

Part B Insider (Multispecialty) Coding Alert

TRANSMITTAL ROUNDUP: You Won't Pay The Price For Taking Bad Advice

Watch out for new remittance advice codes

Are you up on the latest billing information that affects your practice? The **Centers for Medicare & Medicaid Services** issued a number of transmittals recently that could change the way you bill for services:

- If you make a billing mistake because you relied on bogus advice from your carrier, at least you may not have to pay any interest on the overpayment, according to Transmittal 739, dated Nov. 1. The transmittal implements a Medicare Modernization Act provision to waive penalties when you follow "erroneous guidance."
- You can no longer bill for chronic kidney disease using ICD-9 Code 585. Instead, you'll have to include the fourth digit that specifies the type of disease, according to Transmittal 737 dated Oct. 31.
- You'll have a chance to change your enrollment status with Medicare between Nov. 15 and Dec. 31, according to Transmittal 730, dated Oct. 28. Participating providers receive the participating fee amount and are listed in a directory.
- Keep your eyes open for new Remittance Advice (RA) remark codes that explain why your carrier denied your claim. CMS listed the new codes in Transmittal 743, dated Nov. 4. New RA codes include N349 (Administration method and drug must be listed), N351 (Service date outside approved treatment plan dates) and N354 (Incomplete/invalid notice).
- Your carrier should be testing its systems to be on track to stop accepting your physicians' Unique Physician Identification Numbers (UPINs) by May 23, 2007, when you'll be required to start using National Provider Identifiers, according to Nov. 4 Transmittal 129.
- **Regence Blue Cross & Blue Shield of Utah** isn't renewing its carrier contract, so **Noridian Administrative Services** will become the new Part B carrier for Utah as of Dec. 1, according to Transmittal 193.
- Some carriers still don't have the capacity to match electronic claims with paper supporting documentation, so on Nov. 10, CMS instructed them on how to treat paper documentation in Transmittal 131.
- CMS removed some implanted devices from the definition of "hearing aids" in Transmittal 39, dated Nov. 10.
- You can no longer bill using surrogate UPIN OTH000 as of April 1, according to Nov. 10 Transmittal 752. CMS intended that surrogate UPIN to be used for physicians who haven't received a UPIN yet, but some billers were using it for physicians who already had UPINs.