
Medicare

Carriers Manual

Part 3 - Claims Process

Department of Health and
Human Services (DHHS)
HEALTH CARE FINANCING
ADMINISTRATION (HCFA)

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CHANGE REQUEST 1649

<u>HEADER SECTION NUMBERS</u>	<u>PAGES TO INSERT</u>	<u>PAGES TO DELETE</u>
4550 – 4551	4-397 – 4-398 (2pp.)	4-397 – 4-398 (2pp.)

NEW/REVISED MATERIAL--*EFFECTIVE DATE: July 16, 2001*
IMPLEMENTATION DATE: July 16, 2001

Section 4550, Professional Relations, has been updated to provide the correct address for sending copies of general distribution notices, bulletins, checkstuffers and newsletters that you send to physicians and suppliers.

Section 4551, Professional Relations for HCPCS, has been updated to tell physicians where to obtain copies of CPT-4.

These instructions should be implemented within your current operating budget.

DISCLAIMER: The revision date and transmittal number only apply to the redlined material. All other material was previously published in the manual and is only being reprinted.

4550. PROFESSIONAL RELATIONS

Inform physicians and suppliers in writing of changes in policy and procedures and the effective date **before making changes. Send these notices 30** days before changes are put into effect to give physicians and suppliers time to adjust. When a shorter implementation schedule is unavoidable, provide the notice as soon as it is available. Develop claims prior to denial or reduction under the **new policy. Continue development until 30** days after release of the notice; the notice should explain for what period of time development will be done.

At least quarterly, furnish HCFA with copies of general distribution notices, bulletins, checkstuffers and newsletters you send to physicians and suppliers. Mail them to:

Health Care Financing Administration
Division of Practitioner Claims Processing,, PBEG, CHPP
C4-10-07 Central Building
7500 Security Boulevard
Baltimore, MD 21244-1850
Attention: Director, Provider Billing and Education Group

Also, send a copy of the bulletins to your respective RO.

Initiate regular contact with the physician/supplier community through organizations which represent them. Develop continuing staff contacts with these organizations to resolve issues of mutual concern.

Physician and supplier office personnel need information tailored to the preparation of claims. Since there is a regular turnover in these offices, there is always a need to train new claims preparers and to refresh the skills of those who have already received training. Schedule regular periodic training sessions for physicians, suppliers and their staffs on current Medicare coverage, payment and billing policy. Place special emphasis on the needs of participating physicians.

Specialized training may be more effective than general claims preparation training for some specialties or situations (e.g., a specialist who regularly performs services which are not always covered by Medicare needs to know the circumstances under which services will be covered and what documentation is necessary so that you can make the appropriate and timely coverage and payment decisions).

Conduct regular meetings with beneficiaries and/or their representative organizations to inform them about the participation program.

Provide adequate telephone service so that physicians/suppliers can receive prompt answers to claims status and processing questions. Implement procedures and training in telephone units to ensure that your employees furnish consistent and correct information and make appropriate referrals for specialized information.

Identify for the physicians/suppliers highly skilled staff (i.e., appropriate member of medical staff or beneficiary Ombudsman) who will deal with claims processing issues which cannot be resolved through your normal channels.

4551. PROFESSIONAL RELATIONS FOR HCPCS

- o Designate a knowledgeable person as a focal point for physician and supplier inquiries. This person must be able to address coding and payment questions.

- o Notify physicians and suppliers by newsletter at least 30 days before codes are changed, added, or deleted. Also notify physicians and suppliers when general coding problems arise.

- o Advise physicians to obtain new copies of CPT-4 annually from the AMA. **Orders can be placed by calling 1-800-621-8335 or order online at www.ama-assn.org/catalog.**

4552. HCPCS TRAINING

If it is necessary to train all physicians and suppliers because of large numbers of changes to HCPCS, schedule the sessions in your service area's major population centers.

- o Limit the training sessions to a manageable size to encourage questions and answers.

- o Limit sessions to office staffs of homogenous medical specialties, e.g., do not include DME suppliers with staff from physicians' offices.

- o Invite office personnel who complete bills and claims to attend.

- o In conducting the training, emphasize the use of the new HCPCS/CPT-4 manuals and proper completion of the claims forms using the new codes.

Be aware when a specific physician/supplier has difficulty with HCPCS. Provide follow up training geared to the individual. Review and discuss specific billing problems over the phone or by mail. If many problems develop with one provider, schedule a visit to provide the specific training needed.