Part B Insider (Multispecialty) Coding Alert

Medicare Unveils Dozens Of New Remark Codes

Soon when your carrier denies your claim, you'll have more information about why it went down in flames.

The **Centers for Medicare & Medicaid Services** unveiled dozens of new remittance advice remarks and reason codes for carriers to use in clarifying why they sent a claim back to the provider. The codes may provide more insight into what went wrong with a claim - or just add to your bafflement.

Among the most significant additions for physicians are:

1. N160, the beneficiary/patient must choose an option before this supply/service are covered
2. N161, this supply/service/drug is covered only when an associated service is covered
3. N163, the medical record doesn't support the code billed according to the code's definition
4. N178, missing/invalid/incomplete pre-operative photos or visual field results
5. N179, additional information has been requested from the member. The charges will be reconsidered upon receipt of that information
6. N180, this item or service doesn't meet the criteria for the category under which it was billed
7. N181, additional information has been requested from another provider involved in the care of this beneficiary
8. N184, rebill technical and professional components separately
9. N185 do not resubmit this claim/service

Most of the above new reason codes were requested by Medicare in response to changes in Medicare policy, CMS explains in program memo AB-03-095.

10. Physicians can stop worrying about user fees popping up in the House version of the Labor, Health and Human Services and Education appropriations bill, which the House passed on July 10. The $138 billion Labor-HHS bill was rumored to contain user fees for Medicare providers, inserted in the Appropriations committee.

    But the user fees provision was removed on the floor of the House, say industry reps. User fees have been proposed every year since the middle of the Clinton administration, but Congress always shoots them down, says **Rich Trachman** with the **American College of Physicians**.

11. Baltimore-based software company ViPS announced that CMS had renewed its contract as a "system maintainer" for a quarter of all Part B claims. ViPS has processed claims for physician services since April 2001, and the new agreement runs until September 2006. ViPS will provide its ViPS Medicare System software to nine carriers. ViPS will update its software quarterly to reflect regulatory and other changes.

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