

## **Part B Insider (Multispecialty) Coding Alert**

### **Physician Note: Claims Sent to Wrong MAC Will Now Be 'Returned As Unprocessable'**

**Plus: Differentiate your PTAN from your NPI.**

If your practice routinely sees patients from various states, you're all too familiar with the hassle of dealing with multiple Medicare Administrative Contractors (MACs). CMS has taken steps to streamline its processes when dealing with claims submitted to the wrong MAC, and it could result in additional rejections for your practice.

Background: In the past, if you submitted a claim to the wrong MAC, the carrier would handle the situation in one of two ways: It returned assigned claims as "unprocessable" and denied unassigned claims for Part B services sent to the incorrect MAC.

New way: Effective July 20, MACs will "return all Form CMS-1500 and electronic misdirected claims as unprocessable, regardless of their unassigned/assigned status" when submitted to the wrong MAC, according to Transmittal 2474, issued on May 18.

Best bet: Keep a list of the local MAC jurisdictions near your claims processing department to ensure that you submit your claims to the write carrier the first try. That way you can avoid delayed reimbursement for these services.

To read about the new directive, visit

[www.cms.gov/Regulations-and-Guidance/Guidance/Transmittals/Downloads/R2474CP.pdf](http://www.cms.gov/Regulations-and-Guidance/Guidance/Transmittals/Downloads/R2474CP.pdf).