

## Part B Insider (Multispecialty) Coding Alert

### TRANSMITTAL ROUNDUP: You Can Appeal Enrollment Denials To An ALJ

#### Learn how to fight billing revocations all the way to court

You should be prepared for some changes to the appeals system soon.

If your contractor revokes your billing privileges or denies you enrollment in Medicare, you can appeal that decision to an administrative law judge (ALJ) within the **Department of Health & Human Services**, according to July 14 Transmittal 151. After an ALJ hearing, you may also be entitled to review by the **Department Appeals Board** (DAB) and a judicial hearing, says the **Centers for Medicare & Medicaid Services** (CMS).

You'd have 60 days to request a reconsideration of a decision to revoke your billing privileges, and your physician or -responsible entity- must sign the request, CMS says. A Hearing Officer (HO) at the contractor will hold an on-the-record hearing on your appeal within 90 days after receiving the request. If you don't agree with the HO's decision, then you can appeal to the ALJ.

Also, CMS says contractors and Part B carriers are no longer required to send acknowledgement letters when you request a HO hearing. Also, contractors no longer have to notify the local Qualified Independent Contractor (QIC) of the results of a hearing, according to Transmittal 985, issued June 16.

Some other recent transmittals said that:

- CMS has posted a list of **new, revised and deleted ICD-9 diagnosis codes** online on its Web site at [www.cms.hhs.gov/ICD9ProviderDiagnosticCodes/07\\_summarytables.asp](http://www.cms.hhs.gov/ICD9ProviderDiagnosticCodes/07_summarytables.asp). CMS also includes a [complete list of the code changes in Transmittal 990, dated June 23](#).
- You should stop using the deleted codes for **follow-up and confirmatory consults** (99261-99263 and 99271-99275) for telehealth services. CMS also clarified that telehealth services can include end stage renal disease related services and medical nutrition therapy. in Transmittal 53, dated July 7.
- **You can bill separately** for immunosuppressive therapy for kidney transplant patients. This therapy isn't included in the 90-day global period for the transplant operation, according to Transmittal 50, dated June 2.
- If you submit the **non-payable tracking codes** as part of the physician voluntary reporting program (PVRP), you'll receive a new tracking code, N365, meaning the codes aren't payable, according to Transmittal 230, dated June 16.