News Flash – Over the last year, the Centers for Medicare & Medicaid Services (CMS) has listened to your feedback about the Medicare online enrollment system, Provider Enrollment, Chain, and Ownership System (PECOS). As a result, we’ve made upgrades in order to reduce data entry time and increase access to information. Providers and staff using internet-based PECOS will now be able to digitally sign and certify your application and to see more information such as whether a request for revalidation has been sent to you by your Medicare contractor. You will be able to switch from Topic View to Fast Track View to review all of your enrollment information in a single screen. Overall, the system will be easier for you to use. Learn more about PECOS at http://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/MedicareProviderSupEnroll/InternetbasedPECOS.html and be on the look-out for more enhancements in the coming months!

MLN Matters® Number: MM7819 Revised
Related Change Request (CR) #: CR 7819
Related CR Release Date: May 18, 2012
Effective Date: October 1, 2012
Related CR Transmittal #: R2472CP
Implementation Date: October 1, 2012

Coding Changes to Ultrasound Diagnostic Procedures for Transesophageal Doppler Monitoring

Note: This article was revised on May 23, 2012, to delete a reference to fiscal intermediaries in the "Provider Types Affected" section. All other information is the same.

Provider Types Affected

This MLN Matters® Article is intended for providers billing Medicare contractors (Medicare Carriers and/or A/B Medicare Administrative Contractors (A/B MACs)) for Transesophageal Doppler services used for cardiac monitoring of Medicare beneficiaries.

What You need to Know

This article is based on Change Request (CR) 7819, which informs you of the new code for Esophageal Doppler monitoring.
• This new code will be used, effective October 1, 2012, to bill for payment of esophageal Doppler monitoring:

  G9157 - Transesophageal Doppler used for cardiac monitoring

• Effective October 1, 2012, you should no longer use Healthcare Common Procedure Coding System (HCPCS) code 76999 when billing for Esophageal Doppler monitoring. Medicare contractors will deny claim lines containing HCPCS code 76999 when billing for Esophageal Doppler monitoring.

• Medicare contractors will deny claims for these services on or after October 1, 2012, submitted with HCPCS 76999 using Claim Adjustment Reason Code (CARC) 189: “‘Not otherwise classified' or 'unlisted' procedure code (CPT/HCPCS) was billed when there is a specific procedure code for this procedure/service.” and Remittance Advice Remarks Code M20: “Missing/incomplete/invalid HCPCS.”

• However, Medicare will deny HCPCS G9157 when billed with modifier -TC (technical services) when services are provided in POS 21 using CARC 125 (Submission/billing error(s)), RARC M2 (Not paid separately when the patient is an inpatient.), and a Group Code of CO (Contractual obligation).

• Medicare will allow HCPCS G9157 to be billed with either modifier -26 (professional component) or -TC (technical component) when services are provided in POS 24 for operative patients with a need for intra-operative fluid optimization.

• Medicare will deny HCPCS G9157 when billed in any POS other than 21 or 24 using CARC 58 ("Treatment was deemed by the payer to have been rendered in an inappropriate or invalid place of service. Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.) and Group Code CO.

Please note that no changes are being made to the current policy for Esophageal Doppler Monitoring. For a discussion of that policy, see the MLN Matters® article at http://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNMattersArticles/downloads//MM5608.pdf on the CMS website.

Additional Information

The official instruction, CR7819, issued to your carrier and A/B MAC regarding this change, may be viewed at http://www.cms.hhs.gov/Regulations-and-Guidance/Guidance/Transmittals/Downloads/R2472CP.pdf on the CMS website. If you have any questions, please contact your carrier or A/B MAC at their toll-free number, which may be found at http://www.cms.hhs.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNProducts/downloads/CallCenterTollNumDirectory.zip on the CMS website.

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