

Part B Insider (Multispecialty) Coding Alert

MEETINGS: CERT Contractors Halfway To Proper Contact System

Carriers can charge for running seminars

If you've been trying to bill Medicare for new stereotactic radiosurgery code 0083T, then one hurdle to coverage has just been lifted.

Part B carriers were denying claims for 0083T because they thought it was a Part A-only code, reports **Linda Lively**, president and CEO of **American Medical Accounting & Consulting** in Atlanta. The code describes physician services, but the carriers had categorized it incorrectly.

Lively raised this concern at the July 15 Medicare physician Open Door Forum conference call. And shortly afterward, she heard from Part B carrier **Empire Blue Cross Blue Shield** that it had recategorized the code as a Part B code. But Empire staff added that the carrier would deny 0083T as experimental, Lively relates.

Medicare carriers aren't required to cover category III codes such as 0083T, but some will on a case-by-case basis. In the case of 0083T, at least one carrier has promised to reimburse the code in some instances (See PBI, vol. 6, no. 8). Some private payors are covering the code, Lively says.

Separately, Lively's colleague **Sharon McKinsey** raised a question in the Forum about coverage for stereotactic radiosurgery in freestanding facilities. Medicare has said it won't cover the procedure in the freestanding setting because "G" codes such as G0243, G0251 and G0339 are designated only for the hospital setting. But **Centers for Medicare and Medicaid Services** officials said they would look into the issue further. Providers still are hoping for new CPT codes for stereotactic radiosurgery, which Medicare might reimburse in the freestanding setting (See PBI, Vol. 5, no. 25).

During the ODF call, CMS officials also revealed that:

1. The Comprehensive Error Rate Testing (CERT) contractor is moving over to a new system in which it contacts providers and asks for the best address to send requests for information. The contractor is about halfway through moving to this system for physicians, and expects to finish by September.
2. More than 50,000 providers have applied for the new national provider identifier (NPI) number since its debut on May 23.
3. CMS has chosen **Trailblazer Health Enterprises** to administer a program to reimburse physicians for care they provide to undocumented aliens.
4. Bidding for the Competitive Acquisition Program (CAP) for Part B drugs closes Aug. 5, and CMS hopes to choose between three and five national vendors. The CAP program has a stricter rule on "wastage" than the current system, and physicians aren't allowed to bill for any discarded drug or a drug that is considered waste.
5. CMS still only has about 30,000 patients in the replacement drug demonstration program, which can accommodate up to 50,000 patients. The program will continue until Dec. 31.
6. Carriers have had the right to charge for some face-to-face education of providers since 2001, but they can only charge to defray the administrative costs of running a seminar.

