

Part B Insider (Multispecialty) Coding Alert

PHYSICIAN NOTES: Use Special Modifier For Disaster-Related Claims

You can use the new code regardless of where you're located

Don't let your claims for treating victims of Hurricane Katrina, or future disasters, slip through the cracks.

You should use the new modifier CR (Catastrophe/Disaster Related) for your Medicare contractor to process your disaster-related claims, the **Centers for Medicare & Medicaid Services** announced Sept. 26.

For dates of service on or after Aug. 21, you can use the new condition code and modifier for services you provide to Hurricane Katrina refugees, regardless of your facility's location. CMS wants Medicare contractors to recognize the new code and modifier on Oct. 3 if possible, but no later than Oct. 31.

For more information, go to www.cms.hhs.gov/medlearn/matters/mmarticles/2005/MM4106.pdf.

In other news:

- Your anesthesiologist may have more on her mind than dosages and monitoring. It's usually the anesthesiologist's job to select music in the operating room, and many anesthesiologists take this duty seriously and use their music collections to market themselves to surgeons, according to a survey by Ogden, UT anesthesiologist **Doug Reinhart**. Reinhart talked to 301 members of the **American Society of Anesthesiology** and found that younger doctors and docs in private practice were most likely to serve as DJs in the OR.
- CMS will be choosing eight to 12 [Physician Practice](#) and other organizations to take part in a health care quality demonstration project, according to a notice in the Sept. 16 Federal Register. You have until Jan. 30, 2006 to submit a letter of intent, including a timeline for your project and an outline of your proposal.
- If you think office managers and other staff are immune from prosecution, you're mistaken. Office manager **Dalia Fernandez** was indicted and sentenced along with her two physicians, **Jose Garrido** and **Edgard Zamora**. They, and 17 other defendants, were sentenced in an investigation of an alleged scheme to bilk Medicare and private payors of \$5.5 million. Their scam included faked car accidents, bribery, kickbacks to patients, falsified medical records, fake prescriptions, and billing for office visits that never occurred, say prosecutors.
- As expected, CMS published the proposed rule for attachments to electronic claims in the Sept. 23 Federal Register. (See PBI, Vol. 6, No. 33.)
- Your carrier can request documentation of a sample of your claims if your carrier has already identified an overpayment. The carrier can do this to determine if the billing patterns that led to the overpayment have ceased, CMS explains in Transmittal 123 (Change Request 3703), dated Sept. 23.