

Coding Clues



Upcoming HIPAA rules for 2005

The Department of Health and Human Services is expected to publish four HIPAA rules based on its semiannual regulatory agenda. The department plans to publish a proposed rule to adopt initial standards for electronic prescribing under the Medicare Modernization Act.

The HIPAA rules publication schedule is:

1. A proposed rule to establish standards for electronic claims attachments, scheduled for January 2005.
2. A proposed rules to enforce HIPAA's administrative simplification provisions, schedule for publication in February 2005.
3. A proposed rule to establish a national identifier for health plans, scheduled for April 2005.
4. A proposed rule to make periodic revisions to the transactions and code sets rule – which could include replacements for specific code sets – scheduled for June 2005.

Note: HHS often fails to meet its own schedules for rules promulgation. HHS semiannual regulatory agenda in the Federal Register is available at:

www.gpoaccess.gov/fr/index.html

2005 CPT and HCPCS Codes – Went into effect January 1, 2005

There was no 90-day grace period for CPT and HCPCS code revisions in January 2005. So if you have not updated your superbills, do so now to meet the January 1st requirement. This change is due to the HIPAA Transaction and Code Set Rule requiring all code sets to be valid at the time that the service is provided. 2005 ICD-9-CM codes went into affect October 1, 2004.

Visit the TNAAP website

www.tnaap.org

Now available for pdf download:

1. 2005 TENNderCARE (EPSDT) encounter forms age NB-21
2. 2005 EPSDT Manual
3. 2005 Pediatric Coding Manual
4. 2005 Training Modules
5. 2005 EPSDT Key Code List
6. 2005 General Pediatric Code List of Additions/Deletions/Revisions

CMS announces that ‘good cause’ could excuse you from penalty for late claims.

A 10% late penalty has been applied to claims that reach your carrier more than 12 months after the dates of service. CMS now says that the late penalty might be avoided if you can show ‘good cause’ that your claim was delayed.

Among the reasons that could be considered good cause:

- Incorrect information received from an official Medicare source, such as your carrier.
- Unable to get information for a claim from a third-party, after making a good effort to do so.
- If the physician can show that they couldn’t have reasonably been expected to know to file the claim promptly because of other circumstances beyond the practice’s control.
- Physician records were destroyed by a reason other than willful negligence, such as fire, floods and earthquakes.

More on Medicare Claims Processing Transmittal 282 is available at:

<http://www.partbnews.com/htm/mcp282.pdf>