

Part B Insider (Multispecialty) Coding Alert

Physician Notes: Don't Hold Your Breath for Medicare Legislation

1. Congressional leaders **have** returned to their Medicare and prescription drug bill negotiations in full-force, but there may not be much to show for it.

Senate Majority Leader Bill Frist (R-Tenn.) has projected a late-September deadline for the Medicare bill talks, but congressional insiders say it may be November or even December before negotiations wrap up and a vote is held on the legislation.

One obstacle to the legislation's progress has been lifted. Senate Finance Commerce Chairman Charles Grassley (R-Iowa) and House Ways and Means Chairman Bill Thomas (R-Calif.), who are leading the negotiations, appear to have buried the hatchet on rural issues. Grassley earlier pulled his staff out of negotiations, accusing Thomas of stalling on rural-provider issues.

The bill's plodding progress may be a good indicator it won't go anywhere in this session, some Washington observers say.

2. Worried that you won't be ready when the Health Insurance Portability and Accountability Act transactions rule zero hour arrives Oct. 16? If so, you're not alone - and you may get a break from the Centers for Medicare & Medicaid Services.

CMS revealed Sept. 8 that Medicare is considering deploying a contingency plan for HIPAA-covered entities that aren't ready by the deadline. "Medicare's contingency would be to accept and send transactions in legacy formats - in addition to HIPAA-compliant transactions - while trading partners work through issues related to implementing the HIPAA standards," the agency says in an update to the HIPAA "frequently asked questions" section of its Web page.

CMS will make the decision about whether to deploy the contingency plan by Sept. 25.

Other recently added FAQ entries address what constitutes an acceptable contingency plan, how an organization can demonstrate "good faith," and how health plans should handle their own contingency plans.

To see the new FAQ entries, go to www.cms.hhs.gov/hipaa/, select "HIPAA Administrative Simplification" in the Topic box, press Search and go to page 4.

3. Providers may be overbilling for Anzement ([J1260](#)), a standard anti-emetic given prior to chemotherapy. Although you can bill for up to 1.8 mg per kg of body weight, the standard dose is 100 mg, carrier Cigna says. J1260 is billed in units of 10 mg, making the standard dose 10 units of the code. But many providers have been billing 100 times J1260 instead, and others have billed for 40 or 60 times the code. These high dosages appear "highly unlikely," Cigna states.