

## Part B Insider (Multispecialty) Coding Alert

### PHYSICIAN NOTES: Only The Most Efficient Practices Will Pass New NCQA Standards

#### Will your office be ready?

The **National Committee for Quality Assurance** (NCQA) today released some updated standards for its Physician Practice Connections (PPC) program.

**The American Board of Internal Medicine** (ABIM) plans to incorporate PPC standards into its certification program, which 12,000 physicians take every year. Physicians have to renew their certification every 10 years.

The standards reward physicians who follow standards of care based on medical evidence, are easy for patients to reach when they're seeking appointments, provide educational resources to patients to help them manage their conditions and use electronic systems to track patients.

#### In other news:

- From now on, it's up to your local carrier to decide whether to cover cardiac catheterization outside the hospital setting. The **Centers for Medicare & Medicaid Services** scrapped its national policy in Transmittal 46, dated Jan. 27, and provided more information in Medlearn Matters article MM4280.
- If your carrier denies your claim because you didn't file it in a timely fashion, you can't appeal that decision. That's because a decision about the timeliness of your claim isn't a "determination," CMS says in Feb. 2 Transmittal 830.
- The carriers shouldn't require the QR modifier for replacement implantable cardiac defibrillator (ICD) claims, CMS said in Transmittal 819, dated Jan. 27. You have to use the QR modifier when you bill for an ICD and don't include a primary or secondary diagnosis indicating "primary prevention of sudden cardiac arrest." You don't need these diagnoses for a replacement ICD.
- The carriers' shared systems should work together to stay up to date when a beneficiary changes his or her address, CMS says in Transmittal 205, dated Feb. 1.
- Patients who may benefit from more frequent hemodialysis in a center, as well as nocturnal hemodialysis at home, can enroll in a new clinical trial that CMS is sponsoring along with the **National Institute of Diabetes and Digestive and Kidney Diseases**, CMS says in Transmittal 206, dated Feb. 1.
- If your physician performs some imaging procedures, including 3-D holographic reconstruction (CPT code 76375) in a skilled nursing facility (SNF), then you can bill for those codes separately starting in April. CMS issued the latest quarterly update to the SNF consolidated billing file in Transmittal 826, dated Feb. 1.
- When your physician provides screening mammography, pelvic examinations or pap smears to patients in the hospital, you should use bill type 12X instead of bill type 13X, CMS says in Transmittal 827, dated Feb. 1.