

## Part B Insider (Multispecialty) Coding Alert

### Payer Spotlight: Medicare Enrollment Turnaround Times Are Delayed, One MAC Explains

**But your effective date for billing Medicare won't depend on when the MAC finally processes your paperwork.**

Although sometimes it may seem like your MAC's rules and regulations are unclear, the carriers do occasionally have open door policies. That was the case last week, when NGS Medicare, a Part B payer in four states, hosted an "Ask the Contractor" phone conference, in which practices asked a wide range of questions about coding, billing, and processing issues. Read on for highlights of the MAC's revelations.

#### ICD-10 Will Impact Paper Filers

A member of a small medical practice that does not file electronically asked NGS Medicare how claims will be affected once ICD-10 comes into play in 2013. "We would like you to move to electronic submission, but that is your prerogative," said NGS's **Jim Bavoso** during the call. "Those of you who bill electronically need to be moving toward the new electronic format, the version 5010 form of electronic submission," Bavoso said.

However, if your practice does not electronically submit claims, you're still going to face an ICD-10 migration going forward, but details on how that should happen are currently unclear. When asked whether a new CMS-1500 form will be created to accommodate ICD-10, Bavoso said, "To the best of our knowledge, yes there will be one that will be able to accept a greater number of fields with the new codes."

#### Medicare Shoots for 60-Day Enrollment Turnaround

Another caller asked what timeline Medicare uses when processing provider enrollment applications from start to finish. "Generally, we have certain standards to process 90 percent of our applications in 60 days, but with our current backlog that we're experiencing because of the ordering/referring regulation that was to go into effect in January but was postponed, carriers across the country are experiencing massive delays in processing," an NGS Medicare rep. said.

However, the effective date of the provider for billing Medicare is not based on how long it takes Medicare to process the paperwork. "The effective date of the provider for billing Medicare is determined by the date we received your application," the rep. clarified.

#### MAC Automatically Adjusts Radiology Payments

As most practices know, when you perform multiple radiological procedures that are within the same family (for instance, multiple ultrasounds, or multiple MRIs) in 2011, you'll collect 100 percent of the global fee for your primary study, but not for the second and subsequent studies. For the second study, you'll be paid 100 percent of the professional component, but 50 percent of the technical component. That's down from what you collected in 2010, which was 75 percent of the technical component.

One caller who phoned in to the NGS call asked whether the MAC will automatically process the reduction on the second procedure if it's billed globally, or if the system will only take the reduction off of the technical component. The NGS rep. indicated that Medicare's system edits are sophisticated enough to just take the reduction off of the technical component when warranted.

#### Dark Days Coming

NGS Medicare also noted that it is installing a new computer system between Feb. 9 and Feb. 11, so the MAC will not be processing claims during that period -- instead, NGS will hold claims on Feb. 10 and Feb. 11. The payer will consider those two days "dark days," and any claim-related calls may be difficult for customer service reps at NGS to assist with, since they won't be able to access the system until Feb. 14, at which point claims will resume processing as usual, Bavoso said.