

Health Information Compliance Alert

Industry Notes: Sidestep This Little Known HIPAA Claims Mistake

Be sure the "Total Charges" field on your claims is filled out, or you could be risking HIPAA violations.

Old way: "Medicare's instructions since 2000 have stated that the (SV203) field may be zero or blank," CMS explains in a new MLN Matters article based on Dec. 22 Transmittal No. 2374 (CR 7660).

New way: "CMS recently discovered that Medicare's instruction regarding the reporting of the Total Charges field on claims is in conflict with the requirements of the HIPAA standard 837 Institutional claim format," the agency explains in the article. "The 837 requires that the Total Charges field (SV203) must always be reported, and that zero is an acceptable value."

The transmittal and article also clarify how to demand bill when requests by the state Medicaid program do not correspond to dates of existing episodes of care. The transmittal is at www.cms.gov/transmittals/downloads/R2374CP.pdf and the article is at www.cms.gov/MLN MattersArticles/downloads/MM7660.pdf.

Keep Patients' PHI Out Of E-Mails To MACs

Don't risk HIPAA violations when you're trying to get help with your Medicare claims. You shouldn't submit any protected health information (PHI) for beneficiaries when contacting your MAC via e-mail, reminds contractor National Government Services in a new post on its website.

NGS can't accept e-mail inquiries that include beneficiary- or claim-specific information due to PHI Internet security policy requirements, it says. When sending a request, make sure it does not include Medicare numbers, Social Security Numbers, personal/beneficiary medical information, and confidential information, NGS reminds providers.

And don't think you're safe if you're using a MAC's online form. "This policy also applies to providers submitting inquiries via the Customer Care Online Inquiry Form and the Electronic Data Interchange Help Desk E-mail Inquiry Form on the National Government Services Web site," NGS cautions in the message.

Home Health: Know Which Revalidation Letter To Disregard

If you're still working your way through a backlog of mail you received over the holidays, don't be surprised to see a revalidation letter that isn't yours. But that doesn't mean you're off the hook for revalidating.

HHH MAC CGS mailed revalidation letters dated Dec. 20, 2011, to all HHAs with a Provider Transaction Access Number (PTAN) beginning with 01 through 29, the MAC explains in an e-mail to providers. Letters were mailed to the provider's special payments address.

Oops: Just to make doubly sure, CGS also mailed a second letter to the provider's practice location address. But those letters were accidentally mailed to the wrong address, CGS says. CGS re-sent the letters to the correct address the last week of December. "Therefore, there is no need for providers to contact CGS to report that they received another provider's letter," the MAC advises.