

Part B Insider (Multispecialty) Coding Alert

Physician Notes: Denials Due to Invalid Modifiers Are Number One With a Bullet

Carrier lists top-seven denial reasons for first quarter 2004

Part B carrier Blue Cross/Blue Shield of Montana released its "hit list" of the top-seven reasons why it denied claims in the first quarter of 2004. As with some previous lists, it put "procedure code and modifier not valid combination" as the number-one reason for denials, accounting for 5,775 denied claims.

Also at the top of the charts were denials for provider numbers billed incorrectly or in the wrong combination, an invalid number of services for the procedure code, an unlisted drug code with the drug's brand name written in item 19, a mismatched procedure code and place of service, or procedure codes with a "global indicator" of ZZZ billed alone.

1. **The American College of Physicians protested "onerous"** interpreter guidelines that require practices to provide services to patients who don't speak English proficiently. In a Dec. 5 letter to HHS, ACP warns that physicians may be forced out of Medicare.

Recent HHS guidelines clarified that small healthcare organizations can take their limited budgets into account when deciding what they can do for non-native speakers. But ACP remains concerned that practices will be financially burdened by interpreter requirements, including a requirement to assess the competence of interpreters.

2. **When all the data are in, the healthcare spending growth rate** will turn out to have slowed in 2003, according to the annual projection by Centers for Medicare and Medicaid Services actuaries. Health-spending growth for 2003 is projected at 7.8 percent, down considerably from 9.3 percent in 2002, the analysts write in a paper published on the Web site of the journal Health Affairs.

The expiration of some Medicare added payments and modest decelerations in the growth of drug spending accomplished the slowdown, which followed six years of accelerating growth.

3. **Blocked last year by Democrats when they tried to limit** non-economic damages in medical liability cases across the board, Senate Republicans will now try to limit awards against obstetrician-gynecologists.

Senate Majority Leader Bill Frist (R-Tenn.) plans to make S. 2061, introduced Feb. 10 by Republicans Judd Gregg (N.H.) and John Ensign (Nev.), the Senate's first order of business when the chamber returns Feb. 23 from its Presidents Day recess. The bill will likely be the first in a series of similar efforts. At a Feb. 6 health reporters breakfast, Frist mentioned trauma centers as another likely candidate for targeted relief.

So far, there is no indication that the GOP's new strategy will rope in enough Democrats to get to the 60-vote threshold needed to cut off a filibuster.