashion.

If you don't respond within 60 days, your MAC could revoke your billing privileges, so take the letter seriously, CMS reps have warned practices.