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[www.sccma.org](http://www.sccma.org)

# Coding/Reimbursement News

*Santa Clara County Medical Association* ● 408/998-8850

Have Coding or  
Reimbursement questions?  
Ask Sandie: [sandie@sccma.org](mailto:sandie@sccma.org)

Get news and information  
by visiting our website at:  
[www.sccma.org](http://www.sccma.org)

## *Unpaid Claims Piling up?*



*Contact SCCMA's  
Reimbursement  
Specialist,  
Sandie Becker, for  
Assistance With:*

- Carrier failure to process "clean claims" in accordance with State law
- Habitual downcoding
- Treatment authorization and subsequent denial
- Payment inconsistent with payer contract
- Coding guidance

## Get Rid of Your Old ABNs

You must start using the new Advance Beneficiary Notice of Non-coverage (ABN) as of March 1. Versions prior to the new ABN that was revised in March 2008 will no longer be valid after the deadline.

The new CMS-R-131 replaces the old ABN, which was the general use ABN and the lab ABN. You may also use CMS-R-131 for voluntary notifications in the place of the Notice of Exclusion from Medicare Benefits. You may download the form and the instructions at: [http://www.cms.hhs.gov/BNI/02\\_ABNGABNL.asp#TopOfPage](http://www.cms.hhs.gov/BNI/02_ABNGABNL.asp#TopOfPage).

The revised ABN is the new CMS-approved written notice that physicians, providers, practitioners, suppliers, and laboratories issue to beneficiaries enrolled in the Medicare Fee-For-Service (FFS) program for items and services that they provide under Medicare Part A and Part B. It may not be used for items or services provided under the Medicare Advantage (MA) Program, or for prescription drugs provided under the Medicare Prescription Drug Program (Part D). For further details, you may download the CMS MedLearn Matters article (MM6136) here:

<http://www.cms.hhs.gov/MLNMattersArticles/downloads/MM6136.pdf>,

and the Advance Beneficiary Notice (ABN) – Brochure here:

<http://www.cms.hhs.gov/MLNProducts/MPUB/itemdetail.asp?filterType=none&filterByDID=-99&sortByDID=1&sortOrder=ascending&itemID=CMS061397&intNumPerPage=2000>.

## Palmetto Alert: HCPCS G0402 – Welcome to Medicare

Physicians who have submitted new IPPE CPT Code G0402 on a claim that has been processed from January 1, 2009 to February 23, 2009 may have been ***inappropriately denied***, if submitted on the same date of service as an evaluation and management code. If an E/M is performed on the same date of service as G0402, the E/M code is not payable except if the E/M service is a significant separately, identifiable service, in which case modifier 25 should be added to the E/M.

According to Palmetto, their system was updated on February 23, 2009 and services submitted would have been processed correctly from this date forward to allow payment for G0402 and the E/M service that contain the modifier 25. A mass adjustment will be performed for the claims that were denied incorrectly, however, if your claim did not contain a modifier 25 on the E/M code, it will be denied.

View the alert on Palmetto's website and click Alerts from the homepage:

<http://www.palmettogba.com/J1B>.

## New Authentication Requirements for Provider Calls and Written Inquiries

Beginning April 6, 2009, providers will be required to give yet another identifying number when contacting Palmetto through the IVR system and the Customer Service Center. Per CMS, contractors are now required to obtain three data elements for authentication before they can help you: 1) your NPI; 2) your PTAN; and now 3) the last 5-digits of your tax identification number (TIN). This information will also be required when sending in written inquiries.

Note: You will only be allowed three attempts to correctly provide your NPI, PTAN, and last 5-digits of your TIN. Download a copy of the notice here:

<http://www.cms.hhs.gov/MLNMattersArticles/downloads/MM6139.pdf>