

## Part B Insider (Multispecialty) Coding Alert

### PHYSICIAN NOTES: HIPAA Security Rule Deadline Looms

#### Are you ready to face the HIPAA music next month?

The April 20 deadline for compliance with the Health Insurance Portability and Accountability Act's security rule is weeks away - but few providers are up to the task.

The **Healthcare Information and Management Systems Society and Phoenix Health Systems** sponsored a February survey that found 18 percent of health care providers who responded were compliant with the HIPAA security regulations.

The biggest roadblocks: Overall integration of new systems, policies and procedures is the biggest challenge, with interpretation of HIPAA regulations and budget and time constraints following behind, the survey results said.

You still have time to get in compliance if you start right away and tackle the requirements head on, say experts.

Even if you aren't in full compliance by April 20, you should show that you have a specific plan to get in compliance - including a finish date - and that you are well on your way to completion, attorneys advise. This proof can work greatly in your favor if you find yourself on the business end of a HIPAA enforcement action.

#### In other news:

1. If you're billing routinely for low osmolar contrast material (LOCM) and other contrast agents, you need to be aware of a series of new codes. The **Centers for Medicare and Medicaid Services** introduced Q9945-9957 for LOCM, gadolinium-based magnetic resonance contrast agent, and several other types. The details are in Transmittal 502, issued March 11.
2. Transmittal 501, issued March 11, deletes two outdated codes for bone mass measurement and replaces them with two new codes: 76070 and 76071.
3. CMS provides more information about how to use [CPT Code](#) 95165 for preparation vials of non-venom antigens in Transmittal 504, issued March 11.
4. Billing for dialysis fistula maintenance can have some unforeseen pitfalls. Prosecutors charged the director of Missouri-based **North County Diagnostic and Interventional Radiology** with submitting fraudulent billings to Medicare Part B for the treatment of a clotted dialysis fistula. When performing the service on an outpatient basis, **Saadoon Kadir** allegedly claimed services that he either did not provide or that had been included in another service he already billed.
5. CMS unveiled the first three drafts in a series of guidance documents to improve the Medicare National Coverage Determination (NCD) process. The documents shed more light on CMS' decision-making process - including the scientific basis for coverage decisions - and increase access to CMS coverage staff, say CMS officials. The agency also rolled out the new Internet home for the Council on Technology and Innovation. The council of CMS-appointed experts on clinical, coverage and payment issues operates at [www.cms.hhs.gov/providers/cti](http://www.cms.hhs.gov/providers/cti).