

Part B Insider (Multispecialty) Coding Alert

Mac Spotlight: Enrolled in PECOS Last Year? You'll Still Have to Revalidate, This MAC Says

Practices groaned at the notion that they'll have to track down physicians for more signature statements, despite doing so just last Thanksgiving.

Remember last year, when you scoured your facility asking each physician to sign signature statements to get them into PECOS? Get ready to do it again as part of CMS's revalidation process. At least that's the word from the Part B Jurisdiction 13 Ask the Contractor Teleconference, hosted by NGS Medicare on Sept. 13.

"You have no doubt heard that CMS is requiring that all Medicare providers revalidate their Medicare provider enrollment information," said NGS's **Jim Bavoso** during the call. "In a nutshell, CMS is asking any provider who is not currently in the PECOS system to enroll, and to do it quickly. That's phase one. The second part, stage two, is any provider who enrolled prior to March 25, 2011 will have to revalidate their information," Bavoso added.

Play the waiting game: At this point, you shouldn't do anything--instead, wait for your carrier to send you a letter. The MACs have identified all of the providers that aren't in PECOS, and each MAC is putting together letters to those practices to let them know they need to join PECOS. "We are sending letters to these doctors on a staggered basis, and we began this process last week," Bavoso added.

For phase two, anyone who is in PECOS but has not made changes since before March 25, 2011 will be asked to revalidate their information. "Don't do anything at this point until you hear from us," Bavoso said. "We will identify each of those providers and will send them a letter telling them they need to revalidate." Those providers will simply have to check their PECOS listings, and if they are accurate you'll just need to sign and revalidate the listing. If you need to make changes, you'll do so at that point.

One caller complained that her staff just enrolled in PECOS last November--less than a year ago--so she was concerned that she'll still have to revalidate since she hasn't changed her information since March 25, 2011. Although the NGS rep. acknowledged that CMS made the rules and NGS is just passing on the information, Bavoso said the revalidation will be somewhat painless. "You'll just go into PECOS and review that provider's file, and if there's no change, then it's done." However, another NGS rep. added, you will have to ask each provider to sign a signature statement and mail that in, even if you have no changes to that provider's file.

For more on CMS's revalidation process, visit www.cms.gov/MLN MattersArticles/downloads/SE1126.pdf.

Know How to Report Separate-Specialty New Patients

As many practices are aware, CMS issued a new specialty code for cardiac electrophysiologists (specialty code 21) in April, which prompted one caller to ask about inter-office new patients. "When the electrophysiologist sees a patient that is established to the practice and is evaluating that patient for an implant, can he bill for a new patient visit since it's new to him but not the practice?"

"Electrophysiology is a separate specialty, so if it's the first time that physician has seen the patient, he should be able to bill as a new patient," said NGS's **Karen Drake**. The physician can bill for a new patient visit "provided it's his first visit to see that patient, and provided that the patient hasn't seen another electrophysiologist in the practice," Drake said.

Keep in mind: Make sure that physician has changed his specialty with Medicare to code 21, Bavoso reminded practices. If the doctor is listed with Medicare as a cardiologist instead of as an electrophysiologist, the claim will most likely be denied because the MAC won't know that the physicians are of separate specialties.

MAC Fails to Shed Light on RAC Appeals

One caller to the forum complained that she faced a recent RAC audit that focused on retroactive Correct Coding Initiative (CCI) edits and demanded money back, even though she submitted claims appropriately in the first place. Essentially, the caller noted that she submitted some claims that legitimately used a modifier to separate CCI edit bundles, which was appropriate at the time. But by the time of the RAC audit, the CCI no longer allowed a modifier to separate the edits, and CCI had made that change retroactive--thus making it look like CCI never allowed the modifier with the code pair. The caller appealed with the original CCI information to show that she submitted the claim properly the first time around, but the RAC is still seeking overpayments from her.

"I know there's been an issue with some changes and errors in CCI edits," said NGS's **Virginia Muir** in response. "I understand there were maybe hundreds of code pairs that were done incorrectly in the July CCI issue, but I understand that these are being adjusted but we're waiting for instructions from CMS on how to correct these errors," she noted. However, NGS stressed, RAC audits are out of the MAC's hands, so the caller was referred back to the RAC for more information.